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# Form **990**

Department of the Treasury In

# **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

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

Intern	al Re	venue	Servic	e						Inspection
A F	or tl	he 20:	15 ca	endar year, or tax year begii	nning 07-01-2015 , and ending 06-30	0-2016				
<b>B</b> Ch	eck II	fapplio	able	C Name of organization Saint Michael's College				D Emplo	oyer i	dentification number
_ A	ddres	s chan	ge	-				03-0	1794	103
_		change	е	% SHIRLEY GOODELL-LACKEY  Doing business as						
		return								
	ınal /tern	nınated	i		ıf mail is not delivered to street address) Roc	m/suite		E Teleph	one n	umber
M An	nend	ed retu	ım	One Winooski Park Box 274				(802	) 654	-2586
∏Ap	plicat	tion pe	nding	City or town, state or province, Colchester, VT 05439	country, and ZIP or foreign postal code			<b>G</b> Gross	receip	its \$ 136,867,022
				<b>F</b> Name and address of prii	ncipal officer		H(a) T	s this a group	n reti	ırn for
				NEALEROBINSON				ubordinates?		∏ Yes 🔽
				One Winooski Park Box 274 Colchester, VT 05439	4			No		
т Та	ıx-ex	empt s	status	<u> </u>	◀ (insert no )			re all subord icluded?	linate	Yes No
 J W	ebs	ite: ▶	www	▼ 501(c)(3)	◀ (insert no ) 4947(a)(1) or 527		I	f "No," attacl		st (see instructions)
										number ▶ 0928
K For	m of	organı	zatıon	✓ Corporation Trust Ass	sociation  ○Other ►		L Year	of formation 1	913	M State of legal domicile VT
Da	ret i		Sum	mary						
Governance		Тос	ntrıb		sion or most significant activities I to the enhancement of the human pei	rson ar	nd the a	dvancement	of hu	man culture in the light
	2	Che	ck th	is box ▶ ┌ if the organizatio	n discontinued its operations or dispo	sed of	more th	an 25% of it	s net	assets
Activities &	3	Num	nberd	of voting members of the gove	erning body (Part VI, line 1a)				3	31
te t	4	4 Number of independent voting members of the governing body (Part VI, line 1b)								28
3	5	Tota	al nun	nber of individuals employed	ın calendar year 2015 (Part V, line 2	a) .			5	2,104
AC	6	<b>6</b> Total number of volunteers (estimate if necessary)								1,729
	7a	Tota	al unr	elated business revenue fron	n Part VIII, column (C), line 12 .				7a	-105,289
	b	Netι	ınrela	ted business taxable income	e from Form 990-T, line 34				7b	-148,136
								Prior Year		Current Year
	8	C	ontri	butions and grants (Part VII	I, line 1h)			4,992	,520	5,125,109
en uð Að	9	Р	rogra	m service revenue (Part VII	evenue (Part VIII, line 2g)					108,808,369
	10			,	umn (A), lines 3, 4, and 7d)			8,073		871,971
<u> </u>	11			,	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,468	,550	1,295,353
	12		otal r 2)	evenue—add lines 8 through	11 (must equal Part VIII, column (A	), line		124,500	,610	116,100,802
	13	G	rants	and similar amounts paid (P	Part IX, column (A), lines 1-3)			39,067	,869	39,503,145
	14	В	enefi	ts paid to or for members (Pa	art IX, column (A), line 4)				0	0
s,	15				loyee benefits (Part IX, column (A), lii	nes		43,802	,495	43,941,738
)Se	١.,		-10)		IV saluman (A) lung 11a)				0	
Expenses	16			- '	IX, column (A), line 11e)				U	0
Д	b			ndraising expenses (Part IX, column				25.104	225	25.022.550
	17			, , , , , ,	A), lines 11a-11d, 11f-24e)			35,194		35,032,550
	18 19			•	(must equal Part IX, column (A), line 2 ine 18 from line 12			6,436		118,477,433 -2,376,631
C &	13		.eveii	ue less expelises Subtract i	me 16 nom me 12	· ·	Beginni	ng of Current		End of Year
Net Assets or Fund Balances	20	, -	ntal.	accete (Part V line 16)				207,342	400	219,400,794
Ass 1B	20			assets (Part X, line 16) .  Iabilities (Part X, line 26) .		•		65,200		82,899,925
Z Š	22			sets or fund balances Subtr				142,141		136,500,869
	rt I			ature Block	addime 21 nom me 20	•		1 12,171	,,,,,,	1 130,500,009
my k	now arer	ledge	and biny kr	pelief, it is true, correct, and nowledge  ** ture of officer E ROBINSON VP for FINANCE	examined this return, including accor complete Declaration of preparer (oth					
				or print name and title						
_				rınt/Type preparer's name HYAMALEE JOSEPH	Preparer's signature SHYAMALEE JOSEPH	Date	e	Check I if	PTIN PO1	N 085371
Pai				ırm's name ► KPMG LLP				self-employed Firm's EIN ▶		
Pre	-		<b>⊢</b>	Irm's name ► KPMG LLP Irm's address ► 60 South Street				Phone no (61	7) 099	8-1000
	_	nly	15	J address F 00 South Sheet				Filone no (61	, , 900	1000

Boston, MA 02111

. ✓Yes No

Form 990 (2015)

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 9}$	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 $I$ $J$	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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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	
	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	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		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	<u> </u>
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	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a		No
	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	<u> </u>
14a	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	
15	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	
16	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? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		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), 501(c)(4), and 501(c)(29) 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, Pait 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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	<b>28</b> c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M $\$$	29	Yes	

b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
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. Pait I	25b

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O . . . . . . .

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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Nο

Νo

Νo

Nο

Νo

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35a

35b

36

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Yes

Yes

Yes

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		N/			_
		Check if Schedule O contains a response or note to any line in this	Part	v		Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4,134		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did th	ء ie organization comply with backup withholding rules for reportable payments to	o vend	dors and reportable			
	_	g (gambling) winnings to prize winners?	٠.		<b>1</b> c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	2,104			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year <sup>,</sup>	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country   Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank  R)	and	Financial Accounts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а	Did th	ie organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	<b>7</b> b	Yes	
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?	•	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$	7d				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νo
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	ation file Form 8899 as	<b>7</b> g		No
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd i	the organization file a	7h		No
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 I	ın lıe	u of Form 1041?	<b>12</b> a		
	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

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,

i oi cacii	, 03	1 CSPONSC 1	to mics z time	agii ib below	, and for a	110 /	esponse to mies	00, 00, 01	100 DCION
describe	the ci	rcumstance	es, processes	, or changes i	ın Schedule (	O. See	e instructions.		

	Check if Schedule O contains a response or note to any line in this Part VI					🗸
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	<b>1</b> b	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 coi			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	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ıe Cod	e.)
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			<b>10</b> a		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	on's e	xempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	<b>12</b> c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			<b>15</b> a	Yes	
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım • •	ılar arrangement with a	<b>16</b> a		No
b	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?	e step	s to safeguard the	<b>16</b> b		
Se	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed ► VT					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available. Ch					

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records ►SHIRLEY GOODELL-LACKEY ONE WINOOSKI PARK BOX 274 Colchester, VT 05439 (802) 654-2586

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	(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
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o on is	one l both	oox, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2,1033 11100)	organization and related organizations	
See Additional Data Table											
1b Sub-Total		 ection 4	٠.	•							
d Total (add lines 1b and 1c) .	•			<u>.</u>	· .	▶		2,437,126	0	441,231	
Total number of individuals (i \$100,000 of reportable comp						d abov	e) wl	no received more th	nan		

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
l _			103	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors		5   No
Complete this table for your five highest compensated independent contra compensation from the organization. Report compensation for the calenda.		
(A) Name and business address	(B) Description of services	(C) Compensation
Competitive Computing Inc, 354 Mountain View Drive Suite 400 COLCHESTER, VT 05446	IT Consultants	724,320
Royall Company, 1920 East Parham Road RICHMOND, VA 05446	Recruiting	525,476
Ellucian Inc, 4375 Fair Lakes Court FAIRFAX, VA 22033	IT Consultants	475,872
KPMG LLP, 356 Mountain View Drive COLCHESTER, VT 05446	AUDIT & TAX SERVICES	152,050
Maguire Associates, 555 Virginia Road Suite 201 CONCORD, MA 01742	Financial Aid Consul	125,000
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 42	listed above) who received more than	

orm 99	0 (20	15)						Page <b>9</b>
Part V	Ш	Statement of						_
		Check if Sched	ule O contains a respor	se or note to any li	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
s s	1a	Federated cam	ipaigns 1a					
ant	b	Membership di	ues <b>1b</b>					
٠ آ	С	Fundraising ev	ents <b>1c</b>	6,249				
iffs ar /	d	Related organi	zations 1d					
s, G iii	е	Government grant	ts (contributions) <b>1e</b>	2,151,270				
Contributions, Giffs, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	2,967,590				
ibut The	q	sımılar amounts nı Noncash contributi	ot included above ions included in lines	335 004				
		1a-1f \$		335,904	E 425 400			
<u>5 E</u>	h	Total. Add line	s 1a-1f		5,125,109			
	2a	TUITION AND FEE	c	Business Code	04 224 420	04 224 420		
۲۰۸۰	b	RESIDENCE AND D		611710 721310	84,331,428 20,236,444	84,331,428 20,236,444		
ıń CΣ	c	BOOK STORE		451211	1,231,713	20,230,444		1,231,713
ž.	d	PRINTING SERVIC	ES ES	900099	559,839	559,839		, ,
χ Έ	е	SMC PLAYHOUSE	_	713940	451,355	451,355		
Program Service Revenue	f	All other progra	am service revenue		1,997,590	1,307,670	24,103	665,817
<u>Æ</u>	g	Total. Add line	s 2a-2f	>	108,808,369			
	3		come (including dividen		1,420,671		-129,392	1,550,063
	4		ar amounts) stment of tax-exempt bond	F	0		,	
	5	Royalties .		🔸	0			
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents	257,653					
	b	Less rental expenses						
	С	Rental income or (loss)	257,653	0				
	d	Net rental inco	me or (loss)		257,653			257,653
	7a	Gross amount from sales of assets other than inventory	(i) Securities 20,151,299	(II) O ther 50,800				
	b	Less cost or other basis and sales expenses Gain or (loss)	20,641,366	109,433 -58,633				
	c d		,	•	-548,700			-548,700
Other Revenue	8a	Gross income to events (not income to see the contributions of contributio	Net gain or (loss)					
her	_		a	15,421				
<b>₽</b>	b c		(penses <b>b</b> (loss) from fundraising (	15,421	0			
	9a	Gross income	from gaming activities ne 19	events p	-			
	b c	Less direct expenses b		vities	0			
	10a	Gross sales of returns and all						
		_	oods sold b					
	С	Net income or Miscellaneou	(loss) from sales of inve	Business Code	0			
	11a		ATING INCOME	900099	1,037,700			1,037,700
	b							
	С							
	d	All other reven	ue					

1,037,700

106,886,736

116,100,802

Total revenue. See Instructions .

-105,289

# Part IX Statement of Functional Expenses

			,	
Section 501(c)(3) and 501(c)(4	) organizations must complete	all columns. All other ord	ianizations must complete colum	ın (A )

	Check it schedule of contains a response of flote to any fine in	uns raitix			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	86,350	86,350		
2	Grants and other assistance to domestic individuals See Part IV, line 22	38,142,113	38,142,113		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,274,682	1,274,682		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,950,565	735,201	958,884	256,480
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	30,790,584	25,681,553	4,348,912	760,119
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,676,622	1,462,441	162,961	51,220
9	Other employee benefits	7,166,487	6,211,852	782,859	171,776
10	Payroll taxes				
		2,357,480	1,911,107	375,475	70,898
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	100,792		100,792	
С	Accounting	141,951		141,951	_
d	Lobbying	806		806	_
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	8,286,187	6,215,270	1,781,069	289,848
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,903,870	4,222,947	680,923	
17	Travel	2,380,655	2,031,467	228,209	120,979
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,699,342	1,689,789	9,553	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,101,420	7,474,314	627,106	
23	Insurance	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)				
а	RESALE ITEMS	6,397,731	6,397,731		
b	STUDY ABROAD EXPENDITURES	2,256,694	2,256,694		
c	LIBRARY ACQUISITIONS	763,102	763,102		
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	118,477,433	106,556,613	10,199,500	1,721,320
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

6,045,950

565,539

552,316

5.868.254

2,295,157

105,222,995

21,097,259

77,116,083

0

0

0

n

217,000

10,323,751

82,899,925

87,244,395

17,592,072

31,664,402

136,500,869

219,400,794 Form 990 (2015)

265.781

219,400,794

8,526,312

2,657,646

61,175,216

371,460

(A)

Beginning of year

7,504,502

647,795

1,423,309

5.894.332

377,818

1,747,360

94,296,937

37,014,188

57,598,735

n

0 14

0 18

n 23

248,000

11,268,456

65,200,435

89,754,195

21,263,271

31,124,499

142.141.965

207,342,400

837.424

207,342,400

5,777,308

2,942,002

44 964 669

222,092,018

116,869,023

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**10**c

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Net Assets or Fund Balances

Form 990 (2015)

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

3	Bal	ance	Sheet	
---	-----	------	-------	--

Balance	Sheet
---------	-------

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

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

**Total liabilities.**Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

116,100,802

118,477,433

-2,376,631

142,141,965

-3,264,465

136,500,869

No

Νo

# **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . . . . . .

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities .

Investment expenses . Prior period adjustments .

column (B))

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

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

Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis

Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ✓ Consolidated basis

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

2b

1

2

3

4

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9

10

2a

2c

3a

3b

Yes

Yes

Yes Form 990 (2015)

Yes

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	check, unle office w employee Highest compensated	ess er e)	( <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 related organizations
Mary-Kate G McKenna Chair of the Board	10 0	x						0	0	C
Very Rev Stephen Hornat SSE Vice Chair of the Board	1 0	×						0	0	(
Dr Sultan Ahamed Trustee	1 0	x						0	0	(
Sr Peg Albert OP PHD Trustee	1 0	х						0	0	(
Sr Lorraine Aucion PM Trustee	1 0	х						0	0	(
Dr Jose C Blanco Trustee	1 0	х						0	0	(
Sr Lindora Cabral Trustee	1 0	×						0	0	C
Philip C Ciulla Jr Trustee	5 0	×						0	0	(
Rev Michael P Cronogue SSE Trustee	15 0	×						21,888	0	(
Michael J Cunniff Trustee	1 0	×						0	0	(

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

Compensated Employees, and Inde	Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former			and related organizations
Rev Stan Deresienski SSE Trustee	1 0	X						0	0	0
Rev Raymond J Doherty SSE Trustee	25 0 1 0	х						6,289	0	0
Rev Patrick Forman Trustee	1 0	x						0	0	0
Joseph P Garnty Trustee	2 0	×						0	0	0
Bro Francis J Hagerty SSE Trustee	4 0	×						0	0	0
Rev Thomas FX Hoar SSE Trustee	5 0	х						0	0	0
Nonko Kameda	2 0	.,								

2 0

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Х

Χ

Trustee

Trustee

Trustee

Trustee

Anthony J Maginnis

Michael E McGrath

Gerald W McKenna

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

20,935

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest compensated  Officer  Institutional Trustee or director					an	(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
Mark R Nelson Trustee	1 0	X						0	0	0
William B O'Keefe Trustee	1 0	×						0	0	0
Carol S Piccaro Trustee	1 0	×						0	0	0
Steven J Renehan Trustee	2 0	×						0	0	0
Barry D Roy Trustee	2 0	×						0	0	0
Michael L Seaver Trustee	2 0	×						0	0	0

20 0

3 0

10

2 0

Х

Rev David J Theroux SSE

DR Robert F Tobin

Maureen Usifer Trustee

Peggy R Williams

Trustee

Trustee

Trustee

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

34,004

13,993

37,255

10,819

13,650

0

Compensated Employees, and Inde					rus	stees	5, F	tey Employee	es, Hignest	_
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore th ss pe	(C) n (do than ersor icer a	o not n one on is and		.	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	
John J Neuhauser President	40 0	x		×				368,069	0	) 134,514
Patrick J Gallivan Secretary of the Board/VPIA	40 0			×				148,937	7 0	21,214
Neal E Robinson  VP for Finance and Treasurer	40 0			×				191,411	0	34,593
Sarah M Kelly  VP Enrollment & Marketing	40 0				×			175,065	0	39,266
Dawn M Ellinwood VP for Student Affairs	40 0				x			176,384	0	40,15

40 0

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189,408

158,644

180,085

162,809

135,649

Karen A Talentino

Michael J New

VP for Academic Affairs

VP Human Resources

Chief Information Officer

Professor Applied LinguistICS

William O Anderson

Geraldine S Knortz

Director of Athletics

Carolyn B Duffy

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(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
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Ke-Wen Wang Professor of History	40 0					х		130,615	0	8,732
Ronald B Miller Graduate Psychology Professor	40 0					х		128,687	0	26,878
Susan W Summerfield Professor Fine Arts Music	40 0					х		123,789	0	18,804
1		1	1	1	ı	ı		1		ı

MARILYN E CORMIER

Former SECRETARY OF THE BOARD

03-0179403

SCHEDULE A (Form 990 or 990EZ)

Department of the

2

# **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.

Open to Public

Treasury Internal Revenue Service Name of the organization Saint Michael's College

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

Inspection **Employer identification number** 

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Ė	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	$\Gamma$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II)
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8		A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its suppor from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)
0	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
1	Ė	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3)</b> . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
а	Γ	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization <b>You must complete Part IV, Sections A and B.</b>
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
c	Г	<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) <b>You must complete Part IV, Sections A, D, and E.</b>
d	Γ	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e	$\overline{}$	Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

integrated, or Type III non-functionally integrated supporting organization

Provide the following information about the supported organization(s)

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.)

3	ection A. Public Support							
/or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	6,853,068	6,263,844	6,184,942	4,992,520	5	,125,109	29,419,483
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	<b>Total.</b> Add lines 1 through 3	6,853,068	6,263,844	6,184,942	4,992,520	5	,125,109	29,419,483
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0
6	Public support. Subtract line 5							20 440 402
_	from line 4							29,419,483
S	ection B. Total Support							
/0"	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
7	Amounts from line 4	6,853,068	6,263,844	6,184,942	4,992,520	5	,125,109	29,419,483
8	Gross income from interest,	0,033,000	0,203,644	0,104,942	4,332,320		,123,109	29,419,403
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,053,348	1,242,383	1,342,812	1,247,539	1	,807,716	6,693,798
9	Net income from unrelated business activities, whether or not the business is regularly carried on	41,901	22,094					63,995
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	277,367	1,097,446	1,160,273	1,126,089	1	,037,700	4,698,875
11	Total support. Add lines 7 through 10							40,876,151
12	Gross receipts from related activit	ies, etc (see inst	ructions)	•	'	12		520,769,105

# Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	72 300 %
14	rubile support percentage for 2013 (fille 0, column (1) divided by fille 11, column (1))	14	/1 9/2 %

**33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2014.**If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
section  Total  Total	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	<b>Private foundation.</b> If the organizati			•			

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4-	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<b>5</b> C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493135048357

Employer identification number

03-0179403

# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Saint Michael's College

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	Political expellultures			•	\$			
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b>&gt;</b>	\$			
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	1 4955 <b>&gt;</b>	\$			
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No			
<b>4</b> a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$			
4	Did the filing organization file	form 1120-POL for this year?			Yes No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to worganization made payments. For each organization listed, enter the amount paid from the filing organization's funds amount of political contributions received that were promptly and directly delivered to a separate political organization separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- <b>EZ.</b>	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015			

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	- (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ıng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals		
a	Total lobbying expenditures to influence public lobbying)			•			
b	Total lobbying expenditures to influence a legi	otal lobbying expenditures to influence a legislative body (direct lobbying)					
c	Total lobbying expenditures (add lines $1a$ and	1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines						
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbying Expe	nditures During	4-Year Avera	ging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column(e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	ТОИ			<u> </u>	age <b>3</b>
	filed Form 5768 (election under section 501(h)).		a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	,		1		
activ	/ity	Yes	No	I	Mour	<u>.t</u>
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	7.00				
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			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	Yes				806
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?		Νo			
j	Total Add lines 1c through 1i					806
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					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	<b>501</b> (c	)(5),	or s	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		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (				
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				
С	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				

#### Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information						
Return Reference	Explanation					
GRANTS TO OTHER	PART II-B, LINE 1F THE COLLEGE IS A MEMBER OF THE ASSOCIATION OF VERMONT					
ORGANIZATIONS FOR LOBBYING	INDEPENDENT COLLEGES (AVIC) WHICH REPRESENTS ITS MEMBERS IN VARIOUS FORMS					
PURPOSES	SERVING THE INTERESTS OF HIGHER EDUCATION, INCLUDING GOVERNMENT LEGISLATION					

\$806 OF THIS AMOUNT WAS ALLOCATED TO LOBBYING

ANNUAL MEMBERSHIP FEES PAID TO THIS ORGANIZATION WERE \$15,796 APPROXIMATELY

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

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493135048357

Open to Public Inspection

Interr	nal Revenue Service	<u> </u>				SGG
	me of the organization nt Mıchael's College			· -	oyer identification num	ber
Pa	Organizations Maintaining Donor Complete if the organization answere				or Accounts.	
	<del>-</del>	(a) Donor advised funds		(b)	Funds and other accour	ıts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to be			or advis	sed <b>Yes</b>	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor	advisor, or for ar	ny other	purpose <b>Yes</b>	∏ No
Pa	rt III Conservation Easements. Comple	ete if the organization an	swered "Yes" o	n Forn	n 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by th	-	at apply)			
	Preservation of land for public use (e g , recreducation)		Preservation of ai	n histor	ıcally important land are	ea
	Protection of natural habitat	· ·			d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservatior	n contribution in t	he form	of a conservation	
					Held at the End of t	he Year
a	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		ın (a)	2b 2c		
c d	Number of conservation easements included in (		` '	20		
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, trait tax year ►	nsterrea, releasea, extinguis	ned, or terminate	a by the	e organization during th	e
	,		1.5			
4	Number of states where property subject to cons		·	—— 41 6		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	easements it holds?			1 1	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforci	ng cons	servation easements du	ring the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations	, and enforcing co	onserva	ition easements during	the vear
,	<b>▶</b> \$	3, 3			,	,
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the rec	quirements of sec	tion 17		No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ			·	
Par	rt III Organizations Maintaining Collect Complete if the organization answere			or <b>O</b> th	ner Similar Assets.	ı
<b>1</b> a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhib	ition, education,	or resea	arch in furtherance of pu	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhib				ıblıc
(	(i) Revenue included on Form 990, Part VIII, line	1		<b>&gt;</b> \$		
<b>(</b> i	ii) Assets included in Form 990, Part X		1			
2	If the organization received or held works of art, he following amounts required to be reported under S		sımılar assets fo			
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$	

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining	Collections of A	Art, His	toric	al T	reasures, or (	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	cession, and other red	cords,ch	eck ar	y of	the following that	are a significant us	e of its
а		Public exhibition		d		Loar	n or exchange pro-	grams	
b	_ :	Scholarly research		e	Γ	Othe	er		
c		Preservation for future generations							
4	Provide Part >	de a description of the organization	n's collections and ex	plaın hov	v they	furth	er the organizatio	n's exempt purpose	ın
5		g the year, did the organization sol s to be sold to raise funds rather tl							s 「No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 9	990, F	art :	IV, line 9, or re	<u>'</u>	<u>'</u>
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inter	rmediary	for co	ntrıbı	utions or other as:	sets not	s No
b	If"	'Yes," explain the arrangement in F	e	Am	A mount				
c	Ве	ginning balance					10	:	
d	A d	ditions during the year					10	1	
e	Dis	tributions during the year					1e		
f	End	ding balance					1f		
<b>2</b> a		ne organization include an amount o	on Form 990, Part X,	line 21,	for esc	row	or custodial accou	ınt lıabılıty? <b>Ye</b>	s No
b Da	If"Ye	es," explain the arrangement in Par Endowment Funds. Comple							
Га	16.4	Endownient Funds. Compi	(a)Current year	( <b>b)</b> Prioi			(c)Two years back	(d)Three years back	(e)Four years back
1a	Begin	nning of year balance	88,508,483		, 1,349,3	_	78,312,676	69,718,728	71,231,474
b	_	ributions	564,890		594,7	28	2,294,010	677,917	2,697,110
c	Net ir Iosse	nvestment earnings, gains, and s	-2,284,722		59,8	11	14,148,166	11,028,823	-1,267,356
d		s or scholarships	2,331,552		2,133,9	21	2,110,538	1,706,545	1,790,702
е		r expenditures for facilities rograms 	1,205,490		1,085,2	91	841,479	915,985	755,660
f	A dmi	nistrative expenses	229,555		276,2	23	453,456	490,262	396,138
g	End o	fyear balance	83,022,054	8	8,508,4	83	91,349,379	78,312,676	69,718,728
2	Provi	de the estimated percentage of the	·	ance (lın	e 1g, c	olum	nn (a)) held as		
а	Board	l designated or quasi-endowment 🕨	43 000 %						
b	Perm	anent endowment ► 38 000 %							
c		orarily restricted endowment <b>&gt;</b> ercentages on lines 2a, 2b, and 2c	19 000 % should equal 100%						
3а		nere endowment funds not in the po lization by	ossession of the orgai	nızatıon t	hat ar	e hel	d and administere	ed for the	Yes No
	<b>(i)</b> un	related organizations			•			38	a(i) No
		elated organizations						3a	(ii) No
b		es" on 3a(II), are the related organi						<u>.</u>	3b
4	rt VI	ribe in Part XIII the intended uses  Land, Buildings, and Equil		endowm	ent fun	as			
Ра	LL AT	Complete if the organization		Form 99	90. Pa	rt I\	/. line 11a.See	Form 990. Part >	(, line 10.
		Description of property		Cos	(a) t or othe investm	er bas	(b)	Accumulated	(d)Book value
1a	Land			. `			2,335,2	61	2,335,261
	Buıldın						156,929,3		
c	Leaseh	nold improvements							
d	Equipm	nent					40,624,8	29 32,838,26	7,786,560
e	Other • •						22,202,6	07 3,022,46	19,180,142

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

105,222,995

	See Form 990, Part X, line 12.	Complete if the organi	/b\D11	Calmada a contra		
	(a) Description of security or catego (including name of security)	ory	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market va		
	derivatives neld equity interests					
<b>3)</b> 0 ther			6.740.220			
	QUIVALENTS		6,740,230	F		
(B) WORLD EQUITY COMPOSITE-MF,HFOF			6,715,917	F		
(C) DIRECTONAL HEDGE COMPO-HFOF			9,985,727	F		
O) RELATIV	VE VALUE STRAT-DHF		18,158,962	F		
E) PRIVATE	E EQUITY		3,746,837	F		
) GLOBAL	FIXED INCOME-SUB DBT,HF		7,966,094	F		
G) REAL AS	SSET COMP-DHF,REAL EST		9,623,696	F		
H) DEPOSI	T WITH BOND TRUSTEES		14,178,620			
	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.		77,116,083			
41	Complete if the organization answer	ed 'Yes' on Form 990,				
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market va		
otal (Column	n (h) must aqual Form 990 Part Y col (R) line 13 )	•				
	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organiza	► Ition answered 'Yes' on F	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15		
	Other Assets. Complete if the organiza	Ition answered 'Yes' on F	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value		
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1:			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
	Other Assets. Complete if the organiza		orm 990, Part IV, line 1			
otal. (Colum	Other Assets. Complete if the organiza (a) De	scription		(b) Book value		
otal. (Colum	other Assets. Complete if the organization (a) De (	ne 15 ) rganization answered		(b) Book value		
otal. (Colum	Other Assets. Complete if the organize  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) lin  Other Liabilities. Complete if the o	scription		(b) Book value		
otal. (Colum Part X	Other Assets. Complete if the organization (a) De  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the of  See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) rganization answered		(b) Book value		
otal. (Colum Part X	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o  See Form 990, Part X, line 25.  (a) Description of liability  me taxes	ne 15 ) rganization answered		(b) Book value		
otal. (Column Part X	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o  See Form 990, Part X, line 25.  (a) Description of liability  me taxes	ne 15 ) rganization answered		(b) Book value		
otal. (Colum Part X  ederal incol THER LIAE	Other Assets. Complete if the organiza  (a) De  (a) De  on (b) must equal Form 990, Part X, col (B) Im  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES	(b) Book value		(b) Book value		
otal. (Colum Part X  ederal incol THER LIAE MTS HELD EFUNDABL	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES	(b) Book value  4,044,3  1,533,1  4,388,3		(b) Book value		
otal. (Colum Part X  dederal incol THER LIAE MTS HELD EFUNDABL NNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES  BLIGATION	(b) Book value		(b) Book value		
otal. (Colum Part X  ederal incol THER LIAE MTS HELD EFUNDABL NNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES	(b) Book value  4,044,3  1,533,1  4,388,3		(b) Book value		
Part IX  Fotal. (Colum Part X  Gederal Incol OTHER LIAE MTS HELD REFUNDABL MNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES  BLIGATION	(b) Book value 4,044,3 1,533,1 4,388,3		(b) Book value		
Part IX  Fotal. (Column Part X  ederal incolumn Part X  THER LIAE  MTS HELD  EFUNDABL  NNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES  BLIGATION	(b) Book value 4,044,3 1,533,1 4,388,3		(b) Book value		
Part IX  Fotal. (Colum Part X  Gederal Incol OTHER LIAE MTS HELD REFUNDABL MNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES  BLIGATION	(b) Book value 4,044,3 1,533,1 4,388,3		(b) Book value		
Part IX  Fotal. (Colum Part X  Gederal Incol OTHER LIAE MTS HELD REFUNDABL MNUITY O	Other Assets. Complete if the organiza  (a) De  (a) De  (b) must equal Form 990, Part X, col (B) Irr.  Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability  me taxes  BILITIES  ON BEHALF OF OTHERS  LE ADVANCES  BLIGATION	(b) Book value 4,044,3 1,533,1 4,388,3		(b) Book value		

Schedule D (Form 990) 2015

1

2

b

c

d

е

c

3

15,421

79.085.638

73,459,963

а	Net unrealized gains (losses) on investments	2a	-3,264,465		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	<b>2</b> c			
d	Other (Describe in Part XIII )				
		2d			
e	Add lines 2a through 2d		 	2e	-3,264,465
3	Subtract line <b>2e</b> from line <b>1</b>			3	76,724,428
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII).............	4b	39,376,374		
c	Add lines <b>4a</b> and <b>4b</b>		 •	4c	39,376,374
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)	 	5	116,100,802
Part	Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form 990,		•	s pe	Return.
1	Total expenses and losses per audited financial statements		 	1	79,101,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

#### Investment expenses not included on Form 990, Part VIII, line 7b а b Other (Describe in Part XIII ) . . . . . . . . .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Subtract line 2e from line 1 . . . .

Add lines **4a** and **4b** . . . . . . . . . . . . .

Add lines 2a through 2d . .

Other losses . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4a 4b

2b 2c

2d

39,391,795

15,421

3 4c

2е

39,391,795

118,477,433

Schedule D (Form 990) 2015

# Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

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

Return Reference Explanation PART V, LINE 4 THE PRIMARY USE OF THE COLLEGE'S ENDOWMENT IS TO SUPPORT OUR ENDOWMENT FUNDS 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

Schedule D (Form 990) 2015

### **Additional Data**

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

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

(a) Description of security or category

(b) Rook value

(c) Method of valuation

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other		
(A) CASH EQUIVALENTS	6,740,230	F
(B) WORLD EQUITY COMPOSITE-MF,HFOF	6,715,917	F
(C) DIRECTONAL HEDGE COMPO-HFOF	9,985,727	F
(D) RELATIVE VALUE STRAT-DHF	18,158,962	F
(E) PRIVATE EQUITY	3,746,837	F
(F) GLOBAL FIXED INCOME-SUB DBT,HF	7,966,094	F
(G) REAL ASSET COMP-DHF,REAL EST	9,623,696	F
(H) DEPOSIT WITH BOND TRUSTEES	14,178,620	F

OMB No 1545-0047

Open to Public Inspection

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

Treasury Internal Revenue

Service

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

**Schools** 

▶ Attach to Form 990 or Form 990-EZ.

Department of the

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

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 3 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b 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

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide

NONDISCRIMINATION POLICY

any other additional information (see instructions) Return Reference Explanation 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 A PPROVED POLICY WHICH IS ALSO CONTAINED WITHIN MANY OF THESE.

DOCUMENTS

PART I. LINE 6A SAINT MICHAEL'S COLLEGE RECEIVES GRANTS AND

GRANTS FROM GOVERNMENT AGENCIES STUDENT AID FROM VARIOUS GOVERNMENTAL AGENCIES FOR SUPPORT

OF EDUCATIONAL AND STUDENT PROGRAMS.

efile GRAPHIC print - DO NO	OT PROCESS	As Filed Dat	ta -	DLN:	93493135048357		
SCHEDULE F (Form 990)	atement of	tement of Activities Outside the United States					
Denartment of the Treasury	·	if the organization Part IV, line 1 ► Attach to ile F (Form 990) a	990, ww.irs.gov/form990.	2015 Open to Public Inspection			
Name of the organization Saint Michael's College				<b>Employer iden</b> 03-0179403	tification number		
<b>Part I General Informati</b> Complete if the orga			ne United States. orm 990, Part IV, line	14b.			
<ol> <li>For grantmakers. Does the and other assistance, the gused to award the grants o</li> <li>For grantmakers. Describe</li> </ol>	grantees' eligibil r assistance?	lity for the gran	its or assistance, and	the selection criteria	✓ Yes No		
assistance outside the Unit  Activites per Region (The following)	ed States				nts and other		
(a) Region	<b>(b)</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 program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region		
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation sheets to Part I	5	19			2,342,663 213,419		
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, se	ee the Instructions	19 for Form 990.		No 50082W <b>Sche</b>	2,556,082 Jule F (Form 990) 2015		

and EIN (If applicable)

South Asia
GENERAL SUPPORT
9,000

South Asia
GENERAL SUPPORT
9,000

Central America and the Caribbean

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Schedule F (Form 990) 2015	ز						Page <b>3</b>
				.ed States. Complete	if the organization	answered "Yes" to Forn	n 990, Part IV, line 16.
·	be duplicated if addition	1 '			<del></del>		<i>'</i>
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount 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	7	77,300			N/A	N/A
(2) STUDENT SCHOLARSHIPS	East Asia and the Pacific	18	177,039	Wire		N/A	N/A
(3) STUDENT SCHOLARSHIPS	Europe (Including Iceland and Greenland)	66	713,271			N/A	N/A
(4) STUDENT SCHOLARSHIPS	North America	2	23,887	WIRE		N/A	N/A
(5) STUDENT SCHOLARSHIPS	Middle East and North Africa	h 2	26,563	Wire		N/A	N/A
(6) STUDENT SCHOLARSHIPS	South America	11	116,932	Wire		N/A	N/A
(7) STUDENT SCHOLARSHIPS	South Asia	5	51,000			N/A	N/A
(8) STUDENT SCHOLARSHIPS	Sub-Saharan Africa	7	63,690	Wire		N/A	
(9)							
( 10)				!			,
(11)				'			
( 12)				,			
( 13)				,			
( 14)				,			
( 15)				,			
( 16)				'			
( 17)				,			
( 18)				1		†	

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 8621)

▼ Yes

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

(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
5713, do not file with Form 990)

✓ Yes No

Νo

### 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).

Return Reference	Explanation
ACTIVITIES OUTSIDE THE UNITED	PART I, LINE 3 SHORT-TERM PROGRAM SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM
STATES	PROGRAM
	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 ABROAD SAINT MICHAEL'S COLLEGE WORKS
	WITH OV
	ER 20 THIRD-PARTY AND EXCHANGE PARTNERS TO PROVIDE STUDENTS WITH OPPORTUNITIES TO STUDY IN
	OVER 70 INTERNATIONAL STUDY DESTINATIONS THERE IS A DIVERSITY OF CREDIT-BEARING
	PROGRAMS
	INCLUDING SUMMER, SEMESTER, AND SHORT TERM FACULTY LED TRIP OPTIONS 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 DEPARTMENT OFFERS A VARIETY OF
	ENGLISH LA
	NGUAGE PROGRAMS FOR STUDENTS TO EARN A CERTIFICATE OF COMPLETION AND/OR MASTER'S DEGREE IN
	TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES UPON SUCCESSFUL COMPLETION OF
	THEADVANC
	ED ENGLISH PROGRAM LEVEL II, A STUDENT MAY MATRICULATE INTO AN UNDERGRADUATE DEGREE PROGRA
	MAT THE COLLEGE OR ELSEWHERE. THE COLLEGE USES INTERNATIONAL AGENTS TO ASSIST WITH
	RECRUI
	TING AND ADMISSIONS FOR THESE PROGRAMS RECRUITING THE COLLEGE HAS ONE FULL-TIME
	STAFF AND ONE PART-TIME STAFF MEMBER WHO TRAVEL TO RECRUIT INTERNATIONAL STUDENTS AND
	GROUPS FOR OU
	R ENGLISH LANGUAGE PROGRAMS AND UNDERGRADUATE ADMISSIONS THESE EXPENSES ARE
	PRIMARILY REL
	ATED TO TRAVEL IN CHINA, EUROPE, AFRICA, SOUTH KOREA, JAPAN, AND THE MIDDLE EAST. THE
	COLL EGE IS EXPANDING ITS RECRUITING EFFORTS TO MANY LATIN AMERICAN COUNTRIES AND INDIA
	SERVIC
	E TRIP REFER TO PART II SUPPLEMENTAL INFORMATION, THIS REPRESENTS THE IN COUNTRY EXPENSES
	PAID FOR FLIGHTS, 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 A CADEMIC 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 STUDY ING 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**

East Asia and the Pacific

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

STUDY ABROAD

STUDY ABROAD

344,600

1,180,584

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) A ctivities 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
 ntral America and the ribbean			Program Services	STUDY ABROAD	133,875

Program Services

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Program Services ISTUDY ABROAD 33,575 Africa North America Program Services ISTUDY ABROAD 35,743

ISTUDY ABROAD

218,460

South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) South Asia Program Services ISTUDY ABROAD 101,550 Sub-Saharan Africa Program Services ISTUDY ABROAD 119,225 East Asia and the Pacific 112.934 IA aent

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) Europe (Including Iceland 6,474 **I**A gent and Greenland) North America lA aent 4.649

**l**A aent

11,130

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

Middle East and North

Africa

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) East Asia and the Pacific Program Services RECRUITING 22,763 Europe (Including Iceland Program Services RECRUITING 7.063 and Greenland)

RECRUITING

243

North America

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) Middle East and North Program Services RECRUITING 1,247 Africa South Asia Program Services ISERVICE TRIP 8,548

SERVICE TRIP

3,757

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

Central America and the

Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) Central America and the Program Services ISTUDY TOUR TRIPS 38,628 Caribbean Europe (Including Iceland Program Services ISTUDY TOUR TRIPS 69,239 and Greenland)

STUDY TOUR TRIPS

53,531

South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Europe (Including Iceland Program Services CONFERENCES 8,881 and Greenland) North America Program Services CONFERENCES 11,281 South America Program Services ICONFERENCES 894

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) North America Program Services IRFTREATS 2,208 Central America and the Program Services General Support 7.000 Caribbean

General Support

18,000

South Asia

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DLN: 93493135048357

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization aint Michael's College							ntification number
Part I Fundraising Ac	<b>tivities.</b> Comple	te If the	organiza	ation answered "Yes"	on Form	03-0179403 990, Part IV	
Form 990-EZ filei	•		_			,	,
Indicate whether the orga	nızatıon raısed fund	ds through	n any of th	ne following activities C	heck all tl	hat apply	
<b>a</b> Mail solicitations				e Solicitation of n	on-goverr	nment grants	
<b>b</b> Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	ıng event	S	
<b>d</b> In-person solicitation	s						
Did the organization have or key employees listed in services?							es <b>N</b> o
<b>b</b> If "Yes," list the ten higher to be compensated at lea				isers) pursuant to agree	ements un	der which the f	undrais er is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) ser listed in sol (i)	(vi) A mount paid to (or retained by) organization
_		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
.0							
otal		1	<b>•</b>				
List all states in which the c registration or licensing	organization is regis	stered or	licensed	co solicit contributions c	r has bee	n notified it is e	exempt from

Part II	Fundraising	<b>Events</b>

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000				-								
		(a)Event #1  Golf Classic (event type)	(b)Event #2 (event type)	(c)Other events  0 (total number)	(d) Total events (add col (a) through col (c))								
Reversie	1 Gross receipts	21,670 6,249 15,421			21,670 6,249 15,421								
Direct Expenses	4 Cash prizes			<b>&gt;</b>	740 15,421								
Par	<b>Complete</b> If the organization Form 990-EZ, line 6a.	· · · · · · ·	<u>·</u>	19, or reported moi	re than \$15,000 on								
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))								
Expenses	1 Gross revenue												
Direct	4 Rent/facility costs												
	6 Volunteer labor		•										
9 a b	IN VERMONT, A NON-PROFIT ORGANIZATION THAT ORGANIZES A RAFFLE OR GAMES OF CHANCE FOR THE PURPOSE OF												
L0a	RAISING FUNDS TO BE USED FOR C	RAISING FUNDS TO BE USED FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES DOES NOT NEED A LICENSE  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes No  If "Yes," explain											

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135048357 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Saint Michael's College 03-0179403 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

IN THE U S

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

(b)Number of recipients	<b>(c)</b> 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
1833	34,394,845			
247	2,331,552			
19	999,231			
297	402,797			
8	13,688			
	1833 247 19 297	recipients cash grant  1833 34,394,845  247 2,331,552  19 999,231  297 402,797	recipients         cash grant         non-cash assistance           1833         34,394,845           247         2,331,552           19         999,231           297         402,797	recipients         cash grant         non-cash assistance         FMV, appraisal, other)           1833         34,394,845           247         2,331,552           19         999,231           297         402,797

Return Reference	Explanation
GRANTS AND OTHER	PART II, COLUMN H (1)THE CONTRIBUTION TO BURLINGTON CHILDRENS SPACE WAS MADE TO PROVIDE SUPPORT OF THEIR MISSION TO
ASSISTANCE TO	EMBRACE, ENRICH, EMPOWER AND EDUCATE YOUNG CHILDREN AND FAMILIES IN THE COMMUNITY BY PRIORITIZING EFFECTIVE
GOVERNMENTS AND	PARTNERSHIPS WITH VARIOUS COMMUNITY ENTITIES WHICH RESULT IN A SYNERGY THAT BOTH ENHANCES CHILDRENS EXPERIENCES
ORGANIZATIONS IN THE U S	AND OPPORTUNITIES, AS WELL AS IMPROVES THE COMMUNITY THIS ORGANIZATION WAS CHOSEN TO RECEIVE THIS DONATION BY THE
	COLLEGES STUDENT ASSOCIATION WHICH INVITES LOCAL NON-PROFIT ORGANIZATIONS TO APPLY FOR A \$10,000 DONATION
	THROUGH AN APPLICATION PROCESS THREE ORGANIZATIONS ARE THEN CHOSEN TO EACH MAKE A PRESENTATION TO THE STUDENT
	BODY DESCRIBING THEIR ORGANIZATION AND ITS MISSION THE COLLEGES STUDENTS THEN VOTE FOR THE ORGANIZATION THAT
	SHOULD RECEIVE THE DONATION (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	FORM 990, SCHEDULE I, PART III THE COLLEGE RECOGNIZES THE HIGH COST OF A PRIVATE EDUCATION AND ATTEMPTS TO ADDRESS AS

ASSISTANCE TO INDIVIDUALS MUCH AS WE PRACTICALLY 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 2015-2016, THE COLLEGE ADMINISTERED OVER \$57 MILLION IN ASSISTANCE, OF WHICH APPROXIMATELY \$39 MILLION WAS PRIMARILY COLLEGE FUNDED AID SCHOLARSHIPS OR GRANTS THE FIVE YEAR-AVERAGE (2011-2015) OF UNDERGRADUATE STUDENTS RECEIVING COLLEGE FUND AID WAS 96 03% 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 2015 INCOMING CLASS WAS APPROXIMATELY \$22,338 THE AMOUNT OF AID A STUDENT RECEIVES UPON INITIAL ENROLLMENT GENERALLY IS AWARDED FOR EACH YEAR HE/SHE ATTENDS SAINT MICHAEL'S COLLEGE

### **Additional Data**

organization

ISLE LA MOTTE, VT 05463

SHRINE PO BOX 280 Software ID: Software Version:

if applicable

**EIN:** 03-0179403

Name: Saint Michael's College

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

or government		паррисаріс	grant	assistance	other)	non easil assistance	or assistance
BURLINGTON CHILDRENS SPACE 241 N WINOOSKI AVENUE BURLINGTON,VT 05401	22-2533646	501(c)(3)	10,000				SEE PART IV
SSE DBA SAINT ANNE'S	03-0195115	501(C)(3)	76,350				SEE PART IV

cash

(book, FMV, appraisal,

non-cash assistance

(h) Purpose of grant

or assistance

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**Compensation Information** 

DLN: 93493135048357 OMB No 1545-0047

2015

Schedule J (Form 990)

Department of the

Internal Revenue Service

Treasury

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

	me of the organization nt Michael's College			Employer identification	on nur	nber	
Jali	it Michael's College			03-0179403			
Pa	rt I Questions Regarding Compensatio	n					
						Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	<b>√</b>	Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretionary spending account		Personal services (e g , maid, chai	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses do	_	. , , , ,	•	1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe				2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	Do not check any boxes for metho	ds			
	✓ Compensation committee	<b>√</b>	Written employment contract				
	Independent compensation consultant	<b>√</b>	Compensation survey or study				
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compens	ation committee			
4	During the year, did any person listed on 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	payment	?		4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal nonq	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-b	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the	e applicable amounts for each item i	n Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of		·	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			on-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	•	•		8		No
9	If "Yes" on line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	ible presumption procedure describ	ed in Regulations	9		140

rage Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	D	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

,	· · · · · · · · · · · · · · · · · · ·									
Part IIII Supplemental Infor										
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										
COMPENSATION INFORMATION	FORM 990, SCH J, PART II 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) PERSONAL USE OF A COLLEGE VEHICLE COLUMN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGES IRC 457 (B) PLAN AND A RETENTION BONUS COLUMN (D) INCLUDES A HOUSING ALLOWANCE OF \$34,278 A ONE YEAR PAID SABBATICAL (\$382,347) AND RETENTION BONUS (\$100,000) WAS GRANTED THROUGH APPOINTMENT LETTERS DATED JANUARY 2007 AND APRIL 2011 PATRICK J GALLIVAN - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE									
VOLUNTARY RETIREMENT INCENTIVE PLAN	Form 990, SCH J, Part I, Line 4A THE COLLEGE ADOPTED A NEW VOLUNTARY SEPARATION PROGRAM FOR FACULTY AND STAFF IN DECEMBER 2013 TO BE ELIGIBLE FOR THE PLAN, THE SUM OF AN EMPLOYEE'S YEARS OF SERVICE PLUS AGE MUST EQUAL A MINIMUM OF 80 THE PROGRAM BENEFITS INCLUDE A ONE-TIME LUMP-SUM PAYMENT EQUAL TO 90% OF BASE PAY FOR EMPLOYEES ELECTING A JUNE 30, 2014 SEPARATION DATE, EMPLOYEES ELECTING TO RETIRE ON JUNE 30, 2015 OR 2016 RECEIVE 70% OF BASE PAY ALL PARTICIPANTS IN THE COLLEGE HEALTH CARE PLAN RECEIVED A ONE-TIME LUMP-SUM PAYMENT IN LIEU OF PARTICIPATION, AND ALL PARTICIPANTS REMAINED ELIGIBLE FOR COBRA COVERAGE THROUGH THE COLLEGE Geraldine S Knortz and Marilyn Cormier received payments under this									

THE BOARD OF TRUSTEES REVIEWS AND APPROVES SALARY FOR THE PRESIDENT AS PART OF THE OVERALL COMPENSATION PACKAGE, THE PRESIDENT RECEIVES A RETENTION BONUS FOR EACH YEAR OF EMPLOYMENT AFTER THE END OF THE INITIAL APPOINTMENT PERIOD

program which is reported on Schedule J, Part II, Column (B)(III)

Page **3** 

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Form 990, Sch J, Part I, Line 7

## Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI!	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1John J NeuhauserPresident	(1)	359,597		8,472	86,550	47,964	502,583	
	(11)					-	-	
1Patrick J Gallivan Secretary of the Board/VPIA	(1)	143,687		5,250	10,144	11,070	170,151	
,	(11)					-	-	
2Neal E Robinson VP for Finance and Treasurer	(1)	191,411			13,607	20,986	226,004	
	(11)					-	-	
3Sarah M Kelly VP Enrollment & Marketing	(1)	175,065			12,649	26,617	214,331	
-	(11)					-	-	
<b>4</b> Dawn M Ellinwood VP for Student Affairs	(1)	176,384			12,590	27,565	216,539	
	(11)					-	-	
<b>5</b> Karen A Talentino VP for Academic Affairs	(1)	189,408			13,304	20,700	223,412	
	(11)					-	-	
<b>6</b> Michael J New VP Human Resources	(1)	158,644			11,011	2,982	172,637	
	(11)					-	-	
<b>7</b> William O Anderson Chief Information Officer	(1)	180,085			9,983	27,272	217,340	
	(11)					-	-	
<b>8</b> Geraldine S Knortz Director of Athletics	(1)	73,161		89,648	5,168	5,651	173,628	
	(11)					-	-	
9Ronald B Miller Graduate Psychology	(1)	128,687			7,269	19,609	155,565	
Professor	(11)					-	-	
10MARILYN E CORMIER Former SECRETARY OF THE	(1)	39,791		78,671	2,856	4,498	125,816	
BOARD	(11)					-	-	

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Schedule K (Form 990)

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

2015

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Department of the Treasury

Internal Revenue Service Name of the organization explanations, and any additional information in Part VI. ▶ Attach to Form 990.

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

Employer identification number

	e of the organization it Michael's College									cmt	лоуег та	entifica	ition nu	mber					
<u> </u>	College									03-	-01794	03							
Pā	art I Bond Issues																		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue p	rice	(f)	f) Description of purpose		) Description of purpose		Description of purpose		( <b>g)</b> De	beh		On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No				
A	VT Educ & Health Bldg Fin Agy Series 2012	23-7154467	924166FM8	05-24-2012	50,990		CONSTRUCTION, EQUIPMENT, REFUNDING			×		Х		×					
В	VT Educ & Health Bldg Fin Agy Series 2015	23-7154467	924166HA2	11-10-2015	19,878	3,706	CONSTRUCTION, EQUIPMENT		, EQUIPMENT		Х		Х		×				
Pa	rt III Proceeds				_								•						
						Α			В		С			D					
_1_	A mount of bonds retired.					7,615	5,000		0										
2	A mount of bonds legally def	eased					0		0										
3	Total proceeds of issue					50,990	332,0		19,878,706										
4	Gross proceeds in reserve f	unds					0 0												
5	Capitalized interest from pro						0		0										
6	Proceeds in refunding escro						0		0										
7	Issuance costs from procee					563	3,023		378,706										
8	Credit enhancement from pr	oceeds					0 0												
9	Working capital expenditure	s from proceeds .				0 0		0											
10	Capital expenditures from p	roceeds				27,500	0,000		8,240,987										
11	Other spent proceeds					22,927	7,309		0										
12	Other unspent proceeds .						0		11,259,013										
13	Year of substantial complet	ion			2(	013													
					Yes	N-	o	Yes	No	Yes	1	No	Ye	5	No				
14	Were the bonds issued as pa	art of a current refun	dıngıssue?		X				х										
15	Were the bonds issued as pa	art of an advance ref	unding issue?		X				x										
16	Has the final allocation of pr	roceeds been made?			X			Х											
17	Does the organization maint allocation of proceeds?	·	·	pport the final	х		x												
	t IIII Private Business																		
r (·	Filvate business	036				Α			В		С	Ī		D					
					Yes	No	<u> </u>	Yes	No	Yes		lo	Yes	<del></del>	No				
1	Was the organization a parti	ner in a partnership,	or a member of an	LLC, which owned		×			Х										

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

Χ

			Α	1		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	×			Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina		x								
prope	Are there any research agreements that may result in private business use	of bond-									
С	financed property?			х		Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %		0 %					
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	ersection									
6	Total of lines 4 and 5										
7	Does the bond issue meet the private security or payment test?										
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?			x		х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of										
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			х		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						
Par	t IV Arbitrage									<u> </u>	
		A			В		С			D	
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		×						
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х	Х							
b	Exception to rebate?	х			Х						
С	No rebate due?		Х		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•		•				
3	Is the bond issue a variable rate issue?		Х		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х						
b				0							
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										
								l			

contract (GIC)?

Were gross proceeds invested in a guaranteed investment

No

D

Yes

С

No

Yes

В

No

Χ

Yes

	contract (OTC)							<u> </u>		
b	Name of provider		0 0							
С	Term of GIC									
d		harbor for establishing the fair market								
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					
Par	t V Procedures To	o Undertake Corrective Action			_				_	
			A		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			х		х					
Pa	rt VI Supplement	<b>tal Information.</b> Provide additional informa	ition for resp	onses to qu	estions on S	chedule K (se	e instructio	ns).		
	Return Reference	E	Explanation							
PROC INVE	L ALLOCATIONS OF CEEDS AND STMENT BEYOND A PORARY PERIOD	PART II, LINES 16-17 AND PART IV, LINE 5 TH HALL AND STUDENT UNION WHICH WAS COM BEING USED TO CONSTRUCT AND FURNISH A BOOKS AND RECORDS TO SUPPORT ALLOCAT EXPENSES FOR THESE PROJECTS FROM THE B REQUESTS TO ENSURE THE EXPENSE IS APPR BOND DOCUMENTS THE COLLEGE'S BONDS H TEMPORARY PERIOD THE 2012 BOND CLOSE EXPENSED BY NOVEMBER 2013	PLETED IN D NEW RESIDE TION AND TO BOND TRUSTI ROPRIATE WI HAVE NOT BE	ECEMBER 20 ENCE HALL T REQUEST RI EE THE BONI THIN THE PU EN INVESTE	13 THE 2015 HE COLLEGE EIMBURSEME D TRUSTEE RI RPOSE AS DI D BEYOND TH	5 BONDS ARE MAINTAINS :NT OF EVIEWS ALL EFINED IN TH HE AVAILABLE	E :			

Α

Yes

No

Х

Return Reference	Explanation
ADOPTION OF MANAGEMENT PRACTICES	PART III, LINE 9 AND PART IV, LINE 7 THE COLLEGE HAS WORKED WITH CONSULTANTS AND BOND COUNSEL TO MAKE CERTAIN COLLEGE PERSONNEL IS FAMILIAR WITH THE RULES AND REGULATIONS FOO POST- ISSUANCE COMPLIANCE OF ITS TAX-EXEMPT BOND LIABILITIES ALL USE OF THE BOND FINANCED BUILDINGS ARE TRACKED BY THE COLLEGE'S CONFERENCE AND SPECIAL EVENTS DEPARTMENT THE COLLEGE'S TAX-EXEMPT DEBT POST- ISSUANCE COMPLIANCE COMPLIANCE POLICY HAS BEEN CREATED, REVIEWED AND IMPLEMENTED BY MANAGEMENT AND APPROVED BY THE BOARD OF TRUSTEES

Return Reference	Explanation
PROCEDURES TO UNDERTAKE 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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(Form 990 or 990-EZ)

**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.

DLN: 93493135048357 OMB No 1545-0047

2015

Department of the		▶Information		ach to Form 9 dule L (Form			ıctions	is at		One	n to P	ublic
reasury Internal Revenue Se	rvice				ov /form 990.	,					ispect	
Name of the ord Saint Michael's Col							Er	nploye	r identi	ficatio	n numbe	r
Saint Michael's Col	llege						0.3	3-017	9403			
		t Transaction									405	
	ne of disqualif	ganization answe				<u>25a or 25b, or</u> Ified person an			z, Part cription			rected?
1 (4) (41)	ic of disquali	ica person	(b) Ke		rganızatıon	med person an	`ا ``	•	saction	<del>  ` '                                  </del>		No
							_					
							+					
							+					
<b>2</b> Enter the a 4958 .	amount of tax	incurred by orga	anızatıon m	anagers or dis	squalified pers	sons during the	year	under	section ▶ ¢			
	· · · · · · · · · · · · · · · · · · ·	, if any, on line 2	. above, re	 Imbursed by t	· · · · · · he organizatio	on			<b>▶</b> \$			
				<u> </u>								
Part II Lo	ans to and mplete if the	<b>i/or From In</b> organization ans	wered "Yes	<b>Persons.</b> :" on Form 99	0-EZ, Part V,	line 38a, or Fo	orm 99	0, Par	t IV, lır	ne 26, d	or if the	
		orted an amount										
(a) Name of	(b) Relation	ship (c)	(d) Loan	to	(e)Original	(f)Balance	(a)	In	(h	`	(i)Wr	itten
ınterested	with	Purpose of	or from t	he	principal	due	default? Approved		agree			
person	organizati	on loan	organizati	on?	amount				by boa			
			То	From			Yes	No	Yes	No	Yes	No
										-		
Total		<b>▶</b> \$										
	ants or Ass	sistance Ben	efitina Iı	iterested I	Persons.							
Cor	mplete if the	e organization	answered	l "Yes" on Fo	orm 990, Pa	rt IV, line 27						
(a) Name of		(b) Relationsh interested pers			t of assistance	e <b>(d)</b> Type	ofassı	stance	e (e)	Purpos	se of ass	sistance
perso	) N	organiza										
		_										
									_			

Return Reference

Page 2

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	zation's ues?
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	6,149,503	FOOD SERVICE CONTACT	Yes	No No
Part V Supplemental Informa	tion				

**Explanation** 

SCHEDULE M

**Noncash Contributions** 

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

DLN: 93493135048357 OMB No 1545-0047

2015

Open to Public Inspection

Department of the

(Form 990)

Treasury		
Internal Revenue Service		
Name of the organiza	ion	Employer ident
Saint Michael's College		

iterrial Neverlae Service									
ame of the organization aint Michael's College					Employer identification number				
ant Michael's College				03-01	79403				
Part I Types of Property									
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	( <b>d</b> ) Method of de oncash contrib	etermi		ts	
<b>1</b> Art—Works of art									
<b>2</b> Art—Historical treasures .									
<b>3</b> Art—Fractional interests									
4 Books and publications 5 Clothing and household goods	X		37,291	APPR	AISED				
<b>6</b> Cars and other vehicles									
<b>7</b> Boats and planes									
8 Intellectual property									
<b>9</b> Securities—Publicly traded .	Х	22	206,113	FMV					
<b>10</b> Securities—Closely held stock .									
Securities—Partnership, LLC, or trust interests									
<b>L2</b> Securities—Miscellaneous									
Qualified conservation contribution—Historic structures									
Q ualified conservation contribution—Other									
<b>L5</b> Real estate—Residential .									
<b>L6</b> Real estate—Commercial									
<b>L7</b> Real estate—Other	X	1	85,000	APPR	AISED				
<b>18</b> Collectibles									
<b>19</b> Food inventory									
20 Drugs and medical supplies .									
21 Taxidermy									
22 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts 25 Other ► (	L <sub>X</sub>	1	7 500	A D D D	AISED				
ZIANO)	_ ^	_	,,500	^`` ``	MISED				
<b>26</b> Other ▶ ()									
<b>27</b> Other ► ()									
<b>28</b> Other ► ()				ļ					
Number of Forms 8283 received for which the organization comple	,	,		29				3	
200 Dumma the week did the succession			Down T. I	1 46			Yes	No	
<b>30a</b> During the year, did the organiza			, ,						
it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requi	red to	be used		ļ		
for exempt purposes for the enti	re holding p	period?				30a		Νo	
<b>b</b> If "Yes," describe the arrangem	ent in Part :	II						•	
Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	contri	butions?	31	Yes		
Does the organization hire or us contributions?	e third part • • •	les or related organizations	to solicit, process, or sell	nonca:	sh • • •	32a	Yes		
<b>b</b> If "Yes," describe in Part II									

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Page 2

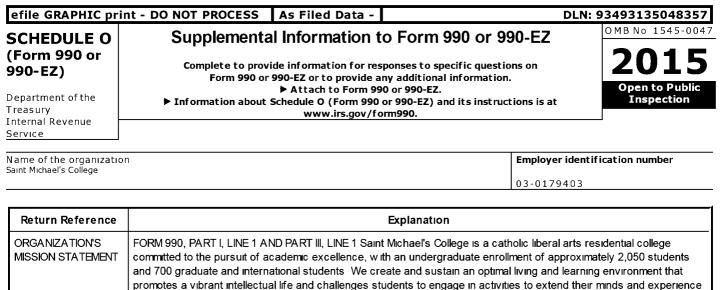
Schedule M (Form 990) (2015)

NON-CASH CONTRIBUTIONS ILINE 9 THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RELATED TO EACH TYPE OF PROPERTY THAT WAS RECEIVED DURING FY16 USE OF A THIRD PARTY TO SELL PART 1. LINE 32B THE COLLEGE USES A CUSTODIAN TO HOLD AND PROCESS ALL NON-CASH CONTRIBUTIONS

Schedule M (Form 990) (2015)

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



within and beyond our Vermont location

De 4	Fundamentos
Return Reference	Explanation
ACADEMIC SUPPORT AND FINANCIAL SUPPORT	FORM 990, PART III, LINES 4A. The academic program is at the heart of the Colleges Mission and the reason for Sant Michael's College existence. The College provides education with a social conscience, producing graduates with intellectual tools to lead successful, purposeful lives that will contribute to peace and justice in our world Sant Michael's College students personalize their education through research, internships, and small classes, preparing them for a lifetime, not just for their first job out of college. The academic programs in egrorus and calabrated to the appropriate levels of students (first-year students through graduate level). The undergraduate academic program for graduate level). The undergraduate academic program for graduate students includes 3 programs leading to Masters degrees in Clinical Psychology, Education and Teaching programs for the Banchelor of Science Degree Students may also, choose from 36 minor programs. The academic program for graduate students includes 3 programs leading to Masters degrees in Clinical Psychology, Education and Teaching programs. The class of 2016 had 417 graduates in May, of which 25 or 60% also carried may are academic year with, 2020 students enrolled in Baccalaureate degree programs and 254 in Masters degrees during 2015-2016 academic year with 18 packed to the class of 2016 who graduated with Bachelors degrees and responded to our annual survey, 97% are employed, in graduate school, or volunteering full time within six months of graduation. The 4 year evanege (2007 2010) student-right-to-know completion or graduation rate is 77.2%, this compared favorably to the 63% reported by Act National Graduation rates in 2016 for private 4-year institutions offering only behacles degrees in the selective category. The Colleges goal is to have 30% of early activate to the choices a represent policy of the students of the six and private and pr

Return Reference	Explanation
AUXILIARY ENTERPRISES	FORM 990, PART III, LINE 4B As a 100% residential college, with make living on campus just as important a learning experience as the curriculum in the classrooms. Therefore, in addition to expenses associated with on-campus dining services, auxiliary services expenses include residence hall bond interest, depreciation expense and costs related to the bookstore, printing and mailing services, special events, summer playhouse and other auxiliary programs that support our students living and learning experience. As part of the residential experience, there are unique housing options available on campus based on common interests that students share such as GREAT (Growing Recognition of the Effects of Alcohol on Thinking) with 150 students, honors housing (51 units) and the GEAR (Global Experience Academic Residential) Program housing (124 students) which provides an opportunity for U.S. students to live with international students. Dining on campus provides the social experience essential to a well-rounded campus life.

Return Reference	Explanation
STUDENT SERVICES	FORM 990, PART III, 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, Edmundite Campus Ministry, Wilderness Program, athletics and many student clubs work to enhance students personal growth as well as their academic success. To supplement the academic culture on campus and enrich overall quality of the college experience, a variety of weekend programs is offered to students, along with many outdoor programs such as the ski pass, cultural and artistic events through the Flynn center-Saint Michaels 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 intercollegiate, intramural, club, recreation, personal fitness, or wilderness program offering Approximately 22% of Saint Michaels College students participate in one of the 21 varsity sports. Our student athletes have achieved a 98% academic success rate (ASR), a statistic defined by the NCAA as a measurement of graduation within a 6 year cohort time period as of June 2016. Saint Michaels College has again been recognized as a recipient of the Division II Presidents Award for Academic Excellence as a member of the Northeast-10 Conference. SMC achieved the highest Academic Success Rate (ASR) in the conference, and ranked #2 in the nation. The office of student activities strives to provide students opportunities to develop as ethical leaders and engaged citizens, and offers a wide variety of programs and activities designed to meet their needs. The College has embraced the You Count program (Community, Ownership, Unity in Diversity, Notice Each Other and Take Care of Self and others) which fosters an inclusive and seamless learning environment that enhances engagement, awareness and personal development. Educational programs offered in the residence halls help to brin

Return Reference	Explanation
FORM 990 REVIEW	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
PROCESS	Board of Trustees was provided Form 990 and all schedules, except Schedule B, contribution detail, in order to respect our donors confidentiality

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.

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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 idnustry.

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 on October 20, 2016. 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
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 federal and state regulatory agencies, our accreditation agency, 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 wiebsite.

Return Reference	Explanation					
FORM 990, PART XI, LINE 11	Gross receipts from the golf classic 21,671					

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**DLN: 93493135048357**OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**SCHEDULE R** 

(Form 990)

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection Internal Revenue Service **Employer identification number** Name of the organization Saint Michael's College 03-0179403 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1)SAINT MICHAEL'S COLLEGE FIRE & RESCUE FIRE & RESCUE VT 501(C)(3) NA Yes ONE WINOOSKI PARK COLCHESTER, VT 05439 20-1120657 (2) MERRILL CEMETERY ASSOCIATION INC CEMETERY VT 501(C)(13) NA Yes ONE WINOOSKI PARK COLCHESTER, VT 05439 01-0868920 (3) GREEN MTN HIGHER EDUCATION CONSORTIUM CONSORTIUM VT 509(a)(3) I 501(c)(3) Yes 84 SOUTH SERVICE ROAD N/A MIDDLEBURY, VT 05753 90-1113280

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Tayable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V	<b>Transactions With Rela</b>	ated Organizations Complete	if the organization answered "Yes	" on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 [	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f	Yes	
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
	· ·	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	The from market of Services of Membership of fundations by related organization(5).	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
S	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount type (a-s)	unt II	nvolved	

(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE	N	76,751	FMV
(2)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE	Q	230,808	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 r				ment	partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							

