

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

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

2010

OMB No 1545-0047

Open to Public Inspection

A Forth	e 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Francisco	idonalification number
Check if Address	applicable C Name of organization SAINT PETER'S COLLEGE			identification number
— Name cl	Doing Business As		22-1508	
Initial re			E Telephone	number
 Termina	ted Number and street (of P O box it mail is not delivered to street address)	Room/suite	(201) 76	
Amende Applicati	d return City or town, state or country, and ZIP + 4 JERSEY CITY, NJ 073065943 on pending		G Gross recei	ots \$ 107,552,873
	F Name and address of principal officer	H(a) Isthisad	roup return for affi	lates? Yes No
	DENTON LSTARGEL 2641 KENNEDY BLVD			
	JERSEY CITY, NJ 07306		" attach a lıs	t (see instructions)
Tax-exe	empt status	H(c) Group	exemption r	umber F
J Websi	te: ► WWW SPC EDU			
K Form of	organization	L Year of form	nation 1872	M State of legal domicile N
Part I	Summary		·	-
Governance	AND GROUNDING IN THE LIBERAL ARTS, EDUCATES A DIVERSE COMMUN GRADUATE AND PROFESSIONAL PROGRAMS TO EXCEL INTELLECTUALLY COMPASSIONATELY AND PRMOTE JUSTICE IN OUR EVER-CHANGING URI	, LEAD ETHIC BAN AND GLO	ALLY, SERV BAL ENVIR	E O N M E N T
ž 2	Check this box if the organization discontinued its operations or disposed of		1	I
4	Number of voting members of the governing body (Part VI, line 1a)		3	33
F 4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a).		5	1,33
	Total number of volunteers (estimate if necessary)		6	
	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	96,073
	Net unrelated business taxable income from Form 990-T, line 34		7b	(
		Prior	Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		8,716,639	10,797,033
Beyenue 10	Program service revenue (Part VIII, line 2g)	-	77,982,385	79,977,586
يِّمِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيِّةِ الْمَارِيَّةِ الْمَارِيَةِ الْمَارِيَّةِ الْمَارِيَّةِ الْمَارِيِّةِ الْمَارِيْنِيِّةِ الْمَارِيْنِيِّةِ الْمَارِيْنِيِّةِ الْمَارِيْنِيِّةِ الْمَارِيِّةِ الْمِنْ الْمِيْمِ الْمِنْفِقِ الْمَارِيِّةِ الْمِلْمِيلِيِّةِ الْمَارِيِّةِ الْمَارِيِّةِ الْمَارِيِّةِ الْمَارِيْنِيِّ الْمَارِيِّةِ الْمَارِيِّةِ الْمَارِيِّةِ الْمَارِيْنِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمَالِيَّةِ الْمِلْمِيلِيِّ الْمَالِيِّ الْمَالِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِّ الْمِلْمِيلِيِيلِيِّ الْمِلْمِيلِيلِيِّ الْمِلْمِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِ	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,974,948	2,449,178
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		39,967,623	95,743,127
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,221,347	28,473,463
14	Benefits paid to or for members (Part IX, column (A), line 4)		0	(
χî 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,755,816	31,266,041
(五)	·	135,266	82,994	
हैं ।	Total fundraising expenses (Part IX, column (D), line 25) •2,776,707			
" 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	:	28,587,412	29,805,909
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8	35,699,841	89,628,407
19	Revenue less expenses Subtract line 18 from line 12		4,267,782	6,114,720
) Šes		Beginning Ye	ı	End of Year
Not Assets or Fund Barances 20 21 22	Total assets (Part X, line 16)		07,285,110	113,116,920
출물 21	Total liabilities (Part X, line 26)	-	76,845,930	76,602,734
定 22	Net assets or fund balances Subtract line 21 from line 20		30,439,180	36,514,186
mowledge mowledge	ralties of perjury, I declare that I have examined this return, including accompanying sole and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on al	I information	
Here	DENTON L STARGEL VP OF FINANCE AND BUSINESS Type or print name and title	Ta	book if calf	
D-1-1	Print/Type preparer's signature THOMAS LANNING Preparer's signature THOMAS LANNING Da		heck if self- mployed 🕨 🦵	PTIN
Paid Preparer	Firm's name JH COHN LLP			Firm's EIN
Use Only	Firm's address 4 BECKER FARM ROAD			Phone no • (973) 228-
· · · · y	ROSELAND, NJ 070681739			3500

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990	(2010)
		,

Par		gram Service Acco ontains a response to an	•	Part III		F
1	Briefly describe the organiza	tion's mission				
GRO PRO	NT PETER'S COLLEGE, INSPI UNDING IN THE LIBERAL AF FESSIONAL PROGRAMS TO UR EVER-CHANGING URBAI	RTS, EDUCATES A DIVE EXCEL INTELLECTUALI	RSE COMMUNITY Y, LEAD ETHICA	OF LEARNERS IN U	JNDERGRADUAT !	E, GRADUATE AND
2	Did the organization undertak the prior Form 990 or 990-E		n services during t			Yes No
	If "Yes," describe these new	services on Schedule O				
3	Did the organization cease coservices?		icant changes in h	ow it conducts, any p		Yes ✓ No
	If "Yes," describe these chan	ges on Schedule O				
4	Describe the exempt purpose Section 501(c)(3) and 501(c allocations to others, the total)(4) organizations and so	ection 4947(a)(1)	trusts are required to	report the amount	-
4a	(Code) (E	xpenses \$ 53,433,	357 including grants	of \$ 28,473,46	63) (Revenue \$	42,903,731)
	INSTRUCTION AND ACADEMIC SU INCLUDING BOTH DAY AND EVENI STUDENTS FROM INSTITUTIONAL	NG SESSIONS, FOR FULL-TIME	OR PART-TIME UNDER	RGRADUATE AND GRADUA	TE STUDIES FINANCIA	
	(Code) (E	xpenses \$ 19,450,	323 including grants	of \$) (Revenue \$	8,641,410)
	STUDENT SERVICES - INCLUDES E AND ORGANIZATIONS, INTERCOLL				INANCIAL AID, CAMPU	S MINISTRY, STUDENT CLUBS
	(Code) (E	xpenses \$ 1,352,	329 including grants	of \$ 1,352,33	29) (Revenue \$)
	SPONSORED PROGRAMS - INCLUE CHAIRS, CAPITAL CAMPAIGN, AND			OF THE STUDENT BODY,	SUCH AS ACADEMIC EI	NRICHMENT, ACADEMIC
4d	Other program services (D	escribe in Schedule O)				
	(Expenses \$	ıncludıng gran	ts of \$) (Revenu	e \$)
4e	Total program service expe	nses⊫\$ 74,236	5,509			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 1	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		Νο
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
C	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.	11c		No
	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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 lines 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		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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 Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable la 193			
Ь	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?	1c	Yes	
	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 (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
0	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
-	The state of state organization meronin coocieties in the state of state or	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
D	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).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
5	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
f	contract?	7e 7f		N
	If the organization, during the year, pay premiums, directly of multiectry, on a personal benefit contract.	-		I IN
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
a	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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
_				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c			
a L	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

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.

Chack if Schadula O	contains a response to an	y question in this Part VI								J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•		. *

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing body at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
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
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		110
110	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
114	Has the organization provided a copy of this Form 990 to an inembers of its governing body before ining the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DENTON L STARGEL 2641 KENNEDY BOULEVARD

JERSEY CITY, NJ 073065943

(201) 761-7425

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any 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, and 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 neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi	(C) Position (check all Reportable that apply) Compensation			(E) Reportable compensation	(F) Estimated amount of other			
	per week (describe hours for related organizations in Schedule O)	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
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Week (describe Question Que	(A) Name and Title	(B) Average hours per		tion ((D) Reportable compensation from the	(E) Reportable compensation from related	Estim amount o	ated of other
b Sub-Total		week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organızatıons (W- 2/1099-	from organizat rela	the ion and ted
c Total from continuation sheets to Part VII, Section A	See Additional Data Table											
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)	1b Sub-Total							Þ				
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►12	c Total from continuation sheet	s to Part VII, Se	ct ion A			•	•					
\$100,000 in reportable compensation from the organization 12	d Total (add lines 1b and 1c) .							<u> </u>	1,792,201	0		164,447
Voc. No.		_					above)) who	received more tha	n		
Tes No											Yes	No

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD COLLEGIS INC 2300 MAITLAND CENTER PARKWAY SUITE MAITLAND, FL 32751	INFORMATION TECH	1,692,101
SUMMIT SECURITY SERVICES 390 REXCORP PLAZA UNIONDALE, NY 11556	SECURITY	1,657,726
/ SEAPORT TAME	ARCHITECTURE, PLANNING & DESIGN	1,587,007
COLLINS BUILDING SERVICES INC 24-01 44TH ROAD LONG ISLAND CITY, NY 11101	CUSTODIAL	1,001,945
735 FAST 77NIT STREET 3V	ADVERTISING AGENCY, MEDIA BUYING AND DES	801,697
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►20) who received more than	

orm 99	_	<u> </u>					Pa	ge 9
Part V		Statement of Reven	.ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excludee from tax under sections
								512, 513, or 514
yrants ounts		Federated campaigns Membership dues	1a . 1b					
Contributions, gifts, grants and other similar amounts		Fundraising events Related organizations		170,560				
Sign Sign	e	Government grants (contributions)	1e	2,333,236				
	f	All other contributions, gifts, grants, similar amounts not included above	and 1f	8,293,237			İ	
	g			635,945				
2 2	h	Total. Add lines 1a-1f			10,797,033			
a.				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		900099	71.377.194	71,377,194		
æ	b	AUXILIARY ENTERPRISES		900099		5,793,808		2,806,58
MCe	c							
<i>3</i> 3	d							
Tan	e f	All other program service rev	/enue					
<u>Ş</u>		, -						
		Total. Add lines 2a-2f Investment income (includin			79,977,586			
	_	and other similar amounts)		-	839,480			839,48
	4	Income from investment of tax-ex-	empt bond proceeds 🕨					
	5	Royalties		, .	41,018			41,0
	6-	Gross Rents	(ı) Real 156,256	(II) Personal				
		Less rental	30,759					
	c	expenses Rental income	125,497					
	d	or (loss) L Net rental income or (loss)			125,497		96,073	29,42
	_	(1000)	(i) Securities	(II) O ther	· · · · · · · · · · · · · · · · · · ·			
	7a	Gross amount from sales of assets other than inventory	13,279,877					
	b	Less cost or other basis and sales expenses	11,670,179					
		Gain or (loss)	1,609,698					
		Net gain or (loss)			1,609,698	1,609,698		
aniia vevaline	8a	Gross income from fundraisii (not including \$ 170,560 of contributions reported on 1	line 1c)					
<u> </u>		See Part IV, line 18	а	30,060				
į	b	Less direct expenses	. b	108,808				
' L	С	Net income or (loss) from fur	ndraising events 🟲		-78,748			-78,7
'			ctivities See Part IV, line 19 . a					
		Less direct expenses Net income or (loss) from ga		·				
		Gross sales of inventory, les						
		returns and allowances .	a					
		Less cost of goods sold . Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code	0.400.40	2 422 423		
		ATHLETICS		900099	2,123,196	2,123,196 282,867		
		FEES		900099	282,867	,		
		RECREATION LIFE CENTER All other revenue		300009	23,300	23,300		
		Total. Add lines 11a-11d			2,431,563			
	12	Total revenue. See Instruction	ons		95,743,127	81,212,263	96,073	3,637,7
							rm 990 (20	1 2)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,473,463	28,473,463		
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	1,346,840	1,077,576	192,649	76,615
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	23,209,792	18,183,907	3,663,897	1,361,988
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	552,249	512,431	15,383	24,435
9	Other employee benefits	4,058,498	4,691,016	-789,868	157,350
10	Payroll taxes	2,098,662	1,299,542	713,392	85,728
а	Fees for services (non-employees) Management	1,009,497	44,283	893,064	72,150
b	Legal	290,326	40,720	249,606	
c	Accounting	206,846		206,846	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	82,994			82,994
f	Investment management fees	167,724		167,724	
g	Other				
12	Advertising and promotion	1,153,688	880,787	59,470	213,431
13	Office expenses	1,162,607	665,059	230,090	267,458
14	Information technology	1,851,961	63,543	1,788,418	
15	Royalties				
16	Occupancy	6,227,567	5,130,286	1,085,707	11,574
17	Travel	1,091,125	877,608	173,337	40,180
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,209,626	880,723	154,976	173,927
20	Interest	2,162,974	1,908,084	254,890	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,465,417	2,983,953	481,464	
23	Insurance	470,030	185,287	284,743	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	OTHER EXPENSES	5,628,855	3,281,709	2,138,269	208,877
b	STUDENT MEAL PLAN	2,522,284	2,432,005	90,279	
c	ATHLETICS EXPENSE	403,601	403,601		
d	BAD DEBT	388,720		388,720	
е	DATABASES, PERIODICALS,	220,926	220,926		
f	All other expenses	172,135		172,135	
25	Total functional expenses. Add lines 1 through 24f	89,628,407	74,236,509	12,615,191	2,776,707
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	į		11,457,147	1	11,295,105
	2	Savings and temporary cash investments	•		7,126,969	2	3,750,577
	3	Pledges and grants receivable, net			5,715,321	3	6,967,965
	4	Accounts receivable, net			1,793,036	4	2,044,155
	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 $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
÷		Schedule L				6	
Assets	7	Notes and loans receivable, net			49,208	7	_
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,327,048	9	1,840,810
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	112,399,446			
	ь	Less accumulated depreciation	10b	52,494,507	58,690,946	10c	59,904,939
	11	Investments—publicly traded securities			0	11	
	12	Investments—other securities See Part IV, line 11			19,831,292	12	26,076,008
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,294,143	15	1,237,361
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			107,285,110	16	113,116,920
	17	Accounts payable and accrued expenses .			17,679,553	17	19,613,056
	18	Grants payable			142,524	18	99,063
	19	Deferred revenue			1,322,698	19	1,981,660
	20	Tax-exempt bond liabilities	44,936,649	20	43,489,251		
es G	21	Escrow or custodial account liability Complete Part IV of Schedu		21			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
E.i.		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5 .	•	5,146,542	23	5,475,497
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,617,964	25	5,944,207
	26	Total liabilities. Add lines 17 through 25			76,845,930	26	76,602,734
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plet e l	ines 27			
<u> </u>		through 29, and lines 33 and 34.					
튭	27	Unrestricted net assets			-7,542,696	27	-8,327,273
Fund Balances	28	Temporarily restricted net assets			17,196,847	28	23,672,659
臣	29	Permanently restricted net assets			20,785,029	29	21,168,800
₽		Organizations that do not follow SFAS 117, check here ► □ a	nd con	ıplet e			
ŏ		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	unds			32	
Net	33	Total net assets or fund balances			30,439,180	33	36,514,186
	34	Total liabilities and net assets/fund balances			107,285,110	34	113,116,920

Pal	Check if Schedule O contains a response to any question in this Part XI		•	.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		95,7	743,12
2	Total expenses (must equal Part IX, column (A), line 25)	2			528,40
3	Revenue less expenses Subtract line 2 from line 1	3		6,1	14,72
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		30,4	139,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-39,71
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		36,5	514,18
Pai	Table 1 Times Times The Check of Schedule O contains a response to any question in this Part XII			৮	
	Check it Schedule o contains a response to any question in this fait XII	• •	•	Yes	No
1	Accounting method used to prepare the Form 990			163	140
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 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 its constitutions.	n			
	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 on a separate basis, consolidated basis, or both	ssued			
	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 th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i	required	3b	Yes	

<u>: 93493088012522</u>

Employer identification number

OMB No 1545-0047

2010

Open to Public 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.

Name of the organization SAINT PETER'S COLLEGE

SAINT	PETER	'S COLLEGE				
			22-1508627			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this par	t.) See ınstru	ctions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Г	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a greation 170(b) (1) (A) (iv) (Complete Port II)	overnmental un	ıt describe	d ın	
_	_	section 170(b)(1)(A)(iv). (Complete Part II)	A 373			
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(
7	'	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from ti	ne generai	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	Ē	An organization that normally receives (1) more than 331/3% of its support from contribut	ions. members	hip fees, ar	nd aros	ss
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and			_	
		its support from gross investment income and unrelated business taxable income (less sec	• •			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•			
10	Г	An organization organized and operated exclusively to test for public safety. See section 50	·			
11	Ë	An organization organized and operated exclusively for the benefit of, to perform the function		rv out the i	nurnos	es of
	'	one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	9(a)(2) See se 11h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I or Type III su	ipporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons descri	ıbed ın (ıı)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization col (i) list your gove docume	ion in ted in rning nt?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized S?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493088012522

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	me of the organization NT PETER'S COLLEGE			Employer ide	ntıfıcatıon number
<i>5</i> /11	WITETERS COLLEGE			22-1508627	,
a r	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	7 organization.
	Provide a description of the org	ganization's direct and indirect po	litical campaign act	civities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
		tax incurred by the organization	_		\$
2		tax incurred by organization mai			\$
}		ection 4955 tax, did it file Form 4			⊤ Tes □ No
a	Was a correction made?	,	•		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				, ,
ar		ganization is exempt und	er section 501(c) except section 50	1(c)(3).
L	Enter the amount directly expe	nded by the filing organization for	r section 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	o other organizations	s for section 527	\$
3	Total exempt function expendit	cures Add lines 1 and 2 Enter he	ere and on Form 112	.0-POL, line 17b ►	\$
1	Did the filing organization file F Enter the names, addresses ar	f orm 1120-POL for this year? Id employer identification number	· (EIN) of all section	ı 527 political organizatior	
4	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution	orm 1120-POL for this year?	r (EIN) of all section r the amount paid fro d directly delivered	i 527 political organizatior om the filing organization's to a separate political org	is to which the filing funds Also enter the anization, such as a
1	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution	form 1120-POL for this year? Id employer identification number For each organization listed, enter Is received that were promptly an	r (EIN) of all section r the amount paid fro d directly delivered	i 527 political organizatior om the filing organization's to a separate political org	to which the filing funds. Also enter the anization, such as a ation in Part IV (e) A mount of politica contributions received
1	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
ŀ	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
1	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
1	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
3 4 5 5	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file F Enter the names, addresses ar organization made payments F amount of political contribution separate segregated fund or a	form 1120-POL for this year? Indicated and employer identification number For each organization listed, enter It is received that were promptly an It political action committee (PAC)	r (EIN) of all section r the amount paid fro id directly delivered If additional space	i 527 political organization om the filing organization's to a separate political org is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization.

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is e	xempt under section 501(c)(3)	and has NOT filed Form 5768
	(election under section 501(h)).		

		(a	(a) (b	
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		90,367
j	Total lines 1c through 1i			90,367
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		<u> </u>
-	Current year	2a	

- **b** Carryover from last year
- Total
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
 - Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	,	CORNERSTONE GOVERNMENT AFFAIRS, LLC IS RETAINED BY SAINT PETERS COLLEGE AS THE LOBBYING/ADVOCACY FIRM ON BEHALF OF THE COLLEGE TO SEEK FEDERAL FUNDING FROM CONGRESS FOR EQUIPMENT, EDUCATION AND RESEARCH PURPOSES

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493088012522

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** SAINT PETER'S COLLEGE 22-1508627 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 🕨 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)(ı) and 170(h)(4)(B)(ıı)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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

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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

3	Using the organization's accession and other											ontinuea)
-	items (check all that apply)		d	_	Loan or	ravch	iange progra	me				
а	Public exhibition		u	<u>'</u>		exci	ialiye piogra	11115				
Ь	✓ Scholarly research		е	ı	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they	further	the o	rganızatıon's	s ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the c	rganiz	atıon			es" to For			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						rotherasse	ts	not	Г	Yes	
b	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ving ta	ble				Г			
										A mo	unt	
с	Beginning balance						-	Lc				
d	Additions during the year						<u> </u>	ld				
е	Distributions during the year						<u> </u>	le				
f	Ending balance						_ 1	Lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b	Prior Y		(c)T\	wo Years Back 31,402,32	_	I)Three Years	Back	(e)Four	Years Back
1a	Beginning of year balance	25,278,971		•	,540,085							
Ь	Contributions	543,169			,026,798		1,088,12	+				
С	Investment earnings or losses	3,539,534		2,	,981,848		-7,148,03	+				
d	Grants or scholarships	1,180,887			984,760		1,576,85	+				
е	Other expenditures for facilities and programs	200,000			285,000		1,225,48					
f	Administrative expenses	-1,036,288						+				
g g	End of year balance	29,017,075		25,	,278,971		22,540,08	5				
2	Provide the estimated percentage of the yea	, ,			<u> </u>		, ,					
² a	Board designated or quasi-endowment	i ella balalice liela a	15									
_	,											
Ь	Permanent endowment 🕨											
C n=	Term endowment 🕨						dd	e	Ll			
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	tnat a	re neid a	and a	amınıstered	for	tne		Yes	No
	(i) unrelated organizations									3a(i)	_	
	(ii) related organizations									3a(ii)	No
ь	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	Schedu	ıle R?					3b		Ī
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fur	nds				·			
Pai	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 99	0, Pa	rt X, line 1	.0.	r			
	Description of investment				Cost or ot (investme		(b) Cost or oth basis (other)		(c) Accumu depreciati		(d) Bo	ook value
1a	Land						8,621,8	399				8,621,899
b	Buildings						85,667,2	228	38,31	7,722	4	47,349,506
С	Leasehold improvements						1,149,7	746	1,08	8,525		61,221
d	Equipment						16,793,1	120	13,06	0,742		3,732,378
	Other						167,4		,	7,518		139,935
	il. Add lines 1a-1e <i>(Column (d) should equal Fo</i>), line .	10(c).)						!	59,904,939
	, , , , ,	, ,			. , ,					ula D (990) 2010

Part VII Investments—Other Securities. See F (a) Description of security or category		d of valuation
(including name of security)	(b)Book value	-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)O ther		
(A) CORPORATE STOCKS	2,510,596	F
(B) MUTUAL FUNDS	19,833,074	F
(C) CLOSED END FUNDS	2,066,191	F
(D) LIMITED PARTNERSHIPS	1,666,147	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	26,076,008	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	d of valuation - year market value
Total (Column (h) should equal Form 990, Part X, col (B) line 13.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	<u> </u>	
(a) Descript		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X,		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes ANNUITY PAYMENT OBLIGATIONS	1,190,388	
CONDITIONAL ASSET RETIREMENT	856,215	
INTEREST RATE SWAP AGREEMENT	3,897,604	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,944,207	

	dule D (Form 990) 2010		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	95,743,127
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	89,628,407
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,114,720
4	Net unrealized gains (losses) on investments	4	958,299
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-998,013
9	Total adjustments (net) Add lines 4 - 8	9	-39,714
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,075,006
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	68,199,806
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,097,866
3	Subtract line 2e from line 1	3	67,101,940
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		
ь	Other (Describe in Part XIV) 4b 28,641,187		
с	Add lines 4a and 4b	4c	28,641,187
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	95,743,127
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	62,124,800
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	<u> </u>	
c	Other losses	1 1	
d	Other (Describe in Part XIV)	4	
e	Add lines 2a through 2d	2e	1,137,580
3	Subtract line 2e from line 1	3	60,987,220
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) 4b 28,641,187]	
С	Add lines 4a and 4b	4c	28,641,187
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	89,628,407

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS WILL BE USED FOR SCHOLARSHIPS, CONSTRUCTION OF FACILITIES, AND TO FUND CHAIRS AND COLLEGE OPERATIONS PART V, LINE 1F CURRENT YEAR ENDOWMENT FUNDS, ADMINISTRATIVE EXPENSES CONSISTS OF A PRIOR YEAR FINANCIAL STATEMENT ADJUSTMENT OF \$1,036,288 IN ORDER TO CAPTURE PRIOR YEAR RECLASSIFICATION OF ENDOWMENT FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAWS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2011 AND 2010 THE COLLEGE'S US FEDERAL AND STATE TAX FILINGS PRIOR TO FISCAL YEAR 2008 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE COLLEGE RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS OPERATING EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION THERE WERE NO INTEREST AND PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2011 AND 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION EXPENSE OTHER THAN NET PERIODIC PENSION COST CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		EVENT EXPENES NETTED WITH REVENUE 108,808 RENTAL EXPENSES NETTED WITH REVENUE 30,759
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS RECLASSED TO EXPENSE ON FORM 990 28,473,463 TRUSTEE FEES RECLASSED TO EXPENSE ON FORM 990 167,724
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EVENT EXPENSES NETTED WITH REVENUE 108,808 PENSION EXPENSE OTHER THAN NET PERIODIC PENSION COST 1,628,365 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 52,512 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS -682,864 RENTAL EXPENSES NETTED WITH REVENUE 30,759
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS RECLASSED TO EXPENSE ON FORM 990 28,473,463 TRUSTEE FEES RECLASSED TO EXPENSE ON FORM 990 167,724

OMB No 1545-0047

2010

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

Schools

Name of the organization SAINT PETER'S COLLEGE

 ${\bf Employer\ identification\ number}$

MINI	PETER'S COLLEGE	22-1508627			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?	I	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadd the period of solicitation for students, or during the registration period if it has no solicitation proposed that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain. If you need more space use Part II	gram, ın a way	3	Yes	
4	Does the organization maintain the following?		_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u> </u>	4a	Yes	
В	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	·	4ь	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu	blic dealing			
	with student admissions, programs, and scholarships?	-	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	-	4d	Yes	
5	Does the organization discriminate by race in any way with respect to				
а	Students' rights or privileges?	L	5a		Νo
Ь	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?	_	5d		Νo
e	Educational policies?	_	5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νο
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νο
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?	-	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE POLICY IS DESCRIBED IN ALL LITERATURE PUBLISHED FOR GENERAL PUBLIC DISTRIBUTION, WITHIN THE STUDENT HANDBOOK AND ON THE COLLEGE'S WEBSITE

Schedule E (Form 990 or 990-EZ) 2010

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

DLN: 93493088012522

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Name of the organization SAINT PETER'S COLLEGE **Employer identification number**

22-1508627

Part I	Fundraising Activities.	Complete if t	he organızatıon	answered "Yes"	' to Form 990	, Part IV, line 17.
--------	-------------------------	---------------	-----------------	----------------	---------------	---------------------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- e Solicitation of non-government grants Mail solicitations
- ▼ Internet and e-mail solicitations Solicitation of government grants
- Phone solicitations Special fundraising events
- ▼ In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No					
RUFFALO CODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52406	TELEMARKETING		No	134,647	49,942	84,705		
GRAHAM-PELTON ASSOCIATES INC 39 BEECHWOOD ROAD SUMMIT, NJ 07901	FUNDRAISING		No	0	98,168	-98,168		
Total				134,647	148,110	-13,463		

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

Pa	ne 18, or reported ,000.							
			(a) Event #1 FUNDRA ISING (event type)	(b) Event #2 FUNDRAISING (event type)	(c) O ther Events	(d) Total Events (Add col (a) through col (c))		
E.	1	Gross receipts	117,135	83,485		200,620		
Revenue	2	Less Charitable contributions	102,225	68,335		170,560		
<u>~</u>	3	Gross income (line 1 minus line 2)	14,910	15,150		30,060		
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	47,130	27,808		74,938		
	7	Food and beverages	160)		160		
<u>D</u>	8	Entertainment	17,500)		17,500		
Ξ	9	Other direct expenses .	9,588	6,623		16,211		
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌	108,809		
	11	Net income summary Combine li	nes 3 and 10 in column (d)		-78,749		
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
		Gross revenue						
Expenses		Cash prizes						
ž Š	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes % ┌ No	┌ Yes % No			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> . .</u>			
9 a b	i les i no							
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno		

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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

DLN: 93493088012522 OMB No 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Employer identification number Name of the organization SAINT PETER'S COLLEGE 22-1508627 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part I	V, 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
(1) SCHOLARSHIPS	2164	28,473,463			

Part IV Suppleme	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						
OTHER INFORMATION		THE COLLEGE PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING AT THE COLLEGE, THEREFORE, ALL FUNDS GRANTED ARE USED TO DEFRAY THE COST OF TUITION AND NO FURTHER MONITORING OF THE GRANTS IS REQUIRED						

DLN: 93493088012522

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

SAI	NT PETER'S COLLEGE						
			22-1508627				
Pa	rt I Questions Regarding Compensation						
						Yes	Νο
1a	Check the appropriate box(es) if the organization provider 990, Part VII, Section A, line 1a Complete Part III to p						
	_	굣	Housing allowance or residence for personal use				
	Travel for companions		Payments for business use of personal residence				
	· <u>- </u>	<u></u>					
	_ .		Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organize reimbursement orprovision of all the expenses described				1b	Yes	
2	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Dire				2	Yes	
3		pply	v Written employment contract				
	· <u>·</u>	<u> </u>					
	Form 990 of other organizations	-	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part or a related organization	VII	, Section A , line 1a with respect to the filing organiz	ation			
а	Receive a severance payment or change-of-control payr	men	t from the organization or a related organization?		4a		Νo
b	Participate in, or receive payment from, a supplemental i	non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	l coi	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III				
_	Only 501(c)(3) and 501(c)(4) organizations only must co						
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	ıа,	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, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any				
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descri				7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regin Part III		·		8		No
9	If "Yes" to line 8 did the organization also follow the reb	nutts	able presumption procedure described in Regulations	,			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) EUGENE J CORNACCHIA	(ı) (ıı)	299,667 0	-		•		379,427 0 0)
(2) EILEEN L POIANI	(ı) (ıı)	143,867 0	_	5,000	0 0	6,404	155,271)
(3) KENNETH L PAYNE	(ı) (ıı)	167,963 0	-	I -/	4,965			
(4) MICHAEL A FAZIO	(ı) (ıı)	130,440					1	
(5) TERENCE PEAVY	(ı) (ıı)	130,651	0	1 -/ 1	3,938			
(6)			1					
(7)	+-		1	,				
(8)	+		1	1				
(9)	+		1					
(10)	+-		1					
(11)	+-		1	<u> </u>				
(12)	+-		1					
(13)	+-		1	<u></u>				
(14)	+-		1					
(15)	+		1					
(16)	+	+						

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	7	THE EXECUTIVE PERFORMANCE INCENTIVE PLAN ESTABLISHES THE INDIVIDUAL ANNUAL OBJECTIVES THAT REFLECT ACCOMPLISHMENT BEYOND THAT WOULD BE REGARDED AS COMPETENT PERFORMANCE OF THE DUTIES THAT ARE SET OUT IN A JOB PACT SHEET FOR THAT POSITION THE OBJECTIVES ARE ESTABLISHED BY THE PRESIDENT FOR THE YEAR ENDING JUNE 30, 2011 THE ORGANIZATION DID PAY A BONUS
SUPPLEMENTAL INFORMATION		LINE 1 - THE PRESIDENT, EUGENE J CORNACCHIA, RESIDES IN A COLLEGE-OWNED PROPERTY, GUARINI HOUSE, 2633 KENNEDY BOULEVARD, JERSEY CITY, NJ 07306, THAT IS IN CLOSE PROXIMITY TO THE COLLEGE, AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE COLLEGE THE COLLEGE LIKEWISE, PAYS A SMALL AMOUNT OF SOCIAL CLUB DUES FOR THE PRESIDENT
SUPPLEMENTAL INFORMATION		FATHER BRADEN IS A JESUIT PRIEST WHO IS AN OFFICER OF THE COLLEGE, BUT HE IS NOT ISSUED A W-2 FOR THE SALARY HE DERIVES FOR CALENDAR YEAR 2010, FATHER BRADEN WAS PAID \$60,600 HOWEVER, HE RECEIVES NO BENEFITS FROM THE COLLEGE AND HIS ENTIRE SALARY IS DEPOSITED DIRECTLY INTO THE JESUIT PROVINCE BANK ACCOUNT PER THE INSTRUCTIONS TO THE FORM 990, HIS SALARY IS NOT REQUIRED TO BE REPORTED IN SCHEDULE J

Schedule J (Form 990) 2010

DLN: 93493088012522

2010

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

SAINT PETER'S COLLEGE

Employer identification number Name of the organization 22 1500627

-/11	22-1508627														
P	art I Bond Issues										,				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer) Pool ancing
										Yes	No	Yes	No	Yes	No
A_	NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY	22-1829511		12-28-2007	5,00	0,000	FUND) CAPITAL F	ROJECTS		X		Х		Х
_															
Pa	rt II Proceeds													<u> </u>	
						4		E	3	С			D		
1	A mount of bonds retired														
2	A mount of bonds legally defeas	sed													
3	Total proceeds of issue				5,031,	,882									
4	Gross proceeds in reserve funds														
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds				100,	,000									
8	Credit enhancement from proceeds														
9	Working capital expenditures fi	Working capital expenditures from proceeds				184,	,175								
10	Capital expenditures from proc	Capital expenditures from proceeds				4,021,	,929								
11	Other spent proceeds														
12	Other unspent proceeds					693,	,896								
13	Year of substantial completion	Year of substantial completion			20	15									
					Yes	No		Yes	No	Yes		No	Yes	<u> </u>	No
14	Were the bonds issued as part	of a current refundir	ng issue?			Х									
15	Were the bonds issued as part	of an advance refun	ding issue?			х									
16	Has the final allocation of proc	eeds been made?			Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х										
Pa	rt IIII Private Business Us	se			1	_									
					Yes			Voc		V		No	+ v = :	D	N-
1					Yes	No	'	Yes	No	Yes	1	No	Yes	د	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Pari	Jse	(Continued
------	-----	------------

	,	A		В		С			<u> </u>
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×						
b	Are there any research agreements that may result in private business use of bond-financed property?		×						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х						
Par	t TV Arbitrage	•		•	•		•	•	

		Α		В		С		D	
		Yes	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?		x						
	Is the bond issue a variable rate issue?								
2		Х							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x						
	Name of provider								
С С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		х						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

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

Employer identification number

SAINT	PETER'S COLLEGE				22-1508627			
Pa	rt I Types of Property				22-1300027			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		contribut	ion
1	Art—Works of art	Х	1		ESTIMATES			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		1,026	BILLS/ESTIMATE			
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	X	23	597,716	MEAN OF HIGH/LO	W PRI	CE	
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
	Q ualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
	Taxidermy							
	Archeological artifacts							
	EVENT							
25	Other ► (SUPPORT)	Х	10	25,629	BILLS/CHECKS/ES	TIMA	ΓES	
26	Other ► (HARDWARE)	Х	4	2,474	BILLS/CHECKS/ES	TIMA	ΓES	
27	Other ▶()							
28	Other ▶ ()							
29	Number of Forms 8283 received b		=					
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackn	owledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f				d to be used			
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangement	t ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t				non-cash • • • • •	32a	Yes	<u></u>
Ь	If "Yes," describe in Part II							
	If the organization did not report redescribe in Part II	evenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
THIRD PARTY USE		SCHEDULE M, LINE 32B 32B- WELLS FARGO ADVISORS 461 FROM ROAD MACK VI SUITE 101 PARAMUS, NJ 07652 ACCOUNT NUMBER 72732519 ACCEPT & SELL STOCK GIFTS, INVESTS PROCEEDS NON-SOLICITOR MORGAN STANLEY SMITH BARNEY LLC 12505 PARK POTOMAC AVE SUITE 420 POTOMAC, MARYLAND 20854 ACCOUNT NUMBER 1794761419 ACCEPT & SELLS STOCK GIFTS TO ENDOWMENT, INVESTS PROCEEDS NON-SOLICITOR

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088012522

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
SAINT PETER'S COLLEGE

Employer identification number

22-1508627

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE DOCTORATE IN NURSING PRACTICE AND THE ED D IN EDUCATIONAL LEADERSHIP PROGRAMS WERE LAUNCHED IN THE FALL OF 2010, AS WELL AS A MASTER OF ARTS IN CRIMINAL JUSTICE BACHELOR'S PROGRAMS IN ENVIRONMENTAL STUDIES AND HEALTH AND PHYSICAL EDUCATION WERE ALSO LAUNCHED IN THE FALL OF 2010

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE AUDIT COMMITTEE FOR DISCUSSION AND COMMENT EACH BOARD MEMBER WAS PROVIDED A COPY OF THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	· ·	EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE COLLEGE THE COLLEGE MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE GIVEN THE MARKET IN WHICH THE COLLEGE OPERATES IN RELEVANT PART, THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT PERSONS WHO HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION AGREEMENT THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WILL THEN SET THE COMPENSATION FOR THE RELEVANT EXECUTIVE

ldentifier	Return Reference	Explanation
		THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW GUIDESTAR ORG THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION

ldentifier	Return Reference	Explanation
	FORM 990, PART VII	VICE PRESIDENT OF FINANCE & BUSINESS, DENTON STARGEL, STARTED HIS POSITION ON APRIL 11, 2011, THEREFORE HE DID NOT RECEIVE ANY COMPENSATION FOR THE CALENDAR YEAR 2010

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 958,299 PENSION EXPENSE OTHER THAN NET PERIODIC PENSION COST -1,628,365 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -52,512 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS 682,864 TOTAL TO FORM 990, PART XI, LINE 5 -39,714

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING REGULAR AUDITS OF FINANCIAL ACTIVITIES, ENSURING THAT THE COLLEGE ADHERES TO LAWS AND REGULATIONS, AND MONITORING THE INSTITUTION'S CONFLICT OF INTEREST POLICIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 1	THREE TRUSTEES EMERITUS ATTEND AND PARTICIPATE IN BOARD OF TRUSTEE MEEINGS BUT HAVE NO VOTING RIGHTS ALL OTHER TRUSTEES, INCLUDING THE PRESIDENT EX OFFICIO, TAKE PART IN BOARD DISCUSSIONS AND VOTE, PROVIDED THERE IS NO CONFLICT OF INTEREST ALL BOARD MEMBERS EXCEPT THE PRESIDENT ARE INDEPENDENT VOTING MEMBERS

DLN: 93493088012522

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions. Department of the Treasury

SAINT PETER'S COLLEGE 22-1508627 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) SPJC MANAGEMENT LLC 2641 KENNEDY BOULEVARD SAINT PETER'S COLLEGE REAL ESTATE NJ JERSEY CITY, NJ 07306 20-1447046 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization (d) Section 512(b)(13) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) ST PETER'S COLLEGE HOLDING CORP 2641 KENNEDY BOULEVARD REAL ESTATE NJ 501(C) N/A No JERSEY CITY, NJ 07306 20-1412644

(a) ame, address, and EIN of related organization	(b) Primary activity								(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No								
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,							
Name, address, an	(a) Id EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership							

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yo	es" on Form 990, Pa	rt IV, line 34, 35, 3	55A, or 36.)						
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?							
a Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No				
b Gift, q	grant, or capital contribution to other organization(s)			1b		No				
c Gıft, g	grant, or capital contribution from other organization(s)			1 c		No				
d Loans	s or loan guarantees to or for other organization(s)			1d		No				
e Loans	s or loan guarantees by other organization(s)			1e		No				
f Sale o	of assets to other organization(s)			1 f		No				
g Purch	nase of assets from other organization(s)			1 g		No				
h Exch	ange of assets			1h		No				
i Lease	of facilities, equipment, or other assets to other organization(s)			1 i		No				
j Lease	e of facilities, equipment, or other assets from other organization(s)			1 j		No				
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)			1k		No				
I Perfor	mance of services or membership or fundraising solicitations by other organization(s)			11		No				
m Sharii	m Sharing of facilities, equipment, mailing lists, or other assets									
n Sharı	n Sharing of paid employees									
o Reim	bursement paid to other organization for expenses			10		No				
p Reim	bursement paid by other organization for expenses			1р		No				
q Othe	r transfer of cash or property to other organization(s)			1 q		No				
r Other	transfer of cash or property from other organization(s)			1 r		No				
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds						
	(a)	(b)	(c)	(d) Method of determin	aina ama	ount				
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni				
(1)										
(2)										
-										
(3)										
(4)										
(4)										
(5)										
(3)			1	I						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	organizatior		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anagıng oartner?	
			Yes	No		Yes	No		Yes	N	
										+	
										-	
										t	
									_	+	
										t	
										+	
										$^{+}$	
										1	
										\dagger	
										T	
										I	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Return Reference I	er Return Reference Explanation
-----------------------------------	---------------------------------

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 22-1508627

Name: SAINT PETER'S COLLEGE

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	(che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
ANNETTE D CORBIN TRUSTEE	1 00	Х						0	0	0	
ALFA DEMALLESH TRUSTEE	1 00	Х						0	0	0	
ANTHONY O PERGOLA ESQ TRUSTEE	1 00	Х						0	0	0	
BERNARD W CICIRELLI JR TRUSTEE	1 00	Х						0	0	0	
BRIAN M MAHER TRUSTEE	1 00	Х						0	0	0	
J DONALD MONAN TRUSTEE	1 00	X						0	0	0	
ELNARDO WEBSTER TRUSTEE	1 00	Х						0	0	0	
EUGENE J CORNACCHIA PRESIDENT	35 00	Х		х				301,463	0	77,964	
FRANCIS A MCGRAIL TRUSTEE	1 00	Х						0	0	0	
FRANCIS G ZIEGLER TRUSTEE EMERITUS	1 00	Х						0	0	0	
FRED W NITTING TRUSTEE	1 00	Х						0	0	0	
GARY MICHAEL GURTIER TRUSTEE	1 00	Х						0	0	0	
JAMES F KEENAN TRUSTEE	1 00	Х						0	0	0	
JAMES J DALY TRUSTEE	1 00	Х						0	0	0	
JOHN MURRAY TRUSTEE EMERITUS	1 00	Х						0	0	0	
JOSEPH A PANEPINTO ESQ TRUSTEE	1 00	Х						0	0	0	
JOSEPH P PARKES SJ TRUSTEE	1 00	Х						0	0	0	
KATHLEEN A TYRRELL ESQ TRUSTEE	1 00	Х						0	0	0	
KATHLEEN M MCKENNA ESQ TRUSTEE	1 00	Х						0	0	0	
MADELINE L ROMEU OD TRUSTEE	1 00	Х						0	0	0	
MICHAEL MASSEY TRUSTEE	1 00	Х						0	0	0	
PAMELA T MILLER TRUSTEE	1 00	Х						0	0	0	
PATRICIA Q SHEEHAN TRUSTEE EMERITA	1 00	Х						0	0	0	
PETER G STEWART ESQ TRUSTEE	1 00	Х						0	0	0	
RALPH R RUSSO TRUSTEE	1 00	Х						0	0	0	

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

Compensated Employees, and Independent Contractors														
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	rganization (W- organizations		rganization (W- 2/1099-MISC) (W- 2/1099-		organization (W- organizations 2/1099-MISC) (W- 2/1099- or	
RAYMOND C MAGUIRE MD TRUSTEE	1 00	Х						0	0	0				
ROBERT EREISER SJ TRUSTEE	1 00	Х						0	0	0				
ROBERT G LAHITA MD TRUSTEE	1 00	Х						0	0	0				
ROBERT J GOLDSTEIN TRUSTEE	1 00	Х						0	0	0				
SHARON A PASTORE TRUSTEE	1 00	Х						0	0	0				
SUSAN U BREDEHOFT TRUSTEE	1 00	X						0	0	0				
THOMAS D CARVER TRUSTEE	1 00	Х						0	0	0				
THOMAS P MACHAHON TRUSTEE	1 00	Х						0	0	0				
TONI ANN TURCO TRUSTEE	1 00	Х						0	0	0				
VINCENT B SULLIVAN TRUSTEE	1 00	Х						0	0	0				
WILLIAM J CO ZINE TRUSTEE	1 00	Х						0	0	0				
DENTON L STARGEL VICE PRESIDENT FINANCE/BUSINESS	35 00			х				0	0	0				
EILEEN L POIANI VP/STUDENT AFFAIRS	35 00			x				148,867	0	6,404				
KENNETH L PAYNE VP- FINANCE AND BUSINESS	35 00			x				173,345	0	11,369				
MARYLOU YAM PROVOST/ACADEMIC VP	35 00			x				140,004	0	9,517				
MICHAEL A FAZIO VP ADVANCEMENT/EXT AFFAIRS	35 00			х				150,440	0	3,233				
MICHAEL BRADEN SJ VP/MISSION AND MINISTRY	35 00			x				0	0	0				
TERENCE PEAVY VP/ENROLLMENT MGT & MKTG	35 00			х				138,655	0	11,874				
VIRGINIA BENDER BD SECY, SP ASST TO PRES	35 00			x				113,549	0	6,327				
GERARD PROTOMASTRO PROF OF MATHEMATICS	35 00					х		131,670	0	5,901				
JAMES P JACOBSON ASSOCIATE PROFESSOR OF EDUCATION	35 00					х		119,322	0	6,327				
JOHN J HAMPTON PROFESSOR OF BUSINESS	35 00					Х		123,851	0	12,172				
LEONARD J SCIORRA CHAIRPERSON,SCHUH PROFESSOR	35 00					Х		131,911	0	3,497				
PATRICK ELLIOT DIRECTOR OF ATHLETICS	35 00					х		119,124	0	9,862				