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DLN: 93493065003124

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

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

Open to Public
Inspection

Δ Fo	r the	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	0-2013			
		pplicable	C Name of organization	0 2015	D Employe	r ide	ntification number
_	dress ch		ST JOSEPH'S COLLEGE				
_		_	Doing Business As		11-173	343	9
Na	me cha	nge					
Inıt	tıal retu	m	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telephone	num	ber
— Ter	rmınate	d	245 CLINTON AVENUE Suite				
– _{Am}	ended	return	City or town, state or country, and ZIP + 4		(718)94	40-5	300
_ _{^ ^ n} ,	nlıcatıor	n pending	BROOKLYN, NY 112053688		1		
71	plication	r pending		1	G Gross rece	eipts s	\$ 159,944,533
			F Name and address of principal officer SR ELIZABETH A HILL CSJ	1	this a group re	turn	for
			245 CLINTON AVENUE	am	liates?		j Yesj♥ No
			BROOKLYN,NY 112053688	H(b) Are	e all affiliates i	nclu	ded?
							(see instructions)
[Ta	x-exem	npt status	▼ 501(c)(3)	_			
ı w	ebsite	e: ► WW	WW SJCNY EDU	H(c) Gr	oup exemption	nur	mber 🟲
				<u> </u>		_	
			✓ Corporation Trust Association Other ►	L Year of	formation 1916	М	State of legal domicile NY
Pa	rt I	Sum	mary				
Governance		PROVID	escribe the organization's mission or most significant activities DE STRONG ACADEMIC AND VALUE-ORIENTED EDUCATION AT T D IN LIBERAL ARTS TRADITION THAT SUPPORTS PROVISION FO				
9.0% 20%	2	Check th	his box 🔭 if the organization discontinued its operations or disposed	of more thar	n 25% of its ne	et as	sets
	3	Number	of voting members of the governing body (Part VI, line 1a)			3	28
Activities &			of independent voting members of the governing body (Part VI, line 1b		🗀	4	28
<u> </u>			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	1,846
ទ្ឋ	1		mber of volunteers (estimate if necessary)			6	0
•	1		related business revenue from Part VIII, column (C), line 12		· · ·	 7a	0
			elated business taxable income from Form 990-T, line 34		_	/а 7Ь	
	B	ivet unite	stated business taxable income noin form 990-1, line 54			/	
	١.			P	rior Year	_	Current Year
a)	8		butions and grants (Part VIII, line 1h)		3,997,78	$\overline{}$	6,677,707
Rayentle	9	_	am service revenue (Part VIII, line 2g)		90,122,88	-	94,739,909
Š	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,106,52	-	967,330
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		454,95	7	469,955
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	95,682,15	7	102,854,901
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		22,077,94	-	24,880,169
	14		Its paid to or for members (Part IX, column (A), line 4)				0
			es, other compensation, employee benefits (Part IX, column (A), lines	' 		╁	
83	15	5-10			53,921,41	2	55,365,510
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	0
⊕	ь		indraising expenses (Part IX, column (D), line 25) •965,703				
Э					27 742 25	2	20 404 507
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		27,743,35	-	28,484,587
	19					$\overline{}$	
_ 07	13	Keven	ue less expenses Subtract line 18 from line 12	_	-8,060,55	-	-5,875,365
8 4 0 6				Beginn	ing of Current Year		End of Year
10 kg	20	Total	assets (Part X, line 16)		115,645,74	9	112,753,363
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		36,996,86	-	38,229,715
3 E	22		ssets or fund balances Subtract line 21 from line 20	-	78,648,88	-	74,523,648
	22 13 1		nature Block		, 0,070,00	۷	77,323,040
Jnde ny ki	r pena nowled	alties of dge and	perjury, I declare that I have examined this return, including accompar belief, it is true, correct, and complete Declaration of preparer (other t nowledge				
Sign	1	Signa	ature of officer		Date		
Her		l 10hn	roth chief financial officer				
			e or print name and title				
				Date C	heck I if P	TIN	
Paid	d	⊢	Scott Thompsett	s	elf-employed		
	_u pare	\r F	Firm's name F GRANT THORNTON LLP	F	irm's EIN 🕨		
			Firm's address ► 666 THIRD AVENUE	p	hone no (212) 5	i99-0	100
use	On	יע '			(212) 3	0	

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

✓ Yes No

					Page
Part	Statement of Program Check if Schedule O contain				٦
1	Briefly describe the organization's	mission			
BROCINST COLL LEVE THE	DSEPH'S COLLEGE WAS FOUNDE DKLYN AND A BRANCH CAMPUS I ITUTION PROVIDING ACADEMIC EGE IS TO PROVIDE STRONG AC LS, ROOTED IN LIBERAL ARTS TE COLLEGE PREPARES EACH STUD AL RESPONSIBILITY, AND SERV	N PATCHOGUE, NEW YO C UNDERGRADUATE AN CADEMIC AND VALUE-C RADITION THAT SUPPO ENT FOR A LIFE CHARA	ORK THE COLLEGE I D GRADUATE LEVEL DRIENTED EDUCATIO DRTS PROVISION FO CTERIZED BY INTEG	IS AN INDEPENDENT NOT-F . PROGRAMS THE MISSION ON AT THE UNDERGRADUA PR CAREER PREPARATION A GRITY, INTELLECTUAL AND	FOR-PROFIT OF ST JOSEPH'S TE AND GRADUATE AND ENHANCEMENT SPIRITUAL VALUES,
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ices during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servic				
3	Did the organization cease conduct services?		-	ucts, any program	┌ Yes ┌ No
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	m service accomplishmer 01(c)(4) organizations a	re required to report th		
 4a	(Code) (Expense	s \$ 94,256,877 II	ncluding grants of \$	24,880,168) (Revenue \$	93,234,028)
	EDUCATIONAL INSTITUTION OF HIGHER I STRONG ACADEMIC AND VALUE-ORIENTE ENHANCEMENT OUR STRONG ACADEMIC and Graduate Studies - an expanded gra- with a major - a student-faculty ratio of	EARNING THAT PROVIDES ACA D PROGRAMS ROOTED IN A LII PROGRAMS INCLUDE twen duate program that includes nii	BERAL ARTS TRADITION THA ty-three undergraduate ma ne master's degrees - seve	AT SUPPORTS PROVISION FOR CARI gors between the Schools of Arts and gral certificate programs that can adv	THE COLLEGE PROVIDES EER PREPARATION AND d Sciences and Professional
4b	(Code) (Expense	s \$ ın	cluding grants of \$) (Revenue \$)
4c	(Code) (Expense	s \$ 37,682 II	ncluding grants of \$	0) (Revenue \$	19,486)
	The Clare Rose Playhouse serves as a macommunity theater productions of musica				The Playhouse is the site of
	Other program services (Describe	un Schadula O \			
TU	(Expenses \$	including grants of \$) (D +	
	(Expenses \$	including grants of \$) (Revenue \$)

Form 990 (· · · · · · · · · · · · · · · · · · ·		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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^{\bullet}	3		Νo
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line 10? 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		No
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
d	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 and XII	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 and XII 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," 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 United States? 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 United States? 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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		N o
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
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 11b and 19?	38	Yes	

-	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 271		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	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			
)	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	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	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?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	<u> </u>		
	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 facilities	•		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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 Enter the amount of reserves the organization is required to maintain by the states	13a		
	in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		1

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax 1a 28			_
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	a		N o
	organization a maining address. It res, provide the hames and addresses in achequie 0			NO
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	
Se		evenu	ue Cod Yes	
		evenu 10a		e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	e.) No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - ☐ O wn website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JOHN C ROTH 245 CLINTON AVENUE BROOKLYN, NY (718)940-5616

Form	990	(2012)
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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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	week (list any hours		han o	one l both ector	box, an o	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han d n is	one I both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima imount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
1b	Sub-Total				•			▶					
c d	Total (add lines 1b and 1c)			• •	٠.	٠.	•	Þ	2,191,512		0		302,661
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	nan			
										-		Yes	No
3	Did the organization list any f o on line 1a? <i>If</i> "Yes," complete S					key	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co												
1	Complete this table for your five											tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
RACANELLI CONSTRUCTION CO INC , 1895 WALT WHITMAN ROAD MELVILL NY 11747	CONSTRUCTION	5,512,167
KEATING and ASSOCIATES , 49 ELIOT STREET NATICK MA 01760	ADVERTISING	2,404,344
ALLIED BARTON SECURITY SERVICES , 161 WASHINGTON STREET CONSHOHOCKEN PA 19428	SECURITY SERVICES	428,679
SIGNATURE CLEANING SERVICES INC , 231 W 29TH STREET SUITE 402 NEW YORK NY 10001	CLEANING	705,586
WILLIAM CHARLES PRINTING , 40 MEDFORD AVENUE PATCHOGUE NY 11772	PRINTING SERVICES	410,523
2. Total number of independent contractors (including but not limited to those listed	above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 37

102,854,901

94,739,909

Total revenue. See Instructions

1,437,285

Part IX Statement of Functional Expenses

Section 501(c)(3) ar	nd 501(c)(4) organizatior	s must complete all columns	All other organizations mi	ust complete column (A)

	Check if Schedule O contains a response to any question in this Part include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C)	
	, 35, 4114 105 01 1 411 1111.	I IUIAI EXDENSES I	_	Management and	Fundraising
1		The same of the sa	expenses	general expenses	expenses
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	24,880,169	24,880,169		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,054,602	1,048,727	906,050	99,825
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	41,628,164	35,861,628	5,331,733	434,803
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,598,142	2,115,980	442,653	39,509
9	Other employee benefits	5,768,142	4,743,911	913,527	110,704
10	Payroll taxes	3,316,460	2,802,243	471,929	42,288
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	39,232	34,451	4,417	364
С	Accounting	163,296	143,394	18,385	1,517
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	112,564	98,845	12,673	1,046
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	1,138,429	1,005,928	125,264	7,237
12	Advertising and promotion	3,057,109	2,840,541	213,953	2,615
13	Office expenses	3,036,653	2,583,790	380,257	72,606
14	Information technology	2,137,154	767,991	1,365,271	3,892
15	Royalties	0			
16	Occupancy	4,085,853	3,535,277	519,255	31,321
17	Travel	798,484	720,420	77,246	818
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,372,311	1,205,061	154,502	12,748
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,388,400	3,853,566	494,068	40,766
23	Insurance	1,337,823	1,183,251	142,790	11,782
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BUILDING CONTRACTED SERVICES	1,316,848	1,157,258	147,426	12,164
ь	SCHEDULED EVENTS	1,459,943	1,261,589	167,413	30,941
c	PROFESSIONAL DEVELOPMENT	408,028	343,239	63,438	1,351
d	DEPT GRANT EXPENSE	1,877,134	1,877,020	114	
e	All other expenses	1,755,326	1,553,384	194,536	7,406
25	Total functional expenses. Add lines 1 through 24e	108,730,266	95,617,663	12,146,900	965,703
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				rm 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	20,836	1	9,501
	2	Savings and temporary cash investments	8,933,585	2	3,601,596
	3	Pledges and grants receivable, net	3,368,628	3	3,663,215
	4	Accounts receivable, net	2,149,325	4	1,869,476
	5	Loans and other receivables from current and former officers, directors, trustees, keeployees, and highest compensated employees. Complete Part II of Schedule L	ey	5	0
ŝ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employee and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L	ion	6	0
4ssets	7	Notes and loans receivable, net	919.818		845,263
Ř	8	Inventories for sale or use	0	8	0.10,200
	9	Prepaid expenses and deferred charges	2,228,276	9	1,691,875
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 117,535,0	, ,		1,001,010
	Ь	Less accumulated depreciation	952 55,461,612	10c	59,921,144
	11	Investments—publicly traded securities	41,956,273	11	40,566,119
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	607,396	15	585,174
	16	Total assets. Add lines 1 through 15 (must equal line 34)	115,645,749	16	112,753,363
	17	Accounts payable and accrued expenses	4,206,164	17	5,818,962
	18	Grants payable	0	18	0
	19	Deferred revenue	3,693,742	19	4,195,612
	20	Tax-exempt bond liabilities	27,135,000	20	26,460,000
ای	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
유		persons Complete Part II of Schedule L	О	22	0
	23	Secured mortgages and notes payable to unrelated third parties	145,947	23	64,570
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	4 040 040		4 000 574
		D	1,816,013		1,690,571
SO do	26	Total liabilities. Add lines 17 through 25	36,996,866	26	38,229,715
ĕ	27	Unrestricted net assets	66,709,804	27	62,088,143
<u>ଟ</u>			2,356,959	28	2,542,535
<u> </u>	28	Temporarily restricted net assets	9,582,120	29	9,892,970
Fund Balances	29	Permanently restricted net assets	9,562,120	29	5,092,970
포		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
- S	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
á	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	78,648,883	33	74,523,648

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	- Check in Deficiality of Containing a response to any question in this rate XI	· ·	•	• •	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		102,8	354,901
2	Total expenses (must equal Part IX, column (A), line 25)	2		108,7	30,266
3	Revenue less expenses Subtract line 2 from line 1	3		-5,8	375,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78,6	548,883
5	Net unrealized gains (losses) on investments	5		1,7	75,502
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-25,372
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		74,5	523,648
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ gamma$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	ın		1:	1:
	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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

EIN: 11-1733439

Name: ST JOSEPH'S COLLEGE

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	,Tru	uste	ees,	, Key	En	nployees, Highe	st	
(A) Name and Tıtle	(B) Average hours per week (list any	dıre	than	onot one on i er an trust	box s bo d a tee)	th	r	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
W Christian Drewes Esq chair	1 0	x		х						
Frank Lourenso vice chair	1 0	х		х						
Mary M Lai Board Member (Chair, Exec Com)	1 0	х		х						
Stephen Hochberg Esq secretary	1 0	х		х						
Mark B Anderson Board member	1 0	х								
Sheila Baird Board member/Chair of Inv Comm	1 0	х		х						
Matthew J Barbis Board member	1 0	х								
Peter M Boger Board member	1 0	х								
John R Bransfield Jr Board member	1 0	x								
Mary Butz Board member	1 0	х								
Christopher R Carroll Esq Board member	1 0	x								
John A Danzı Board member	1 0	х								
Dr Mary Ellen Freeley Board member	1 0	х								
Sister Elizabeth A Hill CSJ President	1 0	х		х				69,836		15,880
Sister Elizabeth A Johnson CSJ Board member	1 0	х								
Daniel J Keane Esq Board member	1 0	х								
S Helen Kearney CSJ Board member	1 0	х								
Dennis McCarthy Board member	1 0	х								
Sister Kathleen McKinney CSJ Board member	1 0	х								
Margaret Meegan Board member	1 0	х								
Peter M Meyer Board member	1 0	х								
Frances A Resheske Board member	1 0	х								
Erminia Rivera Board member	10	х								
Peter M Rogers Board member	1 0	х								
Dr Paul Peter Romanello Board member	1 0	х								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Estimated amount Average Reportable Reportable of other hours more than one box, compensation compensation per unless person is both from the from related compensation week an officer and a organization (Worganizations (Wfrom the director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (lıst any related Individu or dilec Former Highest employe Ke) em Institut organizations hours for related

	related organizations below dotted line)	lual trustae sctor	itional Trustee		nployee	t compensated see	*			
Lisa Rose Board member	1 0	х								
Michael E Ryan Board member	1 0	х								
William P Tucker Esq Board member	1 0	х								
John C Roth Chief Financial Officer	40 0			X				252,706	0	42,764
Nancy Connors VP for Institutional adv	40 0			х				195,294		24,599
Sister Loretta McGrann CSJ Provost	40 0			х				69,836		15,880
Thomas G Travis VP for Planning	40 0				х			250,655		42,764
Kenneth McCollum Chief Information Officer	40 0				х			192,678		24,389
Theresa La Rocca-Meyer VP for Enrollment management	40 0				х			195,105		24,599
Susan Hudec Dean of Students	40 0				х			173,137		22,585
Barbara Sands Faculty	40 0					х		167,229		21,866
Georgia-Lynne Lamens Associate Vice President	40 0					х		161,314		27,591
Mary Chance Faculty	40 0					х		152,946		20,796
mary fritz faculty	40 0					х		148,584		5,966
Rıchard Greenwald Dean-brooklyn	40 0					х		162,192		12,982

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DLN: 93493065003124

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Inspection

		ne organ	ization						identification number			
S1 1C	SEPH'S	COLLEGE							11-17334	139		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanızatıons	s must com	plete this n			_	
				te foundation becaus							•	
1	Ť			ion of churches, or a								
2	Ī			d in section 170(b)(1				•	,,,,,,			
3	Ė			perative hospital se				n 170(b)(1)	(A)(iii).			
4	Ė			h organization opera						1)(A)(iii). F	nter the	
•	,			ity, and state	cca iii conjan	iccioni michi d	nospital des				c	
5	Γ			erated for the benefi	t of a college	e or universi	ty owned or o	perated by a	a governmen	tal unit desc	rıbed ın	
		sect ior	170(b)(1)	(A)(iv). (Complete P	art II)							
6	Γ	A fede	ral, state, or	local government o	rgovernmen	tal unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).			
7	Г	An org	anization th	at normally receives	a substantia	al part of its	support from	a governme	ntal unit or f	rom the gen	eral public	
	_			on 170(b)(1)(A)(vi).								
8	<u> </u>		-	: described in sectio i			-	-				
9	ı			at normally receives								
		•		rities related to its e	•	-			` '			
				oss investment inco						tax) from bu	isinesses	
	_			ganızatıon after June								
10	<u>_</u>	_		ganized and operate								
11	ı	one or	more public	ganized and operated ly supported organiz	ations descr	ıbed ın sect	ion 509(a)(1) or section	509(a)(2) S			
			_	ibes the type of supp						.	11	
	_		Type I	, ,,			-					
е	1		_	ox, I certify that the ion managers and ot	-					•	•	
			n 509(a)(2)	ion managers and oc	ner than one	or more par	onery Support	ca organizat	ions desemb	ed III Section	11 303(4)(1) 01	
f		If the c	organization	received a written d	etermınatıon	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organizatio <u>n,</u>	
			this box						5.1		Г	
g			August 1 / , , ng persons?	2006, has the organ	ization acce	oteα any giπ	or contributi	on from any	ortne			
				rectly or indirectly o	controls, eith	ner alone or	toaether with	persons des	scribed in (ii))	Yes No	
				governing body of th				•	` '	11g		
		•		er of a person descr		_				11g		
			•	lled entity of a perso			above?			11g		
h				ng information about							`	
						-						
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of	
	suppo			organization	organızat		the organi		organizat		monetary	
o	organization			(described on	col (i) lis		ın col (i) d	,	col (i) org		support	
				lines 1-9 above or IRC section	your gove docume		suppor	τ/	ın the U	5 /		
				(see		ille:						
				instructions))) Yes No Yes No			Yes No		1		
					163	140	163	140	163	140		
									-			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493065003124

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

	me of the organization JOSEPH'S COLLEGE			Employ	er ident	tification number
31.	JOSEPH 3 COLLEGE			11-173	3439	
Par	t I-A Complete if the or	ganization is exempt under	section 501(organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	civities in Part IV		
2	Political expenditures				-	\$
3	Volunteer hours					
Dar	Complete if the or	ganization is exempt under	section 501/	c)(3)		
1	<u> </u>	e tax incurred by the organization ui	_		 	¢
2	·	e tax incurred by organization mana			•	\$
3	·	section 4955 tax, did it file Form 47	_			⊤ Yes
4a	Was a correction made?	,	,			┌ Yes ┌ No
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section	on 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities	 - -	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	other organization	s for section 527	-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b	 -	\$
4	Did the filing organization file F	Form 1120-POL for this year?				
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organiza to a separate politic	tion's fi al orgai	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	Т
	filed Form 5768 (election under section 501(h)).	

<u></u>	225h "Vos" ros nanca to lines 12 through 1, helpy, provide in Part TV 2 detailed description of the Johnving		(a)			(b)		
ror e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	/	Amoun	it		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of							
а	Volunteers?		Νo					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo					
С	Media advertisements?		Νo					
d	Mailings to members, legislators, or the public?		Νo					
е	Publications, or published or broadcast statements?		Νo					
f	Grants to other organizations for lobbying purposes?		Νo					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No					
i	Other activities?	Yes				2,500		
j	Total Add lines 1c through 1i					2,500		
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							
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n		
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				

			res	IAO	
L	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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Schedule C Lobbying Activities		The College does not undertake any direct lobbying activities The College pays membership dues to various educational associations such as NACUBO, a portion of those dues are expended in furtherance of lobbying activities by BACUBO The college's pro rate share of lobbying totaled approximately \$2,500 for the year ending June 30, 2013

1 1

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

DLN: 93493065003124

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

<u>'</u>	offit 990. F See separate instructions.	Employer identification country
nme of the organization JOSEPH'S COLLEGE		Employer identification number
organizations Maintaining Donor A		unds or Accounts. Complete if the
organization answered Tes to Form 5.	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beild conferring impermissible private benefit?		
rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitating Preservation of open space Complete lines 2a through 2d if the organization hele	on or education) Preservation of ar Preservation of a	certified historic structure
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 his	· ·	2c
Number of conservation easements included in (c) a historic structure listed in the National Register		2d
Number of conservation easements modified, transf	erred, released, extinguisned, or terminate	ed by the organization during
the tax year 🛌		
Number of states where property subject to conserv	ation easement is located 🛌	<u></u>
Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation easer	ments during the year
Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year
Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	the footnote to the organization's financia	
rt III Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnot	sets held for public exhibition, education,	or research in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide the following amounts relating to th	sets held for public exhibition, education,	
(i) Revenues included in Form 990, Part VIII, line 1	L	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		► \$
If the organization received or held works of art, hist following amounts required to be reported under SFA Revenues included in Form 990, Part VIII, line 1		or financial gain, provide the

Part	Organizations Maintaining Co	llections of Ar	t, His	itoricai i	reasu	ires, or O	<u>tne</u>	<u>r Similar A</u>	ssets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any o	f the foll	owing that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	┌ Loai	n or exc	hange progr	ams			
b	Scholarly research		e	┌ Oth	er					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	aın hov	w they furth	ner the o	organization	's ex	empt purpose	ın	
5	During the year, did the organization solicit							nılar	_	_
	assets to be sold to raise funds rather than t		-						☐ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				outions	or other ass	ets ı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	[I and complete the	e follov	wing table		Г				
_						-		A	mount	
C	Beginning balance					<u> </u>	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iir	ne 21?	•					☐ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been p	rovided in P	art >	KIII		Г
Pa	rt V Endowment Funds. Complete									
4 -	Danis and consultation of	(a)Current year 50,034,618	(b)	Prior year 50,412,51		45,043,224		Three years back 36,724,856		years back 49,137,796
1a	Beginning of year balance	310,850		451,02		641,911		6,994,777		1,007,154
b	Contributions	310,830		431,02	0	041,911		0,994,777		1,007,134
С	Net investment earnings, gains, and losses	2,582,764		-1,655,87	6	7,006,870		1,323,591	-	-10,851,361
d	Grants or scholarships									
e	Other expenditures for facilities and programs	1,890,000		-1,106,04	5	1,369,128				2,713,108
f	Administrative expenses	439,000		279,09	4	910,360				-144,375
g	End of year balance	50,599,232		50,034,61		50,412,517		45,043,224		36,724,856
у Э	Provide the estimated percentage of the cur		see (lun			· · ·	<u> </u>	, ,		, ,
_		79 493 %	ice (iiii	ie 19, colu	iiiii (a))	ileiu as				
a	Board designated or quasi-endowment	7 5 1 5 5 7 6								
b	remailent endowment F	o								
С	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	zation	that are he	ld and a	idministered	for	the	Yes	No
	(i) unrelated organizations							3a	i(i)	No
	(ii) related organizations								(ii)	No
b	If "Yes" to 3a(II), are the related organizatio							3	ВЬ	†
4	Describe in Part XIII the intended uses of the	ne organization's er	ndowm	ent funds					·	
Par	t VI Land, Buildings, and Equipme	e nt. See Form 99	90, Pa							
	Description of property			(a) Cost of basis (inve		(b) Cost or ot basis (othe		(c) Accumulate depreciation	d (d) B	ook value
1a	Land					6,853	,990			6,853,990
b	Buildings					85,319	,464	42,253,9	71	43,065,493
c	Leasehold improvements									
d I	Equipment					25,361	,642	15,359,9	81	10,001,661
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lın	e 10(c).,			🛌		59,921,144

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
		+	
Total (Column (h) must equal Form 000, Part V, col (P) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15. ption	,	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) C, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) C, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. ption 5.) (, line 25. (b) Book value 0		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. ption 5.) (, line 25. (b) Book value 0		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes REFUNDABLE GOV'T GRANTS BENEFICIAL INTEREST IN TRUSTS	ne 15. ption 5.) C, line 25. (b) Book value 0 681,580 653,261		(b) Book value

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	81,731,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,869,687
3	Subtract line 2e from line 1	3	77,862,168
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 112,564		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	24,992,733
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	102,854,901
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	85,857,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,119,557
3	Subtract line 2e from line 1	3	83,737,533
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 112,564		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	24,992,733
		5	108,730,266
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		100,730,200

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

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUND	SCHEDULE D, PART V, QUESTION 4	St Joseph's College holds an endowment for the purpose of generating funds to support the College's educational mission Endowment earnings are intended to be used to fund scholarships, facility upgrades, and educational programs The College would prefer to leave the principal untouched
PROVISION FOR INCOME TAXES	SCHEDULE D, PART X	The college adopted the provisions of ASC 740 accounting for uncertainties in income taxes ASC 740-10 clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a Tax return, including issues relating to financial statement recognition and measurement. This section provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The College is exempt from federal and new York income taxation by virtue of being an organization described in Section 501(c)(3) of the internal revenue code and similar provisions of the New York State tax code. Nevertheless, the college may be subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the code. The tax years ending June 30, 2010, 2011 and 2012 are still open to audit for both federal and state purposes. Management believes that there are no uncertain tax positions within its financial statements.
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XI, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS \$788,306 Endowment Income released for expenditure 439,000 Change in Beneficial interest in trusts (25,372) \$1,201,934
OTHER REVENUE ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XI, LINE 4B	SCHOLARSHIP EXPENSE \$24,880,168
OTHER EXPENSES ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XII, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS \$788,306 Endowment income released for expenditure 439,000total 1,227,306
OTHER EXPENSES ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B	SCHOLARSHIP EXPENSE \$24,880,169

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DLN: 93493065003124

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Inspection

Name of the organization ST JOSEPH'S COLLEGE

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	11-1/33439			
Pai	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	_		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
-	Use of facilities?	5f		No
	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	D.
b	If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	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
FORM 990, SCH E, LINE 3		THE COLLEGE MAKES CERTAIN TO PUBLICIZE ITS NONDISCRIMINATORY POLICY IN AS MANY PUBLICATIONS AS POSSIBLE, INCLUDING, BUT NOT LIMITED TO, ITS COLLEGE CATALOGUE, BULLETINS & BROCHURES, NEWSPAPER ADS, AND IN OTHER PUBLIC COMMUNICATIONS
FORM 990, SCH E, LINE 6A		THE COLLEGE ADMINISTERS STUDENT FINANCIAL AID THROUGH GOVERNMENT FUNDED PROGRAMS SUCH AS THE PERKINS PROGRAM AND PELL GRANTS

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493065003124

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

	ne of the organization						Employer iden	tification number
51.	JOSEPH'S COLLEGE						11-1733439	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	on answered "Yes" t	o Forn	າ 990, Part IV	, lıne 17.
1	Indicate whether the organ	iization raised funds	through ar	ny of the f	following activities Che	ck all t	hat apply	
а	Mail solicitations			е	☐ Solicitation of non	-goverr	ment grants	
b	Internet and email soli	cıtatıons		f	☐ Solicitation of gov	ernmen	t grants	
С	Phone solicitations			g	Special fundraisin	g event	S	
d	In-person solicitations	5						
2a	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? Yes							
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents und	ler which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
			1					
Tota	al							
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notif	ied it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut						
		<u> </u>	(a) Event #1 GOLF OUTING (event type)	(b) Event #2	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))			
₽	1	Gross receipts	130,59		(**************************************	130,595			
Revenue	2	Less Contributions	87,84			87,840			
<u>~</u>	3	Gross income (line 1 minus line 2)	42,75			42,755			
	4	Cash prizes							
ம	5	Noncash prizes							
Expenses	6	Rent/facility costs	31,02	o l		31,020			
ă	7	Food and beverages .							
Direct	8	Entertainment							
Ā	9	Other direct expenses .	12,92	1		12,921			
	10	Direct expense summary Add lin	es 4 through 9 in columr	n(d)		(43,941)			
	11	Net income summary Combine li	ne 3, column (d), and line	210	•	-1,186			
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than			
Revenue		\$15,000 on Form 990-EZ, lır	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>~</u>	1	Gross revenue							
Expenses	2	Cash prizes							
Xpe	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes Г No	Г Yes	☐ Yes				
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)					
9 a b	a Is the organization licensed to operate gaming activities in each of these states?								
10a b		re any of the organization's gaming l	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No			

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

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

OMB No 1545-0047

DLN: 93493065003124

Open to Public

Department of the Treasury

Schedule I

(Form 990)

► Attach to Form 990

Name of the organization						Employer identificati	on number
ST JOSEPH'S COLLEGE						11-1733439	
Part I General Informatio	n on Grants and	Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or ass	sistance?					✓ Yes
Part II Grants and Other As Form 990, Part IV, line	ssistance to Gov	ernments and O	rganizations in the	United States. Com	nplete if the orgai d if additional spa	nization answered "Y ice is needed.	es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 503 Enter total number of other orga	· · · · · -	=					
For Paperwork Reduction Act Notice, see	the Instructions for F	orm 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

OF GRANT FUNDS IN

THE UNITED STATES

(a) Type of grant or assistance

(b) Number of

purpose

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22
	Part III can be duplicated if additional space is needed.	

(d)A mount of

(e)Method of valuation (book,

those amounts are directly spent to defray the cost of tuition. There is no opportunity for the funds to be directed to another

(c)A mount of

(a). , po or grame or a		recipients		cash grant	non-cash assistance		(0,72 000), Friend of them of the contract of t				
(1) STUDENT AID/SCHOL	LARSHIPS	3861		24,880,169							
Part IV Suppleme Complete this part to provide	ntal Information r		ıne 2 D	art III. column (b), and	any other additional inf	ormation					
Identifier	Return Reference		Explan		any other additional fill	ormacion					
	SCHEDULE I, PA QUESTION 2			The College provides scholarships to students matriculating at the CollegE Certain criteria are established that each student is required to meet to retain their scholarship. The College does not need to monitor the use of scholarship funds as							

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DLN: 93493065003124

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization ST JOSEPH'S COLLEGE

Employer identification number

11-1733439

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 11-1733439

Name: ST JOSEPH'S COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
John C Roth	(ı) (ıı)) 250,959) 0	0	1,747	20,000	22,764 0	295,470	C
Thomas G Travis	(ı) (ıı)) 248,959)		1,696	20,000 0	22,764 0	293,419	
Kenneth McCollum	(ı) (ıı)) 191,544)		1,134	15,494 0	8,895 0	217,067 0	
Nancy Connors	(ı) (ıı)) 194,262)		1,032	15,704 0	8,895 0	219,893	
Theresa La Rocca- Meyer	(ı) (ıı)) 194,104)		1,001	15,704 0	8,895 0	219,704	
Susan Hudec	(I) (II)) 172,433)		704	13,690 0	8,895 0	195,722	
Barbara Sands	(II)) 167,229)			12,971 0	8,895 0	189,095	
Georgia-Lynne Lamens	(ı) (ıı)				13,381 0	14,210 0	188,905	
Mary Chance	(ı) (ıı)) 152,946)			11,901 0	8,895 0	5 173,742 0 0	
mary fritz	(ı) (ıı)				5,966 0	0	154,550 0	
Richard Greenwald	(I) (II)			438	12,982 0	0	175,174) 0	

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DLN: 93493065003124 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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 Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

	ie of the organization									Employer identification number						
51.	JOSEPH'S COLLEGE										17334	39				
Pa	Bond Issues															
										(g) Det	fassad		On alf of		Pool	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Description	n of purpose	(g) Del	ieaseu		uer	fina	ncing	
										Yes	No	Yes	No	Yes	No	
A	Dormitory Authority of the State of New York	14-6000293	649905p00	08-11-2010	28,05	7,516	Cons	struction of Athletic Facili			х		x		Х	
Pa	rt III Proceeds															
						١		В			С		D			
1_	A mount of bonds retired			1,335,	000											
	A mount of bonds legally defea	ased					0									
_3	Total proceeds of issue					28,057,	516									
4	Gross proceeds in reserve fur					2,007,	261	1								
5	Capitalized interest from proc					0										
6	Proceeds in refunding escrow						0									
7	Issuance costs from proceed					515,	945									
8	Credit enhancement from pro						0									
9	Working capital expenditures				0											
10	Capital expenditures from pro	ceeds			18,730,707											
11	Other spent proceeds						0									
12	Other unspent proceeds					6,499,	293									
13	Year of substantial completio	n			20	14										
					Yes	No		Yes	No	Yes	N	0	Yes		No	
14	Were the bonds issued as par	t of a current refund	ing issue?			Х										
15	Were the bonds issued as par	t of an advance refu	nding issue?			Х										
16	Has the final allocation of pro			Х												
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Pai	rt IIII Private Business l	Jse								•						
					\		В			<u>C</u>			D			
_	Was the organization a partner in a partner ship, or a member of an LLC, which owned				Yes	No		Yes	No	Yes	N	<u> </u>	Yes		No	
1	Was the organization a partner in a partnership, or a member of an LLC, which ownership					Х										

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

property financed by tax-exempt bonds?

financed property?

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
J a	of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?			x						
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections		х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und		х							
D	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В		С .		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?		Х							
е	Was a hedge terminated?		X							
		•		•	•		-			

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A	Α		В		<u> </u>		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
		-		-	-	-	_	-	
P	Supplemental Information. Complete this part to p	<u>rovide additior</u>	<u>ıal ınformatı</u>	on for respon	ises to quest	ions on Sche	edule K (see	instructions)	

Schedule K (Form 990) 2012

Explanation

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

DLN: 93493065003124

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Open to Public Inspection

Name of the organization ST JOSEPH'S COLLEGE	Employer identification number
SI JOSEFII S COLLEGE	11-1733439

Pa	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art			- 9				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	4	29,240	FAIR MARKET VAL	.UE		
10	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
1.4	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies . Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ► ()							
	Other ►()							
	Other►()							
	Number of Forms 8283 received for which the organization comple				29			
				_			Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the ent	ire holding p	period?			30a	Yes	
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part	les or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
h	If "Yes," describe in Part II					J-4		
33	If the organization did not repor	t an amount	: in column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule M, Line 32(a)		In most cases, when the College receives any non-cash contributions (such as stock or securities), its investment broker is tasked with disposing of those securities on the College's behalf Occasionally, the College will retain those stocks in its portfolio and liquidate at a later date

Schedule M (Form 990) (2012)

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DLN: 93493065003124

SCHEDULE 0 (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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ST JOSEPH'S COLLEGE 11-1733439

ldentifier	Return Reference	Explanation	
FORM 990, PART VI, LINE 1(b)	Independent Voting members	President, Elizabeth Hill, has taken a bond fide vow of poverty and is a member of a religious order, therefore, any compensation she is paid for services rendered are not required to be disclosed on the Form 990. In addition, by virtue of her vow of poverty, she remains an independent board member despite receiving compensation. FORM 990, PART VI, LINE 11 PROCESS USED TO REVIEW FORM 990. The Form 990 was prepared by a nationally renow ned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the full Board of Trustees for discussion and comment. Each Board Member was provided ample opportunity to comment on the information contained in the 990 prior to its filing with the Internal Revenue Service.	
FORM 990, PART VI, LINE 12C	ENFORCEMENT OF CONFLICT OF INTEREST POLICY	Each officer, director, trustee and key employee of the College 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	
FORM 990, PART VI, LINE 15A & 15B	PROCESS FOR DETERMINING COMPENSATION	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 is reasonable given the market in which the College operates. In relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement. The Compensation committee compares data from other institutions to ensure that the College compensates its executives commensurate with the market.	
FORM 990, PART VI, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC	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 are not ordinarily made available to the public, but, if requested, will be provided at management's discretion.	
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS	Change in Beneficial Interest of Trusts - \$25,372	