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DLN: 93493135026005

# 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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca applicable	lendar year, or tax year beginning	g 07-01-2013 , 2013, and endin	g 06-30-20	14	D Employ	er ide	entification number
		change	Saint Michael's College				03-01	7940	3
┌ Na	me cha	ange	Doing Business As						
┌ Ind	ial reti	urn		nail is not delivered to street address) R	oom/suite		E Telephor	ne nun	nber
Те	mınate	ed	One Winooski Park Box 274 Suite				(802)		
☐ Am	ended	l return	City or town, state or province, cou Colchester, VT 05439	ntry, and ZIP or foreign postal code			(802)	334-	2 3 8 0
Г Ар	olicatio	n pending	Colchester, VI 03439				<b>G</b> Gross re	ceıpts	\$ 183,049,162
			F Name and address of prii Neal E Robinson	ncipal officer	H(		ıs a group ı	returr	
			One Winooski Park Box 274			subo	rdınates?		Γ Yes <b>Γ</b> No
			Colchester, VT 05439		H(		all subordin	ates	┌ Yes ┌ No
 <b>I</b> Та	x-exer	mpt status		Insert no )	,	ınclu If "N		a lıst	(see instructions)
 1 W	ehsit	· • • • w/v	w smcvt edu			_			
					H(				mber ▶ 0928
	n of o <b>rt I</b>		n	n   Other ►		Year of fo	rmation 191	.3 <b>N</b>	State of legal domicile VT
FG				an ar most significant activities					
			describe the organization's mission ribute through higher education t		person and	the adv	ancement	of hur	man culture in the light
e e		of the c	atholic faith						
≧									
Ē									
Governance	2	Check t	his box 🛏 if the organization di	scontinued its operations or disp	osed of mo	re than 2	5% of its i	net a	ssets
									1
Activities &	1		of voting members of the govern					3	31
Ě			of independent voting members umber of individuals employed in					<u>4</u> 5	2.096
ទ្ធ			imber of individuals employed in imber of volunteers (estimate if r		•		· · · · ·	6	2,086
•	1		nrelated business revenue from P		: :		21,002		
	1		elated business taxable income f				t	7b	-61,355
						Pric	r Year		Current Year
	8	Contr	ributions and grants (Part VIII, li	ne 1h)	🗆		6,263,8	44	6,184,942
Ravenue	9	Progr	am service revenue (Part VIII, li	ne 2g)			100,454,4	52	104,707,964
evet	10		tment income (Part VIII, column				4,810,137 16,45		
_	11		revenue (Part VIII, column (A),		· —		1,536,2	77	1,602,306
	12		revenue—add lines 8 through 11				113,064,7	10	128,952,324
	13		s and similar amounts paid (Part				32,719,9	55	35,912,661
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)	🗀			0	0
ø	15	Salar 5–10	ies, other compensation, employ	ee benefits (Part IX, column (A),	lines		43,621,2	61	42,516,976
Expenses	16a		<i>)</i> ssional fundraising fees (Part IX,	column (A), line 11e)	–		13,021,2	0	12,310,370
Ð.	b		undraising expenses (Part IX, column (D					+	<u>-</u>
ū	17		r expenses (Part IX, column (A),		一. ⊢		33,371,0	57	37,468,571
	18		expenses Add lines 13–17 (mu		_		109,712,2	_	115,898,208
	19		nue less expenses Subtract line		_		3,352,4	37	13,054,116
Net Assets or Fund Balances						_	g of Curren 'ear	t	End of Year
SSel Baka	20	Total	assets (Part X, line 16)		[		199,887,0	30	208,661,733
A FE	21	Total	liabilities (Part X, line 26)		🗀		70,313,9	49	68,628,732
	22		ssets or fund balances Subtract	line 21 from line 20			129,573,0	81	140,033,001
	rt II	_	nature Block						
my k	nowle arer h	edge and las any k	nature of officer			fficer) is			
1161	٠		L E ROBINSON VP FINANCE e or print name and title						
		1, 1	Print/Type preparer's name	Preparer's signature	Date	Che		PTIN	
Paid	d	<b>⊢</b>	Shy Joseph Firm's name		2015-0	5-14 self	-employed	P0108	5371
	pare		гинг s name ► КРМС ШР			Fim	n's EIN ►		
Hec	•		Firm's address ► 60 South Street			Pho	ne no (802)	654-2	586

Boston, MA 02111

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

✓ Yes No

Form	n 990 (2013)					Page			
Par		ent of Program Serv Schedule O contains a res			III				
1	Briefly describe	the organization's missio	n						
					H HIGHER EDUCATION TO T E LIGHT OF THE CATHOLIC I				
2		tion undertake any signifi 90 or 990-EZ?	cant program se		which were not listed on	□ Yes ▽ No			
	If "Yes," describ	e these new services on S	Schedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe these changes on Schedule O								
4	expenses Section		4) organization:	s are required to report	ree largest program services, a t the amount of grants and alloo				
	(Code	) (Expenses \$	66,836,206	ıncludıng grants of \$	35,912,661 ) (Revenue \$	83,387,725 )			
	Academic program	and financial support services,							
4b	(Code	) (Expenses \$	20,248,831	ıncludıng grants of \$	) (Revenue \$	21,320,239 )			
	Auxiliary Enterprise	es, See Schedule O							
4c	(Code	) (Expenses \$	12,212,044	ıncludıng grants of \$	) (Revenue \$	)			
	Student Services, S	See Schedule O							

) (Revenue \$

Other program services (Describe in Schedule O )

Total program service expenses ►

4,703,679 including grants of \$

104,000,760

4d

(Expenses \$

# 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	
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		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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
е	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
L <b>7</b>	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
L8	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	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		N o
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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	

GI I	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	. J No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   4,778		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
ı	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	Yes	
	If "Yes," enter the name of the foreign country 🆫 CJ , NL , UK			
	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?	<b>7</b> c		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?	7f		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	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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 any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	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			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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		

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

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31			
	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	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval					No
	or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	idertaken during the		1	
	The governing body?			8a	Yes	
	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, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not i	requi	red by the Internal R	even	ue Cod	e.)
					Yes	No
	Dedath a second transfer of the second transf					
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	ivitie	s of such chapters,	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie: on's e	s of such chapters, xempt purposes?	10b		No No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	ivitie: on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov orm 9	s of such chapters, xempt purposes? erning body before filing 	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its the form?	on's e s gov orm 9	s of such chapters, xempt purposes? erning body before filing  	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's es gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's es gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's es gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisited persons, comparability data, and contemporaneous substantiation of the	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisite organization for the organization of the organization organization organization organization organization	y inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	on's es s government of the period of the pe	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	y interest or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	y interest or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  Of the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	y interest or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►Shirley Goodell-Lackey One Winooski Park Box 274

Colchester, VT 05439 (802)654-2586

Form 990	(2013)	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . .

#### 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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 organizations

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

	(A) Name and Title	oox, an c	heck unless officer stee)		( <b>C</b> Repor comper from organiza	table isation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	/-	(F) Estima mount of compens from t	ted f other ation he				
		for related organizations below dotted line)	Z/1099-MISC)  2/1099-MISC)  Polymer  Highest compensated employee  Key employee  Institutional Trustee  or director				Former Highest compensated employee Key employee Officei Institutional Trustee Individual trustee Inchividual trustee					rganizati relate organiza	ed	
												_		
												$\perp$		
												+		
												+		
												+		
												+		
1b	Sub-Total							•						
C	Total from continuation sheet	s to Part VII, S	ection A	١.	٠	•	•	•				_		
	Total (add lines 1b and 1c).  Total number of individuals (inc						• • • • • • •	- 1 - 1	<u> </u>	1,661,647		0		287,074
2	\$100,000 of reportable compe						и ароу	e) w	no receive	a more th	all			
													Yes	No
3	Did the organization list any <b>fc</b> on line 1a? <i>If "Yes," complete S</i>				tee,	key •	emplo	yee,	or highes	t compen	sated employee	_		N -
4	For any individual listed on line organization and related organ	a 1a, is the sum	of repo	rtable								3		No_
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									4	Yes				
5	services rendered to the organ								_	a i i za cion		5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) ame and business	-						_		(B) cription of services		(C Comper	)
Comp		View Drive Suite 4		ster V	T 054	46				IT Consulta	-			591,763

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Competitive Computing Inc, 354 Mountain View Drive Suite 400 Colchester VT 05446	IT Consultants	591,763
Atrion Networking Corporation, 30 Service Avenue Warwick RI 02886	IT Consultants	451,890
Royall Company, 1920 East Parham Road Richmond VA 23228	Recruiting	388,188
Freeman French Freeman, 81 Maple Street Burlington VT 05401	Architects	299,113
KPMG LLP, 356 Mountain View Drive Colchester VT 05446	Audıt & Tax Services	121,500

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 ▶6

Program Service Revenue   Contributions, Giffs, Grants and Other Similar Amounts	
Program Serwice Revenue	
Other Revenue	

Form 99		•	_					Page <b>9</b>
Part V	***	Statement o Check if Schedi	o <b>f Revenue</b> ule O contains a respons	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω 22	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	es <b>1b</b>					
, G	С	Fundraising eve	ents <b>1c</b>	41,627				
Giffs, iilar A	d	Related organiz	zations 1d					
9 iii 11 iii	е	Government grant	s (contributions) <b>1e</b>	2,417,684				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	3,725,631				
ntrib d Oth	g	1a-1f \$	ons included in lines	329,318				
<u>යු ළ</u>	h	Total. Add lines	s 1 a - 1 f	· · · •	6,184,942			
ë				Business Code				
Yen	2a	Tuition and Fees		611710	83,387,725	83,387,725		
<u>æ</u>	b	Residence and Din	ning	721310	17,675,615	17,675,615		
Š	c d	Book Store PRINTING SERVICE		451211 900099	1,227,002	C4E 0C1		1,227,002
<i>3</i> 3	e	SMC Playhouse		713940	645,061 480,829	645,061 480,829		
Ē	f		am service revenue	713940	1,291,732	1,079,884	54,998	156,850
Program Serwoe Revenue				_		_,,		
	g 3		s 2a-2f		104,707,964			
		and other simil	aramounts)	•	904,190		-39,757	943,947
	4		stment of tax-exempt bond p	roceeds .	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	398,865	0				
	b	Less rental expenses						
	С	Rental income	398,865	0				
	d	or (loss) Net rental inco	me or (loss)		398,865			398,865
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	69,599,148	17,425				
	ь	Less cost or other basis and	54,031,791	31,860				
	_	sales expenses Gain or (loss)	15,567,357	-14,435				
	c d		(SS)		15,552,922		5,761	15,547,161
enne	8a	Gross income fevents (not inc	rom fundraising	· ·				
Other Revenue		See Part IV, lin		39,235				
Ē.	b	Less direct ex	penses b	30,965				
Ö	С	Net income or (	(loss) from fundraising e	vents 🛌	8,270			8,270
	9a		rom gaming activities ne 19					
	ь	Less directev	penses b	37,120 2,222				
	С		(loss) from gaming activ	·	34,898			34,898
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold <b>b</b>					
	С		(loss) from sales of inve	ntory 🛌	0			
		Miscellaneous	s Revenue	Business Code				
	11a	O ther O peratin	g Income	900099	1,160,273			1,160,273
	Ь							
	c							
	d	All other reven		<u>.</u>				
	e	Total. Add lines		· · · •	1,160,273			
	12	Total revenue.	See Instructions		128,952,324	103,269,114	21,002	19,477,266

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 103,200 103,200 Grants and other assistance to individuals in the United States See Part IV, line 22 34,338,239 34,338,239 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 1,471,222 1,471,222 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,848,400 752,453 844,977 250.970 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 29,830,351 Other salaries and wages 24,886,550 3,905,737 1,038,064 Pension plan accruals and contributions (include section 401(k) 1,173,289 1,039,943 61,859 71,487 and 403(b) employer contributions) . . . . 7,419,067 6,464,458 712,532 Other employee benefits . . . . 242,077 10 2,245,869 1,826,567 329,978 89,324 11 Fees for services (non-employees) O Management . . . . 44,722 44,722 Legal . . . . . . . . 134,500 134,500 211 211 0 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . . . . 0 Advertising and promotion . . 0 12 13 Office expenses . . . . . 8,087,887 5,921,659 1,822,713 343,515 14 Information technology . . 0 15 0 Royalties . 5,467,755 5,049,951 417,804 16 Occupancy . . . . . . **17** 2,362,584 1,946,907 255,723 159,954 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 0 19 Conferences, conventions, and meetings . 20 1,598,721 1,588,964 9,757 Payments to affiliates . . . . . . 21 O 7,374,334 22 Depreciation, depletion, and amortization . 6,814,622 559,712 23 0 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) a Resale Items 5,790,053 5,790,053 Study Abroad Expenditures 3,383,362 3,383,362 VOLUNTARY RETIREMENT PLAN 2,519,072 1,917,240 550,393 51,439 d LIBRARY ACQUISITIONS 705,370 705,370 e All other expenses Total functional expenses. Add lines 1 through 24e 25 115.898.208 104,000,760 9.650.618 2,246,830 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	10,456,213	1	6,747,842
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	952,757	3	1,023,997
	4	Accounts receivable, net	1,219,760	4	1,220,410
	5	Loans and other receivables from current and former officers, directors, trustees, keeping employees, and highest compensated employees. Complete Part II of Schedule L	, o	5	0
its	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 employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	n s		0
<b>A</b> ssets	7	Notes and loans receivable, net	5,302,052		5,345,789
Ą	8	Inventories for sale or use	385,791	8	439,477
	9	Prepaid expenses and deferred charges	1,630,054		1.922.299
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a  201,832,48		9	1,022,233
	Ь	Less accumulated depreciation 10b 106,024,30	92,947,323	10c	95,808,180
	11	Investments—publicly traded securities	17,231,841	11	46,483,071
	12	Investments—other securities See Part IV, line 11	69,044,779		48,991,175
	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	716,460		679,493
	16	Total assets. Add lines 1 through 15 (must equal line 34)	199,887,030		208,661,733
	17	Accounts payable and accrued expenses	7,505,914		5,773,307
	18	Grants payable	0	18	0
	19	Deferred revenue	2,260,136		2,335,779
	20	Tax-exempt bond liabilities	50,358,417	20	47.688.644
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
졅		persons Complete Part II of Schedule L	0	22	0
Ï	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	279,000
	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			
		D	10,189,482		12,552,002
	26	Total liabilities. Add lines 17 through 25	70,313,949	26	68,628,732
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	81,276,613	27	86,105,027
Ö	28	Temporarily restricted net assets	18,216,780	28	23,391,504
Ξ	29	Permanently restricted net assets	30,079,688	29	30,536,470
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34.			
8	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	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	129,573,081	33	140,033,001
~	34	Total liabilities and net assets/fund balances	199,887,030	34	208,661,733

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		128,9	952,324
2	Total expenses (must equal Part IX, column (A), line 25)	2		115.8	398,208
3	Revenue less expenses Subtract line 2 from line 1	3			)54,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			13,0	754,110
		4		129,5	573,081
5	Net unrealized gains (losses) on investments	5		-2,5	559,298
6	Donated services and use of facilities				
		6			
7	Investment expenses	7			
8	Prior period adjustments				
0	Other changes in not accets or fund halances (explain in Schedule O.)	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-34,898
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		140,0	033,001
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related					( <b>D)</b> 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		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	related organizations
Wıllıam H Gallagher	1 0	х						0	0	0
Chairman of the Board	0 0							, i		
Dr Sultan Ahamed Trustee	1 0	x						0	0	0
Sr Peg Albert OP PHD	0 0									
Trustee	0 0	Х						0	0	0
Sr Lorraine Aucion PM	1 0	×						0	0	0
Trustee John J Bergeron	0 0									
Trustee	0 0	x						0	0	0
Lawrence J Blanford	1 0							0	0	0
Trustee	0 0	Х						0	0	0
Patricia A Casey	1 0	x						0	0	0
Trustee Philip C Ciulla Jr	3 0									
Trustee	0 0	X						0	0	0
David G Cray SSE	2 0	×						0	0	0
Trustee	0 0							Ů	0	
Very Rev Michael Cronogue SSE	15 0	X						0	0	0
Trustee  Donald R Dion Jr	0 0									
Trustee	0 0	X						0	0	0
Rev Raymond J Doherty	25 0	Х						0	0	0
Trustee Bro Francis J Hagerty SSE	0 0									
Trustee	1 0	x						0	0	0
Michele S Gatto	0 0									
Trustee	0 0	Х						0	0	0
Rev Thomas F X Hoar SSE	1 0	x						0	0	0
Trustee  R Alan Hunter Jr	0 0									
Trustee	0 0	х						0	0	0
Noriko Kameda	1 0									
Trustee	0 0	Х						0	0	0
Rev Msgr John J McDermott	1 0	x						0	0	0
Trustee Michael E McGarth	0 0									
Trustee	0 0	X						0	0	0
Mary-Kate G McKenna	3 0	х							0	0
Trustee	0 0							0	0	0
Dr Celine R Paquette	1 0	x						0	0	0
Trustee Ernest A Pomerleau	0 0									
Trustee	0 0	X						0	0	0
Rev Marcel R Rainville SSE	40 0	X						0	0	0
Trustee	0 0							"	0	"
Steven J Renehan	2 0	×						0	0	0
Trustee Barry D Roy	0 0	-				+				
Trustee	0.0	X						0	0	0
	_				•		•	•		•

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Cor	tracto	rs			, .	,	p.o, ccs,g.		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	person is both an officer and a director/trustee) ord		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
	dotted line)	Individual trustae or director	tional Trustee		nployee	Highest compensated	_			
Michael L Seaver	2 0	X						0	0	0
Trustee	0 0									
Deidre M Tavera  Trustee	10	×						0	0	0
Rev David J Theroux SSE	26 0	х						17,600	0	0
Trustee Robert F Tobin	5 0									
Trustee	0.0	Х						0	0	0
Peggy R Williams	1 0									
Trustee	0.0	X						0	0	0
John J Neuhauser	40 0	х		х				354,052	0	77,253
President Marilyn E Cormier	0 0									
Secratary of the Board	40 0			х				86,453	0	15,122
Neal E Robinson	40 0			х				181,978	0	29,946
VP for Finance and Treasurer  Dawn M Ellinwood	0 0 40 0									
VP for Student Affairs	0 0				х			170,012	0	28,084
Karen A Talentino	40 0				х			177,870	0	29,517
VP for Acedemic Affairs  Michael J New	0 0 40 0	-								
VP Human Resources	0 0					х		145,667	0	12,861
Patrick J Gallivan	40 0					,,		120 544		10 702
VP Institutional Advancement	0.0					Х		138,544	0	18,703
Jerry E Flanagan	40 0					х		133,746	0	21,769
VP Admission/Enrollment William O Anderson	0 0 40 0									
						x		128,360	0	30,981
Chief Information Officer Ronald Miller	0 0 40 0	-					_			
Graduate Psychology Professor	0 0					Х		127,365	0	22,838

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OMB No 1545-0047

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name	of	the	orga	niza	tio
Saint M	icha	ael's	Collea	e	

Employer identification number

03-0179403

	DUC UDAFITY STAT	tus (All o	rnanızatını	ns must con	onlete this	part.) See	nstruction	ς			
	e foundation becaus						i i de de de la	<u>.                                    </u>			
•		-			•	•					
· ·	· ·					(-)(-)(-)					
	`			•	ion 170(b)(	1)(A)(iii).					
•		=					(1)(A)(iii).	Enter the			
				a			(-)()()-				
An organization op	erated for the benefi	t of a colleg	ge or univers	sity owned or	operated by	/ a governmer	ıtal unıt des	cribed in			
section 170(b)(1)(	A)(iv). (Complete P	art II )									
A federal, state, or	local government or	governme	ntal unit des	cribed in <b>sec</b>	tion 170(b)	(1)(A)(v).					
An organization tha	at normally receives	a substant	al part of it	s support fro	m a governn	nental unit or	from the gei	neral publi	с		
		•	•								
•				•	•						
=	•	-				•	-		SS		
• • • • •					•		tax) from b	usinesses			
<b>a</b> Type I By checking this b other than foundat	<b>b</b> Type II <b>c</b> ox, I certify that the	Type I	II - Function	nally integra trolled direct	ted <b>d</b> F :ly or indired	Type III - Noted that the Type III - Note that Type	more disqua	alified pers	ons		
If the organization check this box							III suppor	tıng organ	ızatıon 		
following persons?											
				_	h persons d	escribed in (ii			No		
, , ,			-	on?			<b>——</b>		<u> </u>		
	*								<u> </u>		
` '											
Provide the followi	ng information about	the suppor	ted organiza	ation(s)							
e of (ii) EIN	organization org ion (described on col lines 1 - 9 above you		tion in sted in	the organ	(v) Did you notify the organization in col (i) of your support?		tion in ganized	mon	mount etary port		
l l								1			
	instructions))	Yes	No	Yes	No	Yes	No	=			
	instructions))	Yes	No	Yes	No	Yes	No				
AAAHAMAAAAA HOSTOSAOO OO	A school described A hospital or a cool A medical research hospital's name, cool An organization operation 170(b)(1)(A federal, state, or An organization that described in section A community trust An organization that receipts from activities support from gracquired by the organization following the box that described Type I By checking this bother than foundation section 509(a)(2) If the organization check this box Since August 17, 25 following persons?  (i) A person who do and (III) below, the (ii) A family memb (iii) A 35% control Provide the following eofed (iii) EIN experied	A school described in section 170(b)(1) A hospital or a cooperative hospital se A medical research organization operate hospital's name, city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete PA federal, state, or local government or An organization that normally receives described in section 170(b)(1)(A)(vi). A community trust described in section An organization that normally receives receipts from activities related to its exits support from gross investment incolacquired by the organization after June An organization organized and operated one or more publicly supported organization or more publicly supported organization or more publicly supported organization box that describes the type of supply a Type I b Type II c  By checking this box, I certify that the other than foundation managers and other than foundation managers and othe section 509(a)(2)  If the organization received a written described this box  Since August 17, 2006, has the organical following persons?  (ii) A person who directly or indirectly cand (III) below, the governing body of the (iii) A family member of a person described in the following information about the following information and information and informati	A school described in section 170(b)(1)(A)(ii). (A hospital or a cooperative hospital service organ A medical research organization operated in conjunction operated in conjunction operated in conjunction operated for the benefit of a collegistic section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or government or organization that normally receives a substant described in section 170(b)(1)(A)(vi). (Complete A community trust described in section 170(b)(1) An organization that normally receives (1) more for receipts from activities related to its exempt function in the section organization after June 30, 1975. An organization organization after June 30, 1975. An organization organized and operated exclusive an organization organized and operated exclusive one or more publicly supported organizations describe box that describes the type of supporting organization foundation managers and other than on section 509(a)(2). If the organization received a written determination check this box.  Since A ugust 17, 2006, has the organization accordion for the supported organization accordion organization for the supported organization according to the supported organization organization (iii) A family member of a person described in (i) a family member of a person described in (i) a family member of a person described organization (iii) A family member of a person described organization (iii) A family member of a person described organization (iii) A family member of a person described organization (iii) A family member of a person described organization (iii) A family member of a person described organization (iii) EIN (iii) Type of organization (iii) III organization (i	A school described in section 170(b)(1)(A)(ii). (Attach Sche A hospital or a cooperative hospital service organization described in search organization operated in conjunction with hospital's name, city, and state  An organization operated for the benefit of a college or universection 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi)  A community trust described in section 170(b)(1)(A)(vi)  Freceipts from activities related to its exempt functions—subjects support from gross investment income and unrelated busing acquired by the organization after June 30, 1975. See section  An organization organized and operated exclusively to test for An organization organized and operated exclusively for the beans or more publicly supported organizations described in section 50 organization organized and other than one or more publicly supported organizations described in section 509(a)(2)  If the organization received a written determination from the I check this box  Since August 17, 2006, has the organization accepted any gifollowing persons?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in sect A medical research organization operated in conjunction with a hospital dehospital's name, city, and state An organization operated for the benefit of a college or university owned or section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support receipts from activities related to its exempt functions—subject to certain its support from gross investment income and unrelated business taxable acquired by the organization after June 30, 1975 See section 509(a)(2). (An organization organized and operated exclusively to test for public safet An organization organized and operated exclusively for the benefit of, to peone or more publicly supported organizations described in section 509(a)(2). (An organization organized and operated exclusively for the benefit of, to peone or more publicly supported organizations described in section 509(a)(2). (Becking this box, I certify that the organization is not controlled direct other than foundation managers and other than one or more publicly supported organization from the IRS that it is achieved this box.  Since August 17, 2006, has the organization accepted any gift or contributed following persons?  (ii) A person who directly or indirectly controls, either alone or together with and (III) below, the governing body of the supported organization?  (iii) A family member of a person described in (I) above?  Provide the following information about the supported organization(s)  (iv) Is the organization (described on (iii) Isted in (iv) Did	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  A hospital or a cooperative hospital service organization described in section 170(b)(A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)  An organization that normally receives a substantial part of its support from a governmedescribed in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )  An organization that normally receives (1) more than 331/3% of its support from contine support from activities related to its exempt functions—subject to certain exceptions, its support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part II of particular organization organized and operated exclusively to test for public safety See section 4 organization organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organized and operated exclusively for the benefit of, to perform the function organization organization and complete lines 11e through the box that describes the type of supporting organization and complete lines 11e through the box of the function organization organization from the IRS that it is a Type I, Tycheck this box  Since August 17, 2006, has the organization accepted a	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b) hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(ivi). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or it described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, men receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no mits support from gross investment income and unrelated business taxable income (less section 511 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sethe box that describes the type of supporting organization and complete lines 11e through 11h.  By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described in 509(a)(2). Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit dessection 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the get described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives a substantial part of its support from contributions, membership fee receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 its support from gross investment income and unrelated business taxable income (less section 511 tax) from bacquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section the box that describes the type of supporting organization and complete lines 11e through 11h  a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and groreceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpo one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpo one or more publicly supported organization adscribed in section 509(a)(2).  An organization organized and operated exclusively for the benefit of, to perform the functions of 509(a)(2).  By checking		

Part II

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

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

Section A. Public Support

Se	ection A. Public Support	tion range to que	in, and the	0010 110104 0010	ny prodoc com	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,308,628	5,037,830	6,853,068	6,263,844	6,:	184,942	29,648,312
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							0
3	furnished by a governmental unit to the organization without charge							0
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	5,308,628	5,037,830	6,853,068	6,263,844	6,	184,942	29,648,312
3	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							561,195
6	Public support. Subtract line 5 from line 4							29,087,117
Se	ection B. Total Support		I					
	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 20	13	(f) Total
7	Amounts from line 4	5,308,628	5,037,830	6,853,068	6,263,844	6,1	84,942	29,648,312
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	775,924	1,323,695	1,053,348	1,242,383	1,3	342,812	5,738,162
9	Net income from unrelated business activities, whether or not the business is regularly carried on	48,186	36,250	41,901	22,094			148,431
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	897,114	836,359	277,367	1,097,446	1,1	.60,273	4,268,559
11	<b>Total support</b> (Add lines 7 through 10)							39,803,464
12	Gross receipts from related activiti	es, etc (see instr	uctions)			12		482,974,149
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>		<u> </u>	, ,	•	. , .		·
Se	ection C. Computation of Pub							
14	Public support percentage for 2013			l1, column (f))		14		73 077 %
15	Public support percentage for 2012	Schedule A, Part	II, line 14			15		0 %
16a	<b>33</b> 1/3% support test—2013. If the and stop here. The organization qua				ne 14 is 33 1/3%	or more, c	heck th	ıs box <b>►</b> ✓
ь	33 1/3% support test—2012. If the				and line 15 is 33	1/3% or m	ore, che	,
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> -is 10% or more, and if the organization meeorganization	<b>–2013.</b> If the orga tion meets the "fa	nization did not c cts-and-circums	heck a box on line cances" test, che	ck this box and <b>s</b>	op here.	Explain	rted ▶□
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets the	"facts-and-circu	mstances" test, o	check this box ar	d <b>stop he</b>	re.	
18	supported organization  Private foundation. If the organizationstructions							´ ►□ ►□

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a (17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).										
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
		Schodulo A / Form 0	000 er 000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493135026005

### OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Saint Michael's College 03-0179403 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly 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) 2013						Page 2	
Pä	art III-A Complete if the organization	is exemp	t under	section 501(	c)(3) and fil	ed Form 5768	(election	
_	under section 501(h)). Check ► if the filing organization belongs to a	on offiliated	aroup (and	List in Dort IV or	ah affiliated are	un mambaria nam	o addraga ETN	
^	expenses, and share of excess lobb			iistiii Paitiv ea	ich ammateu gro	up member s nam	e, address, ETN	
<u>B</u>	Check ► ☐ if the filing organization checked bo	x A and "lim	ited contro	ol" provisions ap	oly			
	Limits on Lobbying E (The term "expenditures" means ar			l.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence public o	opinion (gras	s roots lob	bying)				
b	Total lobbying expenditures to influence a legisl	ative body (	direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1							
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1							
f	Lobbying nontaxable amount Enter the amount is columns	from the follo	wing table	ın both				
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ing nontax	able amount is:				
	Not over \$500,000	20% of the	amount on lir	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the	e excess over \$500,	000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the	e excess over \$1,00	0,000			
	Over \$1,500,000 but not over \$17,000,000	er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000							
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)						
h	Subtract line 1g from line 1a If zero or less, ent	er-0-						
i	Subtract line 1f from line 1c If zero or less, ente	er-0-						
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line	1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No	
	4-Year Av (Some organizations that made a columns below. See t Lobbying Exp	section 5 he instruc	01(h) el ctions fo	r lines 2a thr	have to cor ough 2f on p		ne five	
	Calendar year (or fiscal year beginning in)	(a	) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) Total	
<u>2a</u>	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots nontaxable amount							

Pai	tt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT				
		(6	a)		(b)	
ror ed activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	P	mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes				211
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i					211
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5), o	r se	ectio	n
	· // /		_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
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	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou t II-B, line 1  Also, complete this part for any additional information	p list),	Part II	-A , I	ne 2,	and
	Return Reference Explanation					
ORG	PART II-B, LINE 1F THE COLLEGE IS A MEMBER OF THE ASSOCIAT INDEPENDENT COLLEGES (AVIC) WHICH REPRESENTS ITS MEMBE SERVING THE INTERESTS OF HIGHER EDUCATION, INCLUDING GOANNUAL MEMBERSHIP FEES PAID TO THIS ORGANIZATION WERE \$211 OF THIS AMOUNT WAS ALLOCATED TO LOBBYING	RS IN	VARIO IMENT	US F LEGI	ORM SLAT	TION

Belledale e (Form 330 of		rage <del>-r</del>					
Part IV Suppler	nental Information <i>(continu</i>	ed)					
Return Referer	ce	Explanation	Explanation				
-							
-							

Schedule D (Form 990) 2013

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

#### DLN: 93493135026005

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

al Revenue Service	tractions is at www.irs.gov/roimsso.	TIIS	Jection
ame of the organization unt Mıchael's College		Employer identification nu 03-0179403	ımber
organizations Maintaining Donor organization answered "Yes" to Form			plete if the
-	(a) Donor advised funds	(b) Funds and other a	ccounts
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 a funds are the organization's property, subject to t	<del>_</del>	onor advised	'es ┌No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			′es
rt II Conservation Easements. Comple	te if the organization answered "Yes"	to Form 990, Part IV, line	7.
Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization h	ation or education)  Preservation of a	an historically important land a a certified historic structure n the form of a conservation	rea
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 easeme	nts	2b	
Number of conservation easements on a certified	historic structure included in (a)	2c	
Number of conservation easements included in (c historic structure listed in the National Register	2d		
Number of conservation easements modified, trar the tax year -	nsferred, released, extinguished, or termina	ted by the organization during	
Number of states where property subject to conse	ervation easement is located <b>b</b>		
Does the organization have a written policy regard enforcement of the conservation easements it hol	ding the periodic monitoring, inspection, ha		′es
Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation ease	ements during the year	
Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemer	nts during the year	
►\$	of the second se	, <del></del>	
Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)	′es
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi		
rt III Organizations Maintaining Collect Complete if the organization answere		, or Other Similar Asset	s.
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exhibition, education	n, or research in furtherance of	
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statement and balance sheet	
(i) Revenues included in Form 990, Part VIII, lin	e 1	<b>►</b> \$	
(ii) Assets included in Form 990, Part X		<b>►</b> \$	
If the organization received or held works of art, he following amounts required to be reported under S		for financial gain, provide the	
Revenues included in Form 990, Part VIII, line 1		<b>b- ¢</b>	
		· +	
Assets included in Form 990, Part X		<b>-</b> \$	

		Heediens of Airy	11136	<u> </u>	ai iicas	sures, or c	une	Sillillai ASS	<b>ets</b> (continued)
. '-	sing the organization's acquisition, access ollection items (check all that apply)	ion, and other records	s, che	ck a	ny of the f	ollowing that a	are a	significant use o	fits
ьГ	Public exhibition		d	Γ	Loan or ex	xchange progi	ams		
	Scholarly research		e	Γ	Other				
с Г	Preservation for future generations								
	rovide a description of the organization's coart XIII	ollections and explair	n how '	they	further the	e organızatıor	's ex	empt purpose ın	
	uring the year, did the organization solicit								· –
Part I	ssets to be sold to raise funds rather than t <b>IV Escrow and Custodial Arrang</b>							<u> </u>	Yes No
Part.	Part IV, line 9, or reported an an					on answere	u i	es to Follil 99	Ο,
	s the organization an agent, trustee, custoc ocluded on Form 990, Part X?					s or other ass	ets r		Yes No
<b>b</b> If	f "Yes," explain the arrangement in Part XII	I and complete the fo	ollowu	ng ta	ble	_			
						-		Amo	ount
_	Seginning balance					-	1c		
	additions during the year						1d		
_	Distributions during the year						1e		
	inding balance					L	<b>1</b> f		
<b>2a</b> D	id the organization include an amount on Fo	orm 990, Part X, line	21?					ļ	Yes No
	f "Yes," explain the arrangement in Part XII					-			<u> </u>
Part	V Endowment Funds. Complete						_		-\Faur yaara baak
<b>1a</b> B	eginning of year balance	(a)Current year 78,312,676	<b>(b)</b> Pr		18,728	Two years back 71,231,474	+ • •	Three years back (	<b>e)</b> Four years back 55,196,338
	ontributions	2,294,010		6	77,917	2,697,110		2,518,415	494,093
	et investment earnings, gains, and losses								
	rants or scholarships	14,148,166 2,110,538			28,823 06,545	-1,267,356 1,790,702	_	13,012,809	5,881,858 1,850,593
	ther expenditures for facilities	2,110,330		-,,	00,313	1,750,702		1,002,007	1,030,333
	nd programs	841,479		9	15,985	755,660		792,283	899,595
f A	dministrative expenses	453,456		4	90,262	396,138		343,713	303,188
g E	nd of year balance	91,349,379		78,3	12,676	69,718,728		71,231,474	58,518,913
<b>2</b> P	rovide the estimated percentage of the cur	·	(lıne	1g,	column (a	)) held as			
<b>a</b> B	oard designated or quasi-endowment ►	44 000 %							
<b>b</b> P	ermanent endowment 🕨 23 000 %								
	emporarily restricted endowment	000 %							
Т	he percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
	re there endowment funds not in the posse	ssion of the organizat	on th	nat a	re held and	d administere	d for	the	Waa Na
	rganization by i) unrelated organizations			_			_	3a(i)	Yes No
_	ii) related organizations		•					3a(ii)	<del></del>
•	f "Yes" to 3a(II), are the related organizatio		on Sc	hed	ıle R? .			3b	
<b>4</b> D	escribe in Part XIII the intended uses of th								
Dant			ie org	ganı	zatıon an	swered 'Yes	' to	Form 990, Par	t IV, line
Part \	11a. See Form 990, Part X, line  Description of property	10.			Cost or other (investment			(c) Accumulated depreciation	(d) Book value
						1			
	nd					3 22	5.261		2 335 261
<b>1a</b> Lar	nd					· ·	5,261 3,200	72 296 993	2,335,261 81,186,207
1a Lar	nd					2,33 153,48		72,296,993	2,335,261 81,186,207
<b>1a</b> Lar <b>b</b> Bui <b>c</b> Lea	ıldıngs		.			· ·	3,200	72,296,993 30,196,225	
1a Lar b Bui c Lea d Equ	aldings		.			153,48. 39,61	3,200		81,186,207

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the c	rganization	answered 'Ye	es' to Form 990, Par	t IV, line 11b.
(a) Description of security or category (including name of security)	( <b>b)</b> Book value		(c) Method of v Cost or end-of-year		
(1)Financial derivatives				Cost of end-of-year	market value
(2)Closely-held equity interests					
(3)Other (A)CASH EQUIVALENTS			1,073,223	F	
(B) DOMESTIC EQUITIES-LARGE CAP			2,213,435	F	
(C) WORLD EQUITY COMPOSITE-MF,HFOF			7,475,586	F	
(D) DIRECTONAL HEDGE COMPO-HFOF			10,082,240	F	
(E) RELATIVE VALUE STRAT-DHF			4,650,383	F	
(F) PRIVATE EQUITY			4,793,233	F	
(G) GLOBAL FIXED INCOME-SUB DBT,HF			11,733,838	F	
(H) REAL ASSET COMP-DHF, REAL EST			4,645,671	F	
(I) DEPOSIT WITH BOND TRUSTEES			2,323,566		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>		48,991,175	<u>'</u>	
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	nplete if the	organızatıo	n answered '	Yes' to Form 990, Pa	art IV, line 11c.
(a) Description of investment	<b>(b)</b> Boo	< value		ethod of valuation	
			Cost or en	d-of-year market value	2
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1				
Part IX Other Assets. Complete if the organization		s' to Form 990	), Part IV, line		
(a) Descrip	CIOII			<b>(b)</b> Boo	rk value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.) .				
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization ansv	ered 'Yes' t	o Form 990,	Part IV, line 11e or	11f. See
1 (a) Description of liability	<b>(b)</b> Book	value			
Federal income taxes		0			
OTHER LIABILITIES  AMTS HELD ON BEHALF OF OTHERS		5,982,851 2,023,076			
REFUNDABLE ADVANCES		4,388,319			
ANNUITY OBLIGATION		109,223			
CAPITAL LEASE OBLIGATIONS		48,533			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		12,552,002			
2 Liability for uncertain tax positions In Part XIII provide t	the text of the	footnote to th	o organization	e financial statements	that

rn Complete if	er Ret	nts With Revenue p						on of Reven ion answered		Part XI
88,066,059	1				•				al revenue, gains	<b>1</b> Tot
					III, line 12	990, Part	n Form	line 1 but not o	ounts included or	<b>2</b> A m
		-2,559,298	2a					on investments	unrealized gains	<b>a</b> Net
			2b				s	d use of facilitie	nated services an	<b>b</b> Dor
			2c					ear grants .	overies of prior y	<b>c</b> Rec
			2d					art XIII ) .   .	er (Describe in P	<b>d</b> Oth
-2,559,298	2e							2d	llines <b>2a</b> through	<b>e</b> A do
90,625,357	3	[						line <b>1</b>	tract line <b>2e</b> from	3 Sub
				L	ot on line	ine 12, bu	t VIII, I	Form 990, Part	ounts included or	<b>4</b> A m
			4a		II, line 7b	990, Part	n Form	s not included o	estment expense	<b>a</b> Inv
		38,326,967	4b					art XIII ) .   .	er (Describe in P	<b>b</b> Oth
38,326,967	4c		<del></del>						l lines <b>4a</b> and <b>4b</b>	<b>c</b> Add
128,952,324	5	[	12)	I, lın	n 990, Par	st equal Fo	his mus	nes <b>3</b> and <b>4c.</b> (T	al revenue Add I	<b>5</b> Tot
turn. Complete	per R	nts With Expenses						on of Expen ation answere		Part XII
77,606,139	1				nts	cıal stater	ed finan	osses per audit	al expenses and l	<b>1</b> Tot
					, line 25	990, Part	n Form	line 1 but not o	ounts included or	<b>2</b> A m
			2a				s	d use of facilitie	ated services an	<b>a</b> Dor
			2b					ts	r year adjustmen	<b>b</b> Prio
			2c						erlosses	<b>c</b> Oth
		30,964	2d					art XIII ) .   .	er (Describe in P	<b>d</b> Oth
30,964	2e							2d	l lines <b>2a</b> through	<b>e</b> Add
77,575,175	3	[						line <b>1</b>	tract line <b>2e</b> from	<b>3</b> Sub
					on line 1:	e 25, but n	t IX, lıne	Form 990, Part	ounts included or	<b>4</b> A m
			4a		II, line 7b	990, Part	n Form	s not included o	estment expense	<b>a</b> Inv
		38,323,033	4b					art XIII )	er (Describe in P	<b>b</b> 0th
38,323,033	4c								l lines <b>4a</b> and <b>4b</b>	<b>c</b> Add
115,898,208	5	[	ie 18 )	rt I, lı	m 990, Pa	ust equal F	(This mi	lines 3 and 4c. (	alexpenses Add	<b>5</b> Tot
	•						ation	ntal Informa	Suppleme	Part XII

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Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4 THE PRIMARY USE OF THE COLLEGE'S ENDOWMENT IS TO SUPPORT OUR STUDENTS IN THEIR PURSUIT OF HIGHER EDUCATION THROUGH SCHOLARSHIP ASSISTANCE, RESEARCH AND STUDY ABROAD OPPORTUNITIES, SERVICE LEARNING, STUDENT SERVICES AND LECTURE SERIES IN A FEW INSTANCES, ENDOWMENT FUNDS HAVE BEEN ESTABLISHED TO SUPPORT LIBRARY ACQUISITIONS, DEPARTMENT CHAIRS AND DEFERRED MAINTENANCE ON BUILDINGS PREVIOUSLY FUNDED BY DONORS
UNCERTAIN TAX POSITIONS	PART X, LINE 2 THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAX PURSUANT TO SECTION 501(A) OF THE CODE THE COLLEGE BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B Athletic Super Raffle net Proceeds \$ 34,898 Student Finacial Aid \$ 35,803,961 Special Events Expenses \$ (30,964) Voluntary Retirement Plan \$ 2,519,072 Total \$ 38,326,967
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D Special Events Expenses \$30,964
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B Student Financial Aid \$ 35,803,961 Voluntary Retirement Plan \$ 2,519,072 Total \$ 38,323,033

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

#### **Additional Data**

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

Form 990,	Schedule	D, Part VI	II - Investments	Other Securities

<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(3)Other		
(A) CASH EQUIVALENTS	1,073,223	F
(B) DOMESTIC EQUITIES-LARGE CAP	2,213,435	F
(C) WORLD EQUITY COMPOSITE-MF,HFOF	7,475,586	F
(D) DIRECTONAL HEDGE COMPO-HFOF	10,082,240	F
(E) RELATIVE VALUE STRAT-DHF	4,650,383	F
(F) PRIVATE EQUITY	4,793,233	F
(G) GLOBAL FIXED INCOME-SUB DBT,HF	11,733,838	F
(H) REAL ASSET COMP-DHF,REAL EST	4,645,671	F
(I) DEPOSIT WITH BOND TRUSTEES	2,323,566	F

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As Filed Data -

DLN: 93493135026005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

**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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** Saint Michael's College 03-0179403 Part I YES NO 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? Yes 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? Yes 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? <u>5g</u> Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 Yes

Part II Supplemental Information. 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)

Return Reference	Explanation
NONDISCRIMINATION POLICY	PART I, LINE 3 THE COLLEGE INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS BYLAWS, EMPLOYEE HANDBOOK, GRADUATE AND UNDERGRADUATE CATALOGS, STUDENT CODE OF CONDUCT AND COLLEGE POLICY HANDBOOK, FACULTY REGULATIONS, ON OUR APPLICATION SUPPLEMENT, UNDER FACTS ABOUT THE COLLEGE ON ITS WEBSITE, AND WITHIN THE NEASC SELF STUDY DOCUMENT FOR REACCREDITATION THE COLLEGE ALSO VALUES DIVERSITY AND HAS A BOARD OF TRUSTEES APPROVED POLICY WHICH IS ALSO CONTAINED WITHIN MANY OF THESE DOCUMENTS
GRANTS FROM GOVERNMENT AGENCIES	PART I, LINE 6A SAINT MICHAEL'S COLLEGE RECEIVES GRANTS AND STUDENT AID FROM VARIOUS GOVERNMENTAL AGENCIES FOR SUPPORT OF EDUCATIONAL AND STUDENT PROGRAMS

Schedule E (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493135026005

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization				Employer ident	ification number
sain	t Mıchael's College				03-0179403	
Pa	<b>General Information</b> "Yes" to Form 990, Par			e United States. Co	omplete if the organiz	zation answered
1	For grantmakers.Does the o	_			<del>-</del>	nd
	other assistance, the grantee	= :	=			
	to award the grants or assista	ance?				✓ Yes  No
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
( 1	) See Add'l Data		-			
( 2	)					
( 3	)					
( 4	)					
( 5	)					
3	Sub-total					1,197,908
ı	Total from continuation sheets to Part I		19			28,288,697
	c <b>Totals</b> (add lines 3a and 3b)		19			29,486,605

Part II				izations or Entitie aved more than \$5,0		•	9		to Form 990,
` ,	Name of nızatıon	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	GENERAL SUPPORT	5,500	CHECK			
( 2)									
(3)									
(4)									
				ed above that are re or counsel has prov					1
3 Ent	er total num	ber of other	organizations or ent	ities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	e duplicated if additio	nal space is ne	eded.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT SCHOLARSHIPS	Central America and the Caribbean	4	30,875	WIRE			
(2) STUDENT SCHOLARSHIPS	East Asia and the Pacific	32	273,235				
(3) STUDENT SCHOLARSHIPS	Europe (Including Iceland and Greenland)	94	843,205	WIRE			
(4) STUDENT SCHOLARSHIPS	Mıddle East and North Afrıca	4	35,997	WIRE			
(5) STUDENT SCHOLARSHIPS	South America	18	170,798	WIRE			
(6) STUDENT SCHOLARSHIPS	South Asia	4	25,113	WIRE			
(7) STUDENT SCHOLARSHIPS	Sub-Saharan Africa	11	86,499	WIRE			
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			ı			I- F (F 000) 2012

#### Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Yes  $\overline{\mathsf{v}}$ Νo Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Yes Νo Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Yes Νo Corporations. (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form Yes Νo 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. 굣 Yes Νo (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 굣 Yes Νo 5713).

Schedule F (Form 990) 2013

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
ACTIVITIES OUTSIDE THE UNITED STATES	PART I, LINE 3 SHORT-TERM PROGRAM SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM PROGRAM
OTATES	S ARE AN IMPORTANT AND CREATIVE WAY FOR FACULTY AND STUDENTS TO EXPAND THE BOUNDARIES OF T
	HE SAINT MICHAEL'S CAMPUS SHORT-TERM STUDY PROGRAMS ARE ACADEMIC COURSES
	DEVELOPED BY FAC  ULTY TYPICALLY LASTING TWO WEEKS, THESE PROGRAMS INVOLVE STUDY ABROAD, MAY
	INCLUDE DIRECT INVOLVEMENT IN ISSUES COVERED IN AN ON-CAMPUS COURSE AND PROVIDE DIRECT EXPERIENCE
	ON A P ARTICULAR TOPIC IN A PARTICULAR LOCALE STUDY ABOARD THE COLLEGE UTILIZES OVER 20
	THIRD-PA RTY PROGRAM PROVIDERS AND EXCHANGE PARTNERS TO PROVIDE STUDENTS WITH
	OPPORTUNITIES TO STUD Y IN OVER 70 COUNTRIES THERE ARE MANY DIVERSE PROGRAMS OFFERINGS FOR A STUDENT'S
	STUDY AB ROAD EXPERIENCE. IN OUR INCREASINGLY GLOBAL SOCIETY, MORE AND MORE STUDENTS
	RECOGNIZE THE  VALUE OF SPENDING A SEMESTER OF YEAR ABOARD AGENTS THE COLLEGE'S APPLIED
	LINGUISTICS DEPA RTMENT OFFERS A VARIETY OF ENGLISH LANGUAGE PROGRAMS FOR STUDENTS TO EARN A
	CERTIFICATE OF COMPLETION AND/OR MASTER'S DEGREE IN TEACHING ENGLISH TO SPEAKERS OF OTHER
	LANGUAGES UPO  N SUCCESSFUL COMPLETION OF THE ADVANCED ENGLISH PROGRAM LEVEL II, A STUDENT MAY
	MATRICULAT  E INTO AN UNDERGRADUATE DEGREE PROGRAM AT THE COLLEGE OR ELSEWHERE. THE COLLEGE
	USES INTER
	NATIONAL AGENTS TO ASSIST WITH RECRUITING AND ADMISSIONS FOR THESE PROGRAMS RECRUITING TH
	E COLLEGE HAS ONE FULL-TIME STAFF MEMBER WHO TRAVELS TO RECRUIT INTERNATIONAL STUDENTS AND
	GROUPS FOR OUR ENGLISH LANGUAGE PROGRAMS AND UNDERGRADUATE ADMISSIONS THESE EXPENSES ARE
	PRIMARILY RELATED TO TRAVEL IN AUSTRALIA, CHINA, SOUTH KOREA, SAUDI ARABIA AND VENEZUELA
	THE COLLEGE IS EXPANDING ITS RECRUITING EFFORTS TO MANY LATIN AMERICAN COUNTRIES ALONG WI
	TH A FEW MEMBERS OF THE ARAB LEAGUE. SERVICE TRIP REFER TO PART II SUPPLEMENTAL INFORMATIO
	N, THIS REPRESENTS THE IN COUNTRY EXPENSES PAID FOR FLIGHTS, MEALS SUPPLIES, AND LODGING
	WILDERNESS PROGRAM THE COLLEGE'S WILDERNESS PROGRAMS ARE AN IMPORTANT AND CREATIVE WAY FOR
	FACULTY AND STUDENTS TO EXPAND THE BOUNDARIES OF THE SAINT MICHAEL'S CAMPUS THE WILDERNE
	SS PROGRAM OFFERS SUCH ADVENTURES AS KAYAKING, CLIMBING, HIKING, MOUNTAIN BIKING, SKIING A
	ND RIDING THE WILDERNESS'S CORE PRINCIPALS ARE EXPERIENTIAL LEARNING, WITH A FOCUS ON
	DEV ELOPING A SENSE OF ENVIRONMENTAL STEWARDSHIP THE EXPENSES REPRESENT THE IN
	COUNTRY COSTS PAID FOR FLIGHT, MEALS, SUPPLIES AND LODGING

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
GRANTS TO ENTITIES OUTSIDE THE UNITED STATES	PART II OUR MOBILIZATION OF VOLUNTEER EFFORTS DEPARTMENT, KNOWN AS MOVE, PROMOTES ONE PRIN CIPLE OF THE CATHOLIC FAITH - CHARITY MOVE PROVIDES OPPORTUNITIES FOR THE COLLEGE'S STUDE NTS TO PERFORM COMMUNITY SERVICE WORK DURING THE ACADEMIC YEAR AND DURING SEMESTER AND SUM MER BREAKS AT BOTH DOMESTIC AND INTERNATIONAL SERVICES SITES SEE SCHEDULE O UNDER PART II I STUDENT SERVICES FOR MORE DETAILS THESE PAYMENTS REPRESENT FUNDS RAISED BY STUDENTS TO HELP SUPPORT NON-PROFIT ORGANIZATIONS IN INDIA AND THE DOMINICAN REPUBLIC WHERE THEY VOLUN TEER MOVE IS IN COMMUNICATION WITH THE RECIPIENT ORGANIZATION THROUGHOUT THE YEAR AND HAS GENERAL CONVERSATIONS ABOUT THE ORGANIZATION'S STATUS AND PROJECTS AND MAKES ARRANGEMENTS FOR THE FOLLOWING YEAR TRIP MOVE WORKS WITH ORGANIZATIONS SO STUDENT VOLUNTEERS HAVE A C LEAR VISION ABOUT WHAT IS EXPECTED AND WHAT THEY SHOULD EXPECT WHEN THEY ARRIVE IN THE COU
	NTRY

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHOLARSHIPS	PART III SCHOLARSHIPS RELATE TO STUDENTS STUDYING ABROAD FOR A SEMESTER OR A YEAR ALL SCH OLARSHIPS ARE APPLIED TO THE STUDENT'S ACCOUNT BALANCE. THE COLLEGE'S PRACTICE HAS BEEN TO AWARD AID BASED ON MERIT AND/OR NEED TO STUDENTS ACCEPTED INTO THE STUDY ABROAD PROGRAM

### **Additional Data**

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	SHORT-TERM PROGRAM	47,001
Europe (Including Iceland and Greenland)			Program Services	SHORT-TERM PROGRAM	62,157
South America			Program Services	SHORT-TERM PROGRAM	42,417

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Central America and the Caribbean			Program Services	SERVICE - DONATION	5,500	
South Asia			Program Services	SERVICE - DONATION	5,000	
Central America and the Caribbean			Program Services	SERVICE TRIP	3,997	

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	SERVICE TRIP	5,526
Europe (Including Iceland and Greenland)			Program Services	Wilderness Program	4,798
North America			Program Services	Wilderness Program	844

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Recruiting	10,907
Europe (Including Iceland and Greenland)			Program Services	Recruiting	19,294
North America			Program Services	Recruiting	767

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Central America and the Caribbean			Program Services	Recruiting	473	
South America			Program Services	Recruiting	441	
Middle East and North Africa			Program Services	Recruiting	7,309	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Central America and the Caribbean			Program Services	STUDY ABROAD	89,515	
East Asia and the Pacific			Program Services	STUDY ABROAD	891,962	
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	2,694,731	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Middle East and North Africa			Program Services	STUDY ABROAD	109,157	
South America			Program Services	STUDY ABROAD	453,724	
South Asia			Program Services	STUDY ABROAD	88,998	

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	STUDY ABROAD	265,681
Central America and the Caribbean			Investments		24,550,181
East Asia and the Pacific		14		AGENT	94,723

Form 990 Schedule F	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		1		AGENT	3,904
South America		1		AGENT	10,791
South Asia		1		AGENT	4,267

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Middle East and North Africa		2		AGENT	12,540		

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DLN: 93493135026005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		•				Employer iden	tification number
Saint Michael's College						03-0179403	
Part I Fundraising Acti Form 990-EZ filers				on answered "Yes" i	to Form	990, Part IV	, line 17.
1 Indicate whether the organi	zatıon raısed funds t	hrough a:	ny of the f	following activities Che	eck all th	nat apply	
<b>a</b> Mail solicitations			e	Solicitation of nor	n-govern	ment grants	
<b>b</b> Internet and email solid	itations		f	Solicitation of gov	ernment/	grants	
<b>c</b> Phone solicitations			g	☐ Special fundraisin	g events	5	
d ☐ In-person solicitations							
<b>2a</b> Did the organization have a or key employees listed in F							Г yes Г No
<b>b</b> If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	ler which the fui	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or crol of putions?	(iv) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
•							
2							
3							
4							
5							
6							
7							
8							
9							
10							
			.►				
3 List all states in which the oregistration or licensing	organization is regist	ered or li	censed to	I o solicit contributions o	r has be	en notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2013				Page 2				
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut							
			(a) Event #1  GOLF CLASSIC	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
ф			(event type)	(event type)	(total number)					
	1	Gross receipts	80,86	2		80,862				
Revenue	2	Less Contributions	41,62	7		41,627				
	3	Gross income (line 1 minus line 2)	39,23	5		39,235				
	4	Cash prizes								
မှ	5	Noncash prizes	8,00	5		8,005				
Expenses	6	Rent/facility costs	17,20	0		17,200				
	7	Food and beverages .	5,04	4		5,044				
Direct	8	Entertainment								
Δ	9	Other direct expenses .	71	6		716				
	10 Direct expense summary Add lines 4 through 9 in column (d)									
	11	Net income summary Subtract I	ine 10 from line 3, colum	n (d)		8,270				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than				
Revenue		,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Æ	1	Gross revenue			37,120	37,120				
မှ	2	Cash prizes			1,500	1,500				
Expenses	3	Non-cash prizes			650	650				
<u>ភ</u>	4	Rent/facility costs								
Direct	5	Other direct expenses			72	72				
	6	Volunteer labor			✓ Yes100 000 %  No					
	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	Net gaming income summary Sub	tract line 7 from line 1, c	olumn (d)		34,898				
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	ctivities VT						
a b	Ist	the organization licensed to operate	e gaming activities in eac	h of these states?						
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes Volume No								

	(					
					_	
						es I' No
	_	=	·	or a member of a partnership or oth	•	
	ormed to ad	lmınıster charıtab	le gamıng?			┌ Yes ┌ No
3	Indicate the	percentage of ga	ming activity operated in			
a	The organiza	ation's facility .			13a	100 000 %
b .	An outside f	acılıty			13b	%
4	Enter the na	me and address o	f the person who prepares the or	ganızatıon's gamıng/specıal event	s books and records	
	Name 🟲	SHIRLEY GOOL	DELL-LACKEY CONTROLLER			
,	Address 🟲		ELS COLLEGE 1 WINOOSKI VT 05439			
5a	Does the ord			whom the organization receives gai		
	_	=			_	Γves ∇ No
				organization 🟲 \$		1 165 1 140
			ained by the third party 🕨 \$			
			ess of the third party			
	ir res, ent	ter name and addr	ess of the third party			
	Name 🟲					
	Address 🟲					
6	Gamıng man	nager information				
	Name 🟲	GERALDINE KN	ORTZ ATHLETICS DIRECTO			
	_					
	aming man	nager compensatio	on 🟲 \$			
	Description	of services provide	led 🕨 ORGANIZE AND COORD	NATE ATHIETICS RAFFLE		
	2 c3 c11ptiol1	of services provid		ATTACL ATTICLITED MATTEL		
	Director	/officer	F Employee	Independent contrac	ctor	
7		listributions	,			
	•		nder state law to make charitable	e distributions from the gaming pro	oceeds to	
						res rono
				ributed to other exempt organizati		1 162 1. 140
			npt activities during the tax year		- · - <u> </u> · · <del>-</del>	
Part	IV Supp Part	plemental Info III, lines 9, 9b,	ormation. Provide the expla	anations required by Part I, lir as applicable. Also complete		
		ırn Reference		Explanation		
			IN VERMONT, A NON-	<u>'</u>		

Return Reference	Explanation
III, LINE 9B	IN VERMONT, A NON-PROFIT ORGANIZATION THAT ORGANIZES A RAFFLE OR GAMES OF CHANCE FOR THE PURPOSE OF RAISING FUNDS TO BE USED FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES DOES NOT NEED A LICENSE

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Schedule I (Form 990)

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

2013

OMB No 1545-0047

DLN: 93493135026005

Department of the Treasury

Saint Michael's College

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

Open to Public **Inspection** 

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number

03-0179403

<ul> <li>Part I General Inform</li> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> </ul>	ntain records to subst to award the grants o	cantiate the amount of the					√ Yes ┌ ſ
Part II Grants and Other Form 990, Part IV		Governments and eccipient that received					"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VERMONT IBUTWA INITIATIVE INC C/O FIRST CONGREGATIONAL CHURCH 38 SOUTH WINOOSKI AVENUE BURLINGTON, VT 05401	30-0728260	501(c)(3)	10,000				SEE PART IV
(2) SSE DBA SAINT ANNE'S SHRINE PO BOX 280 ISLE LA MOTTE,VT 05463	03-0195115	501(C)(3)	93,200				SEE PART IV
2 Enter total number of secti							2
3 Enter total number of other For Paperwork Reduction Act Notice			<u> </u>	Cat No 50055P			

Return Reference

IN THE U S

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.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT SCHOLARSHIPS	1798	30,787,349			
(2) UNDERGRADUATE ENDOWMENT FUNDED SCHOLARSHIPS	346	2,110,538			
(3) UNDERGRADUATE ATHLETIC GRANTS	20	993,334			
(4) FED SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS	325	404,597			
(5) GRADUATE STUDENT GRANTS	31	42,421			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**Explanation** GRANTS AND OTHER  $|\mathsf{PART}|$  II, COLUMN H (1)THE CONTRIBUTION TO THE VERMONT IBUTWA INITIATIVE WAS MADE TO PROVIDE GENERAL SUPPORT OF THEIR **ASSISTANCE TO** MISSION TO BUILD SUSTAINABLE LIVELIHOODS FOR THE WOMEN OF SOUTH KIVU PROVINCE IN THE DEMOCRATIC REPUBLIC OF THE CONGO, PROVIDE MEDICAL TREATMENT AND SUPPORT TO CONGOLESE WOMEN AFFECTED BY RAPE AND HIV/AIDS, AS WELL AS TO RAISE **GOVERNMENTS AND** ORGANIZATIONS IN THE U.S. AWARENESS IN VERMONT ABOUT THE CRISIS THE COLLEGE INCORPORATES THIS ORGANIZATION INTO ITS CURRICULUM BY INVITING IVERMONT IBUTWA INITIATIVE TO PRESENT THEIR MISSION TO THE PEACE AND JUSTICE CLASSES. THE COLLEGE ALSO HAS A FACULTY IGROUP THAT MEETS REGULARLY TO ACT AS THE PROJECT MANAGEMENT COMMITTEE FOR VERMONT IBUTWA INIATIVE AND THE STUDENT ASSOCIATION HAS FORMED A CLUB TO HELP CARRY ON THE MISSION OF THE GROUP (2)THE CONTRIBUTION TO SAINT ANNE'S SHRINE WAS MADE TO PROVIDE SUPPORT OF THEIR MISSION TO SERVE AS A WELCOMING PLACE OF PEACE AND HOPE MINISTERING TO ALL GOD'S PEOPLE THROUGH PRAYER, DEVOTION, HOSPITALITY AND SPIRITUAL RENEWAL THE SHRINE WAS DEVELOPED AND MAINTAINED FOR THE PAST 100 YEARS BY THE SOCIETY OF SAINT EDMUND, WHO IS ALSO THE FOUNDER OF SAINT MICHAEL'S COLLEGE THE COLLEGE SHARES A SIMILAR MISSION TO CONTRIBUTE THROUGH HIGHER EDUCATION TO THE ENHANCEMENT OF THE HUMAN PERSON AND THE ADVANCEMENT OF HUMAN CULTURE IN THE LIGHT OF THE CATHOLIC FAITH THE COLLEGE BENEFITS FROM USE OF THE FACILITIES AT THE SHRINE FOR CURRICULUM ENHANCEMENT, STUDENT AND STAFF RETREATS AND WORSHIP **GRANTS AND OTHER** PART III THE COLLEGE RECOGNIZES THE HIGH COST OF A PRIVATE EDUCATION AND ATTEMPTS TO ADDRESS AS MUCH AS WE ASSISTANCE TO INDIVIDUALS  ${\sf IPRACTICALLY}$  CAN TO CLOSE THE GAP BETWEEN THE COST OF ATTENDANCE AND FAMILY RESOURCES USING A VARIETY OF SOURCES.

INCLUDING FEDERAL, STATE AND INSTITUTIONAL (COLLEGE) FUNDING THE THREE TYPES OF FINANCIAL ASSISTANCE WE EMPLOY INCLUDES GRANTS AND SCHOLARSHIPS, LOANS AND STUDENT EMPLOYMENT IN 2013-2014, THE COLLEGE ADMINISTERED OVER \$53 MILLION IN ASSISTANCE, OF WHICH APPROXIMATELY \$34 MILLION WAS PRIMARILY COLLEGE FUNDED AID SCHOLARSHIPS OR GRANTS THE FIVE YEAR-AVERAGE (2009-2013) OF UNDERGRADUATE STUDENTS RECEIVING COLLEGE FUND AID WAS 92 9% THE COLLEGE'S PRACTICE HAS BEEN TO AWARD AID BASED ON MERIT AND/OR NEED TO ALL STUDENTS ACCEPTED FOR ADMISSION THE AVERAGE NEED BASED SCHOLARSHIP OR GRANT FOR THE FALL 2013 INCOMING CLASS WAS APPROXIMATELY \$21,247 THE AMOUNT OF AID A STUDENT RECEIVES UPON INITIAL ENROLLMENT GENERALLY IS AWARDED FOR EACH YEAR HE/SHE ATTENDS SAINT MICHAEL'S COLLEGE

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DLN: 93493135026005

OMB No 1545-0047

Inspection

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Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Saint Michael's College

**Employer identification number** 

03-0179403

Pai	t I Questions Regarding Compensation	า				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec				V	
	directors, diastees, officers, melading the eloyexec	ucive D	meetor, regarding the items effected in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u>  -                                   </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
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 compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	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)(I)-(III) 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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		compensation compensation reportable compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)John J Neuhauser President	(i) (ii)	347,789 0	0	6,263 0	31,014 0	46,239 0	431,305 0	0	
(2)Neal E Robinson VP for Finance and Treasurer	(i) (ii)	181,978 0	0	0	12,910 0	17,036 0	211,924	0	
(3)Dawn M Ellinwood VP for Student Affairs	(i) (ii)	167,667 0	0	2,345 0	5,819 0	22,265 0	198,096 0	0	
(4)Karen A Talentino VP for Acedemic Affairs	(i) (ii)	177,870 0	0	0	12,558 0	16,959 0	207,387 0	0	
(5)Michael J New VP Human Resources	(i) (ii)	145,667 0	0	0	10,097 0	2,764 0	158,528 0	0	
(6)Patrick J Gallivan VP Institutional Advancement	(i) (ii)	137,224 0	0	1,320 0	9,630 0	9,073 0	157,247 0	0	
(7)Jerry E Flanagan VP Admission/Enrollment	(i) (ii)	131,549 0	0	2,197 0	9,241 0	12,528 0	155,515 0	0	
(8)William O Anderson Chief Information Officer	(i) (ii)	128,360 0	0	0	9,282 0	21,699 0	159,341 0	0	
(9)Ronald Miller Graduate Psychology Professor	(i) (ii)	127,365 0	0	0	7,092 0	15,746 0	150,203	0	

Schedule J (Form 990) 2013

### Part III Supplemental Information

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

Return Reference	Explanation
	FOR ELIGIBLE EMPLOYEES, COLUMN (D) NONTAXABLE BENEFITS PRIMARILY CONSISTS OF HEALTH CARE AND DENTAL BENEFITS DETAILS FOR AMOUNTS REPORTED IN COLUMN B (III) AND COLUMN (D) ARE LISTED BELOW DR JOHN J NEUHAUSER - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE AND PERSONAL CELL PHONE USE COLUMN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGE'S IRC 457(B) PLAN COLUMN (D) INCLUDES A HOUSING ALLOWANCE DAWN M ELLINWOOD - COLUMN B (III) INCLUDES MOVING ALLOWANCE PATRICK J GALLIVAN - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE JERRY E FLANAGAN - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE

Schedule J (Form 990) 2013

### **Additional Data**

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael'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	
(A) name		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
John J Neuhauser President	(I) (II)		0	6,263 0	31,014 0	46,239 0	431,305	0	
Neal E Robinson VP for Finance and Treasurer	(ı) (ıı)	1	0	0	12,910 0	17,036 0	211,924	0	
Dawn M Ellinwood VP for Student Affairs	(ı) (ıı)	1	0	2,345	5,819 0	22,265	198,096	0	
Karen A Talentino VP for Acedemic Affairs	(ı) (ıı)		0	0	12,558 0	16,959 0	207,387	0	
Michael J New VP Human Resources	(ı) (ıı)		0	0	10,097 0	2,764	158,528	0	
Patrick J Gallivan VP Institutional Advancement	(1) (11)		0	1,320 0	9,630 0	9,073 0	157,247 0	0	
Jerry E Flanagan VP Admission/Enrollment	(I) (II)	1	0	2,197 0	9,241 0	12,528	155,515	0	
William O Anderson Chief Information Officer	(I) (II)		0	0	9,282	21,699 0	159,341	0	
Ronald Miller Graduate Psychology Professor	(I) (II)		0	0	7,092 0	15,746 0	150,203	0	

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(Form 990)

Department of the Treasury

Internal Revenue Service

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

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493135026005

2013

Open to Public **Inspection** 

Name of the organization

**Employer identification number** 

Sain	t Mıchael's College									03-	-01794	0 3					
Pa	rt I Bond Issues									<u> </u>							
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue p	rıce	(f)	<b>)</b> Descriptio	n of purpose	( <b>g</b> ) Defeased		( <b>h)</b> On behalf of ıssuer		(i) Pool financing			
													No	Yes	No	Yes	No
A	VT EDUCATIONAL & HEALTH BLDG FINANCE AGY	23-7154467	924166FM8	05-24-2012	50,990			NSTRUCTION, UIPMENT, REFUNDING					Х		x		Х
Pa	rt III Proceeds																
					Α			В	1		С			D			
1						2,680,0	000										
2							0										
3	Total proceeds of issue					0,990,3	332										
4	·						0										
5	5 Capitalized interest from proceeds						0										
6	6 Proceeds in refunding escrows						0										
7	7 Issuance costs from proceeds					563,0	023										
8	Credit enhancement from proce	eeds					0										
9	Working capital expenditures fi	rom proceeds				0											
10	Capital expenditures from proc	eeds			27,500,000												
11	Other spent proceeds				2	2,927,3	309										
12	Other unspent proceeds						0										
13	Year of substantial completion				201	3			<u> </u>								
					Yes	No		Yes	No	Yes	N	o	Yes		No		
14	Were the bonds issued as part	of a current refundı	ng issue?		Х												
15	Were the bonds issued as part	of an advance refur	nding issue?		Х												
16	6 Has the final allocation of proceeds been made?				Х												
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								_								
Par	t 🞹 Private Business Us	se															
				A			В			C			D				
					Yes	No		Yes	No	Yes	N	0	Yes		No		

property financed by tax-exempt bonds?

financed property?

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

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

Х

Χ

Part III	Private	<b>Business</b>	Use	(Continued)

	111vate basiless ose (conanaca)							_	
			4	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	x							
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5	_	0 %	_	_				_
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 a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	х							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х							

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	×							
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
ь	Exception to rebate?								
С	No rebate due?								
	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?		X						
ь	Name of provider	0							
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
							Sc	hedule K (Forn	n 990) 2013

Part IV Arbitrage (Continued
------------------------------

		Α	Α		В		С					
		Yes	No	Yes	No	Yes	No	Yes	No			
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X									
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?		Х									
7	Has the organization established written procedures to monitor the requirements of section 148?	х										
	Description To Hade John Comment of Astron											

### Part V Procedures To Undertake Corrective Action

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?

Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
X							

### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

FINAL ALLOCATIONS OF PROCEEDS AND INVESTMENT BEYOND A TEMPORARY PERIOD

Return Reference

PART II, LINES 16-17 AND PART IV, LINE 5 THE CONSTRUCTION OF A RESIDENCE HALL AND STUDENT UNION WAS COMPLETED IN DECEMBER 2013 THE COLLEGE MAINTAINS BOOKS AND RECORDS TO SUPPORT THAT ALLOCATION AND TO REQUEST REIMBURSEMENT OF EXPENSES FOR THIS PROJECT FROM THE BOND TRUSTEE THE BOND TRUSTEE REVIEWED ALL REQUESTS TO ENSURE THE EXPENSE WAS APPROPRIATE WITHIN THE PURPOSE AS DEFINED IN THE BOND DOCUMENTS THE COLLEGE'S 2012 SERIES BOND WAS NOT INVESTED BEYOND THE AVAILABLE TEMPORARY PERIOD AS THE BOND CLOSED IN MAY 2012 AND ALL CONSTRUCTION FUNDS WERE EXPENSED BY NOVEMBER 2013

**Explanation** 

Return Reference	Explanation
ADOPTION OF MANAGEMENT PRACTICES	PART III, LINE 9 AND PART IV, LINE 7 THE COLLEGE HAS WORKED WITH CONSULTANTS AND BOND COUNCIL TO MAKE CERTAIN COLLEGE PERSONNEL IS FAMILIAR WITH THE RULES AND REGULATIONS FOR POST-ISSUANCE COMPLIANCE OF ITS TAX-EXEMPT BOND LIABILITIES AND IS STILL IN PROCESS OF WORKING ON A PROGRAM TO CALCULATE PRIVATE BUSINESS USE ALL USE OF THE BUILDING IS TRACKED BY THE COLLEGE'S CONFERENCE AND SPECIAL EVENTS DEPARTMENT THE COLLEGE'S TAX-EXEMPT DEBT POST-ISSUANCE COMPLIANCE POLICY HAVE BEEN CREATED, REVIEWED AND IMPLEMENTED BY MANAGEMENT AND APPROVED BY THE BOARD OF TRUSTEES

Return Reference	Explanation
CORRECTIVE ACTION	PART V THE COLLEGE'S TAX-EXEMPT DEBT POST-ISSUANCE COMPLIANCE POLICIES AND PROCEDURES IDENTIFY AND ADDRESS ANY VIOLATIONS OF FEDERAL TAX REQUIREMENT PURSUANT TO A VOLUNTARY CLOSING AGREEMENT PROGRAM WHERE SELF-REMEDIATION MAY BE UNAVAILABLE

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DLN: 93493135026005

# OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or Saint Michael's Co								Employ	er ident	ificatio	on numbe	er		
Part I Exc	ess Benefit 1	Transactio	ons (secti	on 501(c)(	3) and section	501(c)(4)			79403 ns only	).				
	olete if the orgai										40b			
<b>1 (a)</b> Nam	e of disqualified	l person (			n disqualified	<b>(c)</b> Des	cription	of tra	nsaction	י L	<b>(d)</b> Cor	rected?		
			perso	n and organi	ızatıon						Yes	No		
												_		
												-		
										+		•		
												•		
												-		
												-		
	amount of tax ın	curred by or	ganızatıon ı	managers or	disqualified per	sons during	the yea	r unde	rsectioi	n				
4958 .								• •	<b>-</b> \$					
<b>3</b> Enterthe a	amount of tax, if	any, on line	2, above, r	eimbursed b	y the organizati	on			<b>F</b> \$			-		
Part II Lo	ans to and/	or From T	ntereste	d Persons	<u> </u>									
	mplete if the org					, line 38a, o	r Form 9	90, P	art IV , lı	ne 26,	or if the			
org	janization repor													
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance			(h)		(i)Wr			
ınterested person	Relationship with organization			Purpose of loan	or from the		principal amount	due	defaul	t?	A pprov	/ed	agreer	nent?
person		loan	organizaci	UII'	annount				board					
	-								or					
				Т	_				commi	1				
			То	From			Yes	No	Yes	No	Yes	No		
									1		_			
							-		1	1	_			
					+		-	<u> </u>	1		_			
					_						_			
					+		-		+		_			
otal									1		_			
	ants or Assis		nefitting	Interests	d Dersons									
Co	mplete if the	organizatio	n answere	ed "Yes" on	Form 990. Pa	art IV. line	27.							
(a) Name of II		) Relationsh			int of assistance		e of ass	ıstano	:e <b>(e</b>	<b>)</b> Purpo	se of as	sıstanc		
perso		terested per	son and the											
		organiz	ation											
				_										
				_										
						_								
						_								

Part IV Business Transactions In Complete if the organization			e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zation':	5
				Yes	No	
(1) MAGUIRE ASSOCIATES	TRUSTEE CASEY IS SVP	100,000	SEE PART V		No	

### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Trottue duditional miorina	tion for responses to questions on senedule E (see mistractions)
Return Reference	Explanation
INVOLVING INTERESTED PERSONS	PART IV TRUSTEE PATRICIA CASEY IS A SENIOR VICE PRESIDENT AT MAGUIRE ASSOCIATES THE COLLEGE HAS A CONTRACT WITH THIS FIRM TO ASSIST IN FINANCIAL AID MODELING AND AWARDING TO ACHIEVE CERTAIN ADMISSION GOALS MS CASEY DOES NOT WORK DIRECTLY ON THE COLLEGE ACCOUNT THIS YEAR, THE COLLEGE PAID \$100,000 FOR SERVICES THIS IS AN ARM'S LENGTH TRANSACTION MS CASEY, IF PERMITTED TO BY THE BOARD OF TRUSTEES, MAY MAKE AN APPEARANCE AT A BOARD COMMITTEE MEETING TO PRESENT FACTS REGARDING A MATTER RELATIVE TO THE COLLEGE'S RELATIONSHIP WITH MAGUIRE ASSOCIATES, BUT MAY NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION MAKING WITH RESPECT TO THIS MATTER

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493135026005

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

**Noncash Contributions** ▶Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. ► Attach to Form 990.

Internal Revenue Service Name of the organization

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Saint	Mıchael's College				3-0179403			
Pa	rt I Types of Property			[ 0 .	3-01/9403			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes				<u> </u>			
	Intellectual property		2.4	200 246	lenu.			
	Securities—Publicly traded .	X	34	299,318	HFMV			
	Securities—Closely held stock .				<del>                                     </del>			
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(	X	1	30,000	APPRAISED			
	NO)	-			<u> </u>			
	O ther ►()				<u> </u>			
	O ther ►()				<del>                                     </del>			
	Other ► ()				<del></del>			
29	Number of Forms 8283 received by the				29			
	for which the organization completed F	-01111 6263,	Part IV, Donee Acknowle	agement	<u> </u>		Yes	No
302	During the year, did the organization	receive hy	contribution any property i	reported in Part I lines 1	through 28 that		162	NO
500	it must hold for at least three years fi	•		·				
	for exempt purposes for the entire ho				d to be used	20-		NI -
р.						30a		No_
	If "Yes," describe the arrangement in			_		l		
31 32a	Does the organization have a gift acc Does the organization hire or use thir					31	Yes	
J20	contributions?					32a	Yes	
t	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	LINE 9 THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RELATED TO EACH TYPE OF PROPERTY THAT WAS RECEIVED DURING FY14
NON-CASH CONTRIBUTIONS	PART 1, LINE 32B THE COLLEGE USES A CUSTODIAN TO HOLD AND PROCESS ALL INVESTMENT TRANSACTIONS INCLUDING ASSET SAFEKEEPING AND COLLECTION OF DIVIDENDS AND INTEREST ALL SECURITY CONTRIBUTIONS ARE DELIVERED TO THE CUSTODIAN WITH THE INSTRUCTION FOR IMMEDIATE SALE

Schedule M (Form 990) (2013)

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DLN: 93493135026005

OMB No 1545-0047

2013

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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Saint Michael's College

03-0179403

Return Reference	Explanation				
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1 SAINT MICHAEL'S COLLEGE IS A CATHOLIC LIBERAL ARTS RESIDENTIAL COLLEGE COMMITTED TO THE PURSUIT OF ACADEMIC EXCELLENCE, WITH AN UNDERGRADUATE ENROLLMENT OF APPROXIMATELY 2,050 STUDENTS AND 700 GRADUATE AND INTERNATIONAL STUDENTS WE CREATE AND SUSTAIN AN OPTIMAL LIVING AND LEARNING ENVIRONMENT THAT PROMOTES A VIBRANT INTELLECTUAL LIFE AND CHALLENGES STUDENTS TO ENGAGE IN ACTIVITIES TO EXTEND THEIR MINDS AND EXPERIENCE WITHIN AND BEYOND OUR VERMONT LOCATION				

Return Reference	Explanation	
	PROGRAM SERVICE ACCOMPLISHMENTS	ROVAL FOR ALL LICENSURE PROGRAMS. WE ARE PARTICULARLY PROUD OF THE SEVEN COMMENDATIONS FRO M THE REVIEW NO OTHER TEACHER PREPARATION PROGRAM HAS EVER RECEIVED MORE THAN THREE. THE ACADEMIC PROGRAM IS SUPPORTED BY MANY PROFESSIONAL AND ADMINISTRATIVE STAFF INCLUDING INFO RMATION TECHNOLOGY (IT), ACADEMIC ENRICHMENT PROGRAMS, LIBRARY AND INFORMATION SERVICES (L. IS), REGISTRARS OFFICE. THE VICE PRESIDENT OF ACADEMIC AFFAIRS AND THE DEAD THE IT DEPAR TIMENT IS COMMITTED TO CREATING A ROBUST TECHNOLOGY ENVIRONMENT FOR THE COLLEGES STUDENTS, FACULTY AND STAFF. THEY SUPPORT ADMINISTRATIVE AFFLICATIONS, INSTRUCTIONAL TECHNOLOGY SER VICES, ALL OF WHICH SUPPORT THE MISSION AND GOALS OF THE COLLEGE BY PROVIDING ITS CONSTITULE UNIS WITH A RELIABLE, SECURE, AND FAST CAMPUS NETWORK, SUPPORT FOR THE APPROPRIATE INTEGRATION OF TECHNOLOGY INTO TEACHING AND RESEARCH, AND TECHNOLOGY SUPPORT FOR ADMINISTRATIVE O FERATIONS SAINT MICHAEL'S COLLEGE BY PROVIDING ITS CONSTITUL DRIS WITH A RELIABLE, SECURE, AND FAST CAMPUS NETWORK, SUPPORT FOR THE APPROPRIATE INTEGRATION OF TECHNOLOGY INTO TEACHING AND RESEARCH, AND TECHNOLOGY SUPPORT FOR ADMINISTRATIVE O FERATIONS SAINT MICHAEL'S COLLEGE IS COMMITTED TO STUDENT'S ACADEMIC SUCCESS THEREFORE, IN ADDITION TO ACADEMIC SURCESS THEREFORE, IN ADDITION TO ACADEMIC SURCESS THE REPORT OF THE APPROPRIATE INTEGRATION OF TECHNOLOGY SUPPORT FOR ADMINISTRATIVE O FERAL OUT OF THEIR EDUC ATION INCLUDING INDEPENDENT STUDENTS FACE AND JUSTICE CENTER, WOMEN'S CENTER, SERVICE LEA RNING, STUDENT/FACULTY RESEARCH AND INTERNSHIPS TO NAME A FEW THESE SERVICES AND ACTIVITIES ARE DESIGNED TO ASSIST OUR STUDENTS IN ENHANCING THE ADDITION TO ACADEMIC SUPPORTS FACULT TY IN OFFERING EXTRA-CURRICULAR ACTIVITIES THE LEATHING OPPORTUNITIES IN ORDER TO ACHIEVE THEIR FULLEST INTELLECTULAL DEVLLOPMENT ACADEMIC ENRICHMENT ALSO SUPPORTS FACULT TY IN OFFERING EXTRA-CURRICULAR ACTIVITIES AND ESSEARCH THE LIBRARY STRIVES TO DETERMINE COMMUNITY NEEDS AND RESPOND TO THEMBY SHAPING ITS RESOURCES AND SERVICES TO PROVIDE THE BEST

Return Reference	Explanation
STUDENT SERVICES (LINE 4C)	STUDENTS ARE AT THE CENTER OF THE COLLEGES MISSION WHILE THE ACADEMIC ELEMENTS ARE FOREMOST, SUPPORTING THE STUDENTS' PERSONAL DEVELOPMENT IS VITAL AS WELL THE OFFICES OF ADMISSIONS, STUDENT LIFE, EDMUNDTE CAMPUS MINISTRY, WILDENESSES PROGRAM, ATHLETICS AND MANY STUDENT CLUBS WORK TO BNHANCE STUDENTS' PERSONAL GROWTH AS WELL AS THEIR ACADEMIC SUCCESS TO SUPPLEMENT THE ACADEMIC CULTURE ON CAMPUS AND ENRICH OVERALL QUALITY OF THE COLLEGE EXPERENCE, A VARIETY OF WEBKEND PROGRAMS IS OFFERED TO STUDENTS, ALONG WITH MANY OUTDOOR PROGRAMS SUCH AS THE SKI PASS, CULTURAL AND ARTISTIC EVENTS THROUGH THE FLYNN CENTER SAINT MICHAEL'S COLLEGE CULTURAL PASS, A VARIETY OF MINISTRY PROGRAMS, AND COMMUNITY SERVICE OPPORTUNITIES THROUGH MOVE (MOBILIZATION OF VOLUNTEER EFFORTS) APPROXIMATELY 80% OF STUDENTS ARE INVOLVED IN SOME FORM OF INTERCLEGATE, INTRAMURAL, CLUB, RECREATION, PERSONAL FITNESS, OR WILDERNESS PROGRAM OFFERING APPROXIMATELY 21% OF SAINT MICHAEL'S COLLEGE STUDENTS PARTICIPATE IN ONE OF THE 21 VARSITY SPORTS OUR STUDENT ATHLETES HAVE ACHIEVED A 98% ACADEMIC SUCCESS RATE (ASR), A STATISTIC DETINED BY THE INCAA AS A MEASUREMENT OF GRADUATION WITHIN A 6 YEAR COHORT TIME PERIOD AS OF JUNE 2013 SAINT MICHAEL'S COLLEGE FAS AGAIN BEEN RECOGNIZED AS A RECIPIENT FOR THE DIVISION II PRESIDENTS' AWARD FOR ACADEMIC EXCELLENCE AS A MEMBER OF THE NORTHEAST-10 CONFERENCE SAINT MICHAEL'S COLLEGE ACHIEVED THE HIGHEST ACADEMIC SUCCESS RATE (ASR), IN THE CONFERENCE, AND RANKED AMONG THE TOP 5 IN THE NATION THE OFFICE OF STUDENT ACTIVITIES STRONGS TO WERE THE NATION THE OFFICE OF STUDENT ACTIVITIES STRONGS TO WERE THE NORTHEAST-10 CONFERENCE AND RANKED AMONG THE TOP 5 IN THE NATION THE OFFICE OF STUDENT ACTIVITIES STORY AND POSTAVINITIES TO DEVELOP AS ETHLICAL LEADERS AND ENGAGED CITIZENS, AND OFFERS A WIDE VARIETY OF FROGRAMS AND ACTIVITIES DESIGNED TO MEET THEIR NEEDS OUR GOT SKILLS PROGRAMS OFFERS IN THE RESIDENCE HAS SAID SHORESTORY FOR POSTAVINITIES TO SEVEN AND STRESS TOWARD OTHERS, INCLUSIVE TOWARD ALL POPLE, LEADING AT VERY ST

Return Reference	Explanation
DOCUMENT CHANGES	FORM 990, PART VI, SECTION A, LINE 4 THE AMENDED ARTICLES OF INCORPORATION WERE AMENDED NOVEMBER 18, 2013 BUT THERE WERE NO SIGNIFICANT CHANGES THAT AFFECTED THE OVERALL MISSION OR OPERATIONS OF THE COLLEGE

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11 FORM 990 SCHEDULES ARE PREPARED BY COLLEGE PERSONNEL WITH GUIDANCE AND REVIEW FROM EXTERNAL TAX PREPARERS WHO SIGN AND FILE THE FORM PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE EACH MEMBER OF THE BOARD OF TRUSTEES WAS PROVIDED WITH FORM 990 AND ALL SCHEDULES, EXCEPT SCHEDULE B, CONTRIBUTION DETAIL, IN ORDER TO RESPECT OUR DONORS' CONFIDENTIALITY

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C THE SECRETARY OF THE COLLEGE DISTRIBUTES THE CONFLICT OF INTEREST POLICY, QUESTIONNAIRE AND CERTIFICATION ANNUALLY TO TRUSTEES, OFFICERS AND KEY EMPLOYEES THE SECRETARY REVIEWS THE RESPONSES AND POTENTIAL CONFLICTS ARE BROUGHT TO THE TRUSTEESHIP AND MISSION COMMITTEE FOR REVIEW AND RESOLUTION A LIST OF INTERLOCKING BOARDS IS MAINTAINED TO ASSIST IN DETERMINING IF POTENTIAL CONFLICTS ARISE DURING THE YEAR THE TRUSTEESHIP AND MISSION COMMITTEE SUBMITS NAMES FOR BOARD RECRUITMENT AND VETS ANY CONFLICT ISSUES THIS COMMITTEE PROVIDES INFORMATION TO THE EXECUTIVE COMMITTEE FOR CONSIDERATION AND NOMINATION

Return Reference	Explanation
DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, SECTION B, LINE 14 THE COLLEGE HAS A HIGH-LEVEL DOCUMENT RETENTION AND DESTRUCTION POLICY AND FOLLOWS SPECIFIC GUIDELINES PROVIDED BY THE INTERNAL REVENUE SERVICE AND RELEVANT REGULATIONS WITH RESPECT TO RECORDS RETENTION AND DESTRUCTION - INCLUDING THE PROVISIONS OF VERMONT LAW (9 VSA PART 3 CHAPTER 62 SUBCHAPTER 4 DOCUMENT SAFE DESTRUCTION ACT) WITH RESPECT TO DISPOSAL OF DOCUMENTS CONTAINING CONFIDENTIAL INFORMATION ANOTHER RESOURCE UTILIZED BY THE COLLEGE IS "RECORD RETENTION AND DISPOSAL A MANUAL FOR COLLEGE DECISION MAKERS", WHICH PROVIDES THE COLLEGE WITH A GUIDE TO THE APPLICABLE LAWS, REGULATIONS AND OTHER CONSIDERATIONS FOR ALL AREAS OF OUR BUSINESS, INCLUDING EMPLOYMENT AND ADMISSIONS APPLICATIONS, PAYROLL, STUDENT RECORDS, FINANCIAL, TAX AND CONTRIBUTIONS RECORDS AS WELL AS FEDERAL REPORTING SPECIFIC TO THE HIGHER EDUCATION INDUSTRY

Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, EXCLUDING THE COLLEGE PRESIDENT, IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVE OFFICERS OF THE COLLEGE. THE EXECUTIVE COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES. THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY FOR DECISIONS REGARDING COMPENSATION IN ALL ITS CURRENT AND POTENTIAL FORMS FOR THE EXECUTIVE OFFICERS OF THE COLLEGE. THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES INDEPENDENT COMPENSATION DATA, E.G. NACUBO, CUPA, ETC. AND ANALYSIS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MEETS ANNUALLY, USUALLY WHILE THE TRUSTEES ARE HERE FOR THE MARCH OR JUNE BOARD MEETING, TO REVIEW SURVEY DATA REGARDING COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS OF THE COLLEGE. THE LAST MEETING WAS JUNE 2013. THE COLLEGE COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53 4958-6. (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATIONS.

Return Reference	Explanation
PUBLIC DISCLOSURE POLICY	FORM 990, PART VI, SECTION C, LINE 19 THE COLLEGE IS A PRIVATE ORGANIZATION AND THEREFORE BY LAW, IS NOT REQUIRED TO MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IN THE INTEREST OF TRANSPARENCY, THE COLLEGE COMPLIES WITH REQUESTS FOR THIS INFORMATION FROM THE FEDERAL AND STATE REGULATORY AGENCIES, OUR ACCREDITATION AGENCY AND OTHER ENTITIES OR INDIVIDUALS IN THE ORDINARY COURSE OF BUSINESS THE COLLEGE POSTS THE MOST RECENT THREE YEARS OF FORM 990 AND 990-T ON OUR WEBSITE

Return Reference	Explanation
	FORM 990, PART XI, LINE 5 AND LINE 9 FORM 990, PART XI, LINE 5 UNREALIZED LOSSES ON INVESTMENTS \$(2,559,298) FORM 990, PART XI, LINE 9 GAMBLING INCOME INCLUDED IN LIABILITY ACCOUNT \$ (34,898)

#### DLN: 93493135026005

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Saint Michael's College 03-0179403 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, June 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) -of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi	i <b>zations</b> Complete ıf	the organization ar	nswered "Yes" on	Form 990, Pai	rt IV, line 34 because it	had one	<u> </u>
or more related tax-exempt organizations during to (a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity st (if section 501(c	tatus Direct controlling entity	(g) Section 5 (13) cont entity	trol y?
(1) SAINT MICHAEL'S COLLEGE FIRE & RESCUE	FIRE & RESCUE	VT	501(C)(3)	7	NA	Yes Yes	No
ONE WINOOSKI PARK  COLCHESTER, VT 05439 20-1120657							
(2) MERRILL CEMETERY ASSOCIATION INC ONE WINOOSKI PARK	CEMETERY	VT	501(C)(13)		NA	Yes	
COLCHESTER, VT 05439 01-0868920							

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	y Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi Income(re unrelat excluded tax une sections 514)	nant Selated, totaled, from der 512-	total income	(g) Share of e end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g owners	
					314)				Yes	No		Yes	No		
															_
Identification of Relateline 34 because it had one  (a)  Name, address, and EIN of related organization	d Organizations Taxable or more related organization (b) Primary activity	c as a Corpo ons treated a (c) Lega domic (state or f	s a cor I ile oreign	ooration	t Complete or trust du (d) ect controlling entity	ring tl ( Type ( (C corp	he tax y	zation ans ear. (f) Share of total income	Share	(g) of end- year assets	(h	) tage	S	(i) Section 5: (b)(13) controlled entity?	d
1) CHARITABLE REMAINDER	INVESTMENT	VT		SMO	<u> </u>	TRUST			+		$\dashv$			<b>Yes I</b> Yes	No
RUST (1)															
														$\perp$	
															_

Pa	rt V	Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
<b>1</b> D	uring th	ne tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity											
<b>b</b> Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
f	Divide	ends from related organization(s)				1f					
g Sale of assets to related organization(s)											
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lease of facilities, equipment, or other assets from related organization(s)											
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
0	Sharır	ng of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses											
r	Other	transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)								No			
_2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including co	overed relationships	and transaction thresholds						
		(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	(d) ethod of determining amount involved					
<b>(1)</b> S	AINT MIC	HAEL'S COLLEGE FIRE AND RESCUE	С	100,000	COST						
<b>(2)</b> S	AINT MIC	CHAEL'S COLLEGE FIRE AND RESCUE	N	73,500	FMV						
<b>(3)</b> S	AINT MIC	HAEL'S COLLEGE FIRE AND RESCUE	q	67,661	cost						

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												]	
												$\Box$	
	•												

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### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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