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

OMB No 1545-0047

Open to Public Inspection

Department of the

Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www IRS qov/form990 For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 D Employer identification number B Check if applicable St Joseph's College Address change 11-1733439 % JOHN C ROTH Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 245 Clinton Avenue (718) 940-5300 __ Amended return City or town, state or province, country, and ZIP or foreign postal code Brooklyn, NY $\,$ 11205 Application pending G Gross receipts \$ 133,069,344 Name and address of principal officer H(a) Is this a group return for Dr Jack P Calareso subordinates? 245 Clinton Avenue Νo Brooklyn, NY 11205 H(b) Are all subordinates Tax-exempt status ıncluded? **✓** 501(c)(3) 501(c) () **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.sicnv.edu Group exemption number 🕨 L Year of formation 1916 M State of legal domicile NY K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Part I Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE STRONG ACADEMIC & VALUE-ORIENTED EDUCATION AT UNDERGRADUATE & GRADUATE LEVELS. ROOTED IN LIBERAL ARTS TRADITION THAT SUPPORTS PROVISION FOR CAREER PREPARATION & ENHANCEMENT Activities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . 21 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1,824 Total number of volunteers (estimate if necessary) . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a n **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,947,524 7,004,098 Ravenue Program service revenue (Part VIII, line 2g) . . 94,107,803 95,010,879 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,794,404 742,696 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 617,394 1,437,255 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 103.467.125 104.194.928 12) 25,358,580 26,367,883 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 53,094,714 55,765,258 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a Total fundraising expenses (Part IX, column (D), line 25) \triangleright 928,586

Signature Block

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Assets or

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Here	Signature of officer JOHN C ROTH CFO Type or print name and title			Date	
Paid	Print/Type preparer's name Scott Thompsett	Preparer's signature Scott Thompsett	Date	Check PTIN P00741490 Self-employed	
Preparer	Firm's name FGRANT THORNTO	Firm's EIN ▶			
Use Only	Firm's address ► 757 THIRD AVE 4 NEW YORK, NY			Phone no (212) 599-0100	

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) .

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

30,045,228

-5,031,397

108,498,522

106.696.738

38,025,730

68.671.008

2017-02-02

Beginning of Current Year

✓Yes No

26,200,556

-4,138,769

102,862,976

37,553,084

65,309,892

108,333,697

End of Year

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
	Table 2000 100 100 100 100 100 100 100 100 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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 2	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		No
	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 2	11 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 2	11 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	
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	11 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	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	ΙV	Checklist o	of Required	Schedule	s (continued)
				+ = 0.00	

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

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

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

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

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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24a

24b

24c

24d

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25b

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28a

28h

28c

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35a

35b

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Yes

Form 990 (2015)

Yes

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Yes

Yes

Yes

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Νo

Νo

Nο

- - 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

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliand		\ /			
		Check if Schedule O contains a response or note to any line in this	Part	<u> </u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	J 235		165	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
С		ne organization comply with backup withholding rules for reportable payments t ng (gambling) winnings to prize winners?		dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax S	tatements, filed for the calendar year ending with or within the year covered					
	•	s return	_ 2a	1,824	24	V	
b		east one is reported on line 2a, did the organization file all required federal em If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more durin			3a		No.
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati	_	•	3b		
		y time during the calendar year, did the organization have an interest in, or a s					
	over,	a financial account in a foreign country (such as a bank account, securities ac					
_	accou	ınt)?			4a		No
Ь		s," enter the name of the foreign country					
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Ban R1	k and	Financial Accounts			
52	•	he organization a party to a prohibited tax shelter transaction at any time duri	na the	tay year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited	_	,			No
			247 JI		5b		
С	īī. "Ā e	es," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$1			6a		No
	-	ızatıon solicit any contributions that were not tax deductible as charitable con					
Ь		s," did the organization include with every solicitation an express statement t not tax deductible?	hat su	ch contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).	•				
а	_	ne organization receive a payment in excess of \$75 made partly as a contribut	ıon an	d partly for goods and	7a	Yes	
	servic	ces provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal prope orm 8282?	rty for	which it was required to	7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				
		,					
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	persor	nal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	Ifthe	organization received a contribution of qualified intellectual property, did the o	organiz	zatıon file Form 8899 as			
L	requir			the organization file a	7g		
п		organization received a contribution of cars, boats, airplanes, or other vehicle 1098-C?	s, aia •	· · · · · ·	7h		
8	•	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bug the year?	ısınes:	s holdings at any time			
0-2	_	ne sponsoring organization make any taxable distributions under section 4966	2		8 9a		
		ne sponsoring organization make any taxable distributions dinder section 1900 ne sponsoring organization make a distribution to a donor, donor advisor, or rel		erson?	9b		
10		on 501(c)(7) organizations. Enter	р				
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt				I	' 	!
11		on 501(c)(12) organizations. Enter	۔ ا	1			
		sincome from members or shareholders	11a				
ь		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
122	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	eu of Form 10412	12 a		
		es," enter the amount of tax-exempt interest received or accrued during the					
-	year	2, 2002 and 2002 and 2003 and	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а]s the	e organization licensed to issue qualified health plans in more than one state?	Note 9	See the instructions for			
4		onal information the organization must report on Schedule O		, se the matructions to	13 a		L
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves on hand	13c	2	 • • -		 _{NL} =
		ne organization receive any payments for indoor tanning services during the tail	•		14a		No
U	ті ке	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	acion II	i Scriedule U	14b		

orm	990 (2015)					Page	
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			or 10	Ob belo	w,	
	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	21				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zation's assets?	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No	
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	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	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	<u>eve</u> n	ue Coa	e.)	
					Yes	No	
				$\overline{}$	1		

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN C ROTH 245 CLINTON AVENUE Brooklyn, NY 11205 (718) 940-5616

Part VII

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han d on is	one l both	oox, an	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(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)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	eets to Part VII, S		٠.			. •				
d Total (add lines 1b and 1c)	·					- ▶		2,168,095	0	217,942

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

Section B. Independent Contractors		
Complete this table for your five highest compensated independent contrac compensation from the organization. Report compensation for the calendar.		
(A) Name and business address	(B) Description of services	(C) Compensation
KEATING AND ASSOCIATES, 49 ELIOT STREET NATICK, MA 01760	ADVERTISING	1,040,586
Stasi Brothers Asphalt Corp, 435 Maple Avenue WESTBURY, NY 11590	CONSTRUCTION	1,013,025
SIGNATURE CLEANING SERVICES INC, 231 W 29TH STREET SUITE 402 FARMINGDALE, NY 11735	CLEANING	875,850
ALLIED BARTON SECURITY SERVICES, 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	SECURITY SERVICES	753,772
SAGE Dining Services, 1402 York Road Suite 100 LUTHERVILLE, MD 21093	DINING SERVICES	655,948
2 Total number of independent contractors (including but not limited to those li	isted above) who received more than	

\$100,000 of compensation from the organization > 28

Form 99								Page 9
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ıes 1b					
Gr.	С	Fundraising ev	ents 1c	116,918				
fts. ⊏ A	d	Related organiz	zations 1d					
i5 <u>=</u>	e	Government grant		4,930,903				
Sin Sin		_						
utic Ter	f	similar amounts no	ons, gifts, grants, and 1f ot included above	1,956,277				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	25,617				
in di	h	Total. Add lines	s 1a-1f		7,004,098			
				Business Code				
꿆	2a	TUITION AND FEES	5	900099	93,687,954	93,687,954		
₹ ₹	ь	CHILD STUDY CEN	TER	900099	1,308,938	1,308,938		
Program Service Revenue	С	PERFORMANCE FE	ES	711130	13,987	13,987		
j. ¥	d	-			· · · · · · · · · · · · · · · · · · ·			
א פ	е							
grar	f	All other progra	am service revenue					
Ě	g	Total. Add line:	s 2a-2f	>	95,010,879			
	3		ome (including dividen					
	_		aramounts)	<u>-</u>	498,015			498,015
	4 5	Royalties .	stment of tax-exempt bond	proceeds P	0			
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	374,610	(11)				
	b	Less rental						
	_	expenses Rental income	374,610	0				
	C	or (loss)	,		374.640			274.640
	d	Net rental inco	me or (loss) (i) Securities	· · · · ▶ (II) O ther	374,610			374,610
	7a	Gross amount from sales of assets other than inventory	29,076,904	(ii) O thei				
	b	Less cost or other basis and sales expenses	28,832,223					
	С	Gain or (loss)	244,681					
	d		ss)	· · · · >	244,681			244,681
Other Revenue	3 0	¥	luding 6,918 5 reported on line 1c)	42.425				
her	ь	Less direct ex	penses b	42,425 42,193				
ŏ	С		(loss) from fundraising		232			232
	9a		rom gaming activities ne 19 a					
			penses b (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		P				
		-	oods sold b (loss) from sales of inve	entory ▶	0			
		Miscellaneou		Business Code				4====
	11a		ING SERVICES	611710	425,661	224 000		425,661
	b	ATHLETICS R		611420	231,996	231,996		00 530
	С	BOOKSTORE/YOTHER COMM		611710	80,539			80,539
	d	All other reven			324,217		0	324,217
	е	Total. Add line	s 11a-11d	· · · •	1,062,413			
	12	Total revenue.	See Instructions .	•	104,194,928	95,242,875	0	1,947,955

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Γ				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,367,883	26,367,883		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,323,642	1,023,254	1,132,704	167,684
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	42,211,357	35,893,310	5,958,028	360,019
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,886,199	1,472,718	385,096	28,385
9	Other employee benefits	5,953,447	4,715,443	1,153,205	84,799
10	Payroll taxes				
		3,390,613	2,827,983	520,686	41,944
11	Fees for services (non-employees)				
a	Management	0			-
b	Legal	30,798		30,798	
C	Accounting	239,724		239,724	
d e	Lobbying	0			
f	Investment management fees	97,058		97,058	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	37,038		97,038	
9	amount, list line 11g expenses on Schedule O)	2,847,308	2,320,962	483,147	43,199
12	Advertising and promotion	2,401,844	173,450	2,227,316	1,078
13	Office expenses	1,523,126	1,302,749	178,094	42,283
14	Information technology	2,103,560	925,781	1,173,572	4,207
15	Royalties	0			
16	Occupancy	4,512,590	3,840,230	634,486	37,874
17	Travel	777,986	664,216	112,926	844
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,281,876	1,086,153	184,698	11,025
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,760,205	3,186,079	541,785	32,341
23	Insurance	1,080,777	915,951	155,541	9,285
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BUILDING CONTRACTED SERVICE	1,701,248	1,453,384	233,902	13,962
b	SCHEDULED EVENTS	1,172,562	1,013,148	135,654	23,760
c	EQUIPMENT USAGE	786,170	666,056	101,758	18,356
d	DEPT GRANT EXPENSES	580,526	580,526		
е	All other expenses	1,303,198	1,052,062	243,595	7,541
25	Total functional expenses. Add lines 1 through 24e	108,333,697	91,481,338	15,923,773	928,586
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

8,948

6.869.012

1,727,932

2,699,056

873,250

1,374,757

63,086,207

25.492.232

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200,000

1,779,413

37,553,084

51,162,591

2.572.876

11,574,425

65,309,892

102,862,976 Form 990 (2015)

731,582

102,862,976

7,018,148

4,250,523

24.305.000

(A)

Beginning of year

11,180

11,376,869

1.928.364

1,787,715

884.886

1,631,904

63,641,661

24,929,565

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200,000

1,635,806

38,025,730

54,280,825

3.466.313

10.923.870

68.671.008

106,696,738

504,594

106,696,738

7,117,335

4,002,589

25.070.000

132,300,770

69,214,563

1

2

3

4

5

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10c

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

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Part X	Balance	Sheet
	Chack of C	

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Net Assets or Fund Balances

Schedule L .

II of Schedule L

Cash-non-interest-bearing

Savings and temporary cash investments

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

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

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 .

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

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

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Grants payable

Deferred revenue

Less accumulated depreciation .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Accounts receivable, net . .

8

Other changes in net assets or fund balances (explain in Schedule O) . 9 -94,106 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) 65,309,892

Check if Schedule O contains a response or note to any line in this Part XII Yes No

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

Both consolidated and separate basis

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

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

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2015)

Software ID: Software Version:

EIN: 11-1733439

Name: St Joseph's College

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

Compensated Employees, and Inde					rus	tees	, к	ey Employees	, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos more pers	ition than on is	(C) (do one bot	not box h an or/tr	offic ustee	ess er :)	(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
W Christian Drewes Esq Chair	1 0	x		×				0	0	C
Christopher R Carroll Esq Vice Chair	1 0	x		х				0	0	C
DR MARY ELLEN FREELEY EdD Secretary	10	х		х				0	0	C
Mary M Lai BOARD MEMBER(Chair, Fin Comm)	10	×		х				0	0	C
Alberta Aldınger Board Member	1 0 0 0	x						0	0	C
Sheila Baird Board Member(Chair, Inv. Comm)	10	x						0	0	C
Matthew Barbis CFS CTS Board Member (from 02/2016)	10	×						0	0	C
Peter M Boger Board Member	10	x						0	0	C
Mary Butz Board Member	1 0	x						0	0	C
John A Danzı Board Member	0 0	×						0	0	C

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	s .			•			
(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			organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Sister Angela Gannon CSJ	1 0									
Board Member	0 0	Х						0	0	0
Sister Elizabeth A Johnson	1 0	.,								
Board Member	0 0	X						0	0	0
Sister Helen Kearney CSJ	1 0	V						0	0	
Board Member	0 0	X						0	0	
Dennis McCarthy	1 0									
Board Member	0 0	Х						0	0	0
Sister Kathleen McKinney CSJ	1 0									
Board Member	0 0	Х						0	0	0
Margaret Meegan	1 0									
Board Member	0 0	Х						0	0	0
Peter M Meyer	1 0	.,								
Board Member	0 0	X						0	0	0
Peter M Rogers	10									
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Board Member

Board Member

Board Member

Dr Paul Peter Romanello

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

40,797

9,528

24,830

11,186

380,000

19,548

261,307

196,835

Compensated Employees, and Inde					ı u:	3166	<i>3,</i> F			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Pos m unles	sition iore t ss pe	(C n (do than erso icer tor/t	not one on is and trust		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Stephen Somers	1 0									
Board Member	0 0	X				'	'	0	0	c
Frank Lourenso	1 0									
Vice Chair (thru 10/2015)	0 0	X		X	L'		'	0	0	
Daniel J Keane ESQ	1 0					<u> </u>	<u> </u>			
Board Member (Thru 05/2016)	0 0	X				'	'	0	0	
Michael E Ryan	10									
BOARD MEMBER (THRU 10/2015)	0 0	×				'	'	0	0	(
Bernard Kennedy	1 0				Г					
BOARD MEMBER (THRU 10/2015)	0 0	X					'	0	0	
Frances A Resheske	1 0									
BOARD MEMBER (THRU 05/2016)	0 0	X				'	'	0	0	
Jack P Calareso PHD	40 0									

00 40 0

0 0 40 0

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Chief financial officer

VP of Academic Admin-Patchogue

Christopher Frost

Sister Loretta McGrann CSJ

President

Provost

John C Roth

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E)

(F)

6,244

6,179

14,280

22,415

161,336

158,939

157,223

154,900

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	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 0 0 40 0 0 0 40 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 40 0 0 0 40 0 0 0 40 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 0 0 40 0 0 0 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 0 0 40 0 0 0 40 0 0 0 0 0 0 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0	A verage hours per week (list any hours for related organizations below dotted line) 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0 40 0	A verage hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or director/trustee Or director/	A verage hours per week (list any hours for related organizations below dotted line) ### Position (do not check more than one box, unless person is both an officer and a director/trustee) ### Or director of the organization (W- 2/1099-MISC) ### Applying the organization (W- 2/1099-MISC) #### Applying the organization (W- 2/1099-MISC) ##### Applying the organization (W- 2/1099-MISC) ##### Applying the organization (W- 2/1099-MISC) ###################################

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Faculty

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Francis Antonwich

Katherine Granelli

Heather Barry

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

DLN: 93493033008157 OMB No 1545-0047

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.

Schedule A (Form 990 or 990-EZ) 2015

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

St Joseph's College

⊽

Part I

1

2

3

990EZ)

SCHEDULE A

Name of the organization

(Form 990 or

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

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))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

11-1733439

Employer identification number

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from 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 support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. 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 You must complete Part IV, Sections A and 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
h	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s 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) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤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						
6	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		I
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 stop here						▶ □
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	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 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	Private foundation. 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			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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 Part VI 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? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? 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? 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	4b		
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 the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI .	9c		
.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)	10 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?	11a		
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	11 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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	

	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 Part VI identify those supported organizations and explain 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	2a	
	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
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

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
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 Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (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		
Distributable A mount. 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-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported 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	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to 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			
b			
C			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h 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 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)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
а			
<u>b</u>			
c Excess from 2013			
d From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

DLN: 93493033008157

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

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

▶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
- Section 527 organizations Complete Part I-A only

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

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

Na	Section 501(c)(4), (5), or (6) organization			Employer iden	tification number
St J	Joseph's College			11-1733439	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c		organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign acti	vities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	2)(3).	
1	Enter the amount of any excis	e tax incurred by the organization und	der section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization manag	ers under section	4955	\$
3	If the organization incurred a	section 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No
4a	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 exp	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organızatıon's funds contributed to ot	her organızatıons	for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	and on Form 1120	O-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments amount of political contributio	nd employer identification number (E. For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid froi irectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(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					

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	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	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) 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

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-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 Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a 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

For	filed Form 5768 (election under section 501(h)). ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
<u>activ</u>		Yes	No	A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			1,612
j	Total Add lines 1c through 1i				1,612
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	1 501(c)(5), c	r sectio	n
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	

Dues, assessments and similar amounts from members 1 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).

Current year

Carryover from last year

C

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

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

and Marketing and Communications Staff contacted Empire State Development to discuss N Consolidate Funding Application, also discussed topics related to Nursing Labs, TAP, Touris Programs, NYS Dream Act, LI Regional Economic Funding, Veteran Support Program with assemblymen, senators, the comptroller, and members of their staff Total expenses related in	Return Reference	Explanation
liobbying activities totaled \$1,612	SCHEDULE C	LOBBYING ACTIVITIES, LINE 1I Throughout the year members of the Institutional Advancement and Marketing and Communications Staff contacted Empire State Development to discuss NYS Consolidate Funding Application, also discussed topics related to Nursing Labs, TAP, Tourism Programs, NYS Dream Act, LI Regional Economic Funding, Veteran Support Program with assemblymen, senators, the comptroller, and members of their staff Total expenses related to these lobbying activities totaled \$1,612

2a

2b 2c

3

4

5

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

DLN: 93493033008157

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 $\underline{www.irs.gov/form990}$.

2015

Open to Public Inspection

Na	nal Revenue Service The of the organization Joseph's College	<u> </u>	Empl	oyer identification number
D:	art I Organizations Maintaining Donoi	Advised Funds or Other Simil		.733439
	Complete if the organization answer			or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
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			sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	3 3		
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Y	es" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recr			
	education) Protection of natural habitat	-		ically important land area d historic structure
	Preservation of open space	Tescivation	TOTA CCTCITIC	a mistoric structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	on in the form	of a conservation
_	easement on the last day of the tax year	neid a quanned conscivation contribution	in the torm	or a conscivation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified		2 c	
d	Number of conservation easements included in (a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	ninated by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring, inspection easements it holds?	, handling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and e	nforcing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations, and enforc	ing conserva	ation easements during the year
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requirements (of section 17	0(h)(4) Yes 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 organization's fina		· · · · · · · · · · · · · · · · · · ·
Pa	rt III Organizations Maintaining Collec	tions of Art, Historical Treasu		ner Similar Assets.
	Complete if the organization answer	· · · · · · · · · · · · · · · · · · ·		
1 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 foot	assets held for public exhibition, educa	tion, or resea	arch in furtherance of public
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 exhibition, educa		
	(i) Revenue included on Form 990, Part VIII, line		b ¢	
		•		
2	ii) Assets included in Form 990, Part X If the organization received or held works of art, I	nistorical treasures or other similar ass		
_	I also organization received or neid works of arty i	ottorious arcasarcs, or other similar ass	See for infalle	and gains provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	(continued)	g Collections of	Art, Historica	l Treasures, or	Other Similar A	ssets
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other r	ecords, check any	of the following that	are a significant us	e of its
а	Public exhibition		d 🗀 L	oan or exchange pro	grams	
b	Scholarly research		e	ther		
c	Preservation for future generations					
4	Provide a description of the organization		voluin how they fu	rthor the organization	n's avampt purposa	ın
•	Part XIII		,	_		111
5	During the year, did the organization so assets to be sold to raise funds rather t					s No
Pa	rt IV Escrow and Custodial Arr		a as pare or the ort	gamzacion's concecte	i res	5 140
	Complete if the organization Part X, line 21.	answered "Yes" (on Form 990, Pa	rt IV, line 9, or re	ported an amour	it on Form 990,
1a	Is the organization an agent, trustee, co included on Form 990, Part X?	ustodian or other int	ermediary for cont	ributions or other as	sets not	s No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following to	able	Am	ount
c	Beginning balance			10	С	
d	Additions during the year			10	1	
е	Distributions during the year			10	e	
f	Ending balance			11	f	
2 a	Did the organization include an amount	on Form 990, Part X	, line 21, for escr	ow or custodial acco	unt liability? Yes	s No
b	If "Yes," explain the arrangement in Pai	rt XIII Check here i	f the explanation l	nas been provided in	Part XIII	🗆
Pa	ert V Endowment Funds. Compl	ete if the organiza	ation answered	"Yes" to Form 990	, Part IV, line 10	
		(a)Current year	(b)Prior year	b (c) Two years back	(d)Three years back	(e)Four years back
1 a	Beginning of year balance	24,396,484	51,776,082		50,034,618	50,412,517
b	Contributions	650,555	284,705	720,317	310,850	451,026
c	Net investment earnings, gains, and losses	1,399,104	1,162,867	4,257,093	2,582,764	-1,655,876
d	Grants or scholarships	550,000				
e			28,308,120	3,325,509	1,890,000	-1,106,045
f	Administrative expenses		519,050	475,051	439,000	279,094
g	End of year balance	25,896,143	24,396,484	51,776,082	50,599,232	50,034,618
2	Provide the estimated percentage of the	current year end b	alance (line 1g, co	lumn (a)) held as	,	
а	Board designated or quasi-endowment i	49 630 %				
b	Permanent endowment ► 44 700 %					
С	Temporarily restricted endowment ►	5 670 %				
	The percentages on lines 2a, 2b, and 20	should equal 100%	%			
3а	Are there endowment funds not in the programization by	ossession of the org	anızatıon that are	held and administer	ed for the	Yes No
	(i) unrelated organizations					n(i) No
	(ii) related organizations					(ii) No
ь 4	If "Yes" on 3a(II), are the related organi Describe in Part XIII the intended uses				3	Bb
_	rt VI Land, Buildings, and Equi		s endowment fund	5		
	Complete if the organization		Form 990, Par	t IV, line 11a.See	Form 990, Part X	(, line 10.
	Description of property		(a) Cost or othe (investme	(b) r basis Cost or other ba	Accumulated	(d)Book value
1a	Land		· ·	7,088,	359	7,088,359
	Buildings	- •		97,461,		
c	Leasehold improvements			37,701,		52,702,339
	Equipment			27,751,	222 24,455,97	3,295,249
	Other			2,,,31,		5,233,243
Tota	al. Add lines 1a through 1e (Column (d) mu		art X, column (B), I.	ne 10(c))	>	63,086,207

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	gory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of the of year market vara
(2)Closely-held equity interests (3)Other			
(3)0 the			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12			
Part VIII Investments—Program Related Complete if the organization answe	1. ered 'Yes' on Form 99	O, Part IV, line 11c. _S	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
			Cost of end-or-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) •		
Part IX Other Assets. Complete if the organiz	zatıon answered 'Yes' on	Form 990, Part IV, line	
(a) D	occuption.		
· · ·	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the	line 15)		
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15)	d 'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability	line 15) organization answere	d 'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	line 15) organization answere	d 'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	line 15) organization answere	d 'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col (B) l. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS	line 15) organization answere	0 311	
Total. (Column (b) must equal Form 990, Part X, col (B) l. Part X Other Liabilities. Complete If the See Form 990, Part X, line 25. 1. (a) Description of liability Federal Income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	line 15) organization answere (b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) land Part X Other Liabilities. Complete If the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) l. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes BENEFICIAL INTEREST IN TRUSTS REFUNDABLE GOV'T GRANTS	(b) Book valu	0 311 967	
Total. (Column (b) must equal Form 990, Part X, col (B) h Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	(b) Book valu	0 311 967	

Schedule D (Form 990) 2015

1

2

а

b

d

d

е

а

3

78,507,640

777,653

77 729 987

81,868,756

26,464,941

1

2e

3

2e

3

4c

97,058

26,367,883

871,759

-94,106

_		•	 -	•		-	1
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		9	7,058		
b	Other (Describe in Part XIII)	4b		26,36	7,883		
c	Add lines 4a and 4b					4c	26,464,941
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)				5	104,194,928
Part	Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form 990,				ense	s per	Return.
1	Total expenses and losses per audited financial statements					1	81,868,756
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a			0		
b	Prior year adjustments	2b					
c	Other losses	2c					

2a

2b

2c

2d

4b

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1

b Other (Describe in Part XIII) . . Add lines 4a and 4b . c

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 108,333,697 **Supplemental Information**

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

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

Return Reference Explanation INTENDED USE OF ENDOWMENT SCHEDULE D, PART V, QUESTION 4 ST JOSEPH'S COLLEGE HOLDS AN ENDOWMENT FOR THE

FUND PURPOSE OF GENERATING FUNDS TO SUPPORT THE COLLEGE'S EDUCATIONAL MISSION ENDOWMENT EARNINGS ARE INTENDED TO BE USED TO FUND SCHOLARSHIPS. FACILITY UPGRADES, AND EDUCATIONAL PROGRAMS THE COLLEGE WOULD PREFER TO LEAVE THE PRINCIPAL UNTOUCHED

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Inf	ormation <i>(continued)</i>	
Return Reference	Explanation	
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XI, LINE 2D Change in Beneficial interest in trusts \$(94,106)	
OTHER REVENUE ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XI, LINE 4B SCHOLARSHIP EXPENSE \$26,367,883	
OTHER EXPENSES ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B SCHOLARSHIP EXPENSE \$26,367,883	
	•	

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SCHEDULE E

As Filed Data -

DLN: 93493033008157

2015

Open to Public Inspection

Schools

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Department of the Treasury Internal Revenue Service

(Form 990 or

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization St Joseph's College Employer identification number

	11-17	33439		
Pa	rtI			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its char other governing instrument, or in a resolution of its governing body?	ter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, it that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain. If you need more space use Part II	edia during n a way	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>4a</u>	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondis basis?	criminatory 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public de with student admissions, programs, and scholarships?	alıng 4 c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	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			
	o Admissions policies?	<u>5a</u> 5b		No No
	Additissions policies	30		NO
	: Employment of faculty or administrative staff?	5c		No
	Scholarships or other financial assistance?	5d		No
	Use of facilities?	5f		No No
	Athletic programs?	5g		No
	Other extracurricular activities?	5h		No
6 a	If you answered "Yes" to any of the above, please explain If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency?	66	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	i	l No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 throof Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		Yes	

Page 2

any other additional information (see instructions) Return Reference

Schedule E. Part I. Line 3

Schedule E, Part I, Line 6a

THE COLLEGE MAKES CERTAIN TO PUBLICIZE ITS NONDISCRIMINATORY

PELL GRANTS

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

GOVERNMENT FUNDED PROGRAMS SUCH AS THE PERKINS PROGRAM AND

Schedule E (Form 990 or 990-EZ) (2015)

THE COLLEGE ADMINISTERS STUDENT FINANCIAL AID THROUGH

Explanation

NEWSPAPER ADS, AND IN OTHER PUBLIC COMMUNICATIONS

LIMITED TO, ITS COLLEGE CATALOGUE, BULLETINS & BROCHURES.

POLICY IN AS MANY PUBLICATIONS AS POSSIBLE. INCLUDING. BUT NOT

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

DLN: 93493033008157

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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

OMB No 1545-0047

2015

Open to Public Inspection

Interr	nal Revenue Service	► Information about Sc	hedule G (For	m 990 or 99	0-EZ) and its instructions is at	www irs go	v/form990	Inspection	
	e of the organization oseph's College							ntification number	
							11-1733439		
Pa		g Activities. Comple Z filers are not requir				on Form	1 990, Part IV	', line 17.	
1	Indicate whether the	e organization raised fun	ds through	any of th	e following activities C	heck all ti	hat apply		
а	Mail solicitation								
b	Internet and em	ail solicitations	· · · · · · · · · · · · · · · · · · ·						
c	Phone solicitation	ons		ç	g Special fundrais	ing event	S		
d	In-person solici	tations							
2a		have a written or oral ag sted in Form 990, Part V						es N o	
b		highest paid individuals at least \$5,000 by the c			sers) pursuant to agree	ements un	der which the f	undrais er is	
(i) Name and address of individual or entity (fundraiser)		(iii) fundraise custoe contre contribu	er have dy or ol of	(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	
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota	ıl			>					
	ist all states in which registration or licensin	n the organization is reging	stered or li	censed to	o solicit contributions o	or has bee	n notified it is e	exempt from	

	. (0		,	_ ~
Part II	Fun	drai	sing	Ε۱	ven	ts
	Com	nlat	f +	hο	ora	a r

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

Coros receipts Coro		receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
1 Gross receipts 159,343 159,344 159				l		(add col (a) through
16,918			(event type)	(event type)	(total number)	col (c))
2 Less Contributions						
16,918	d)					
16,918	HE					1
16,918	eve	1 Gross receipts	159,343			159,343
3 grass income (line 1 minus 42,425 42,425 42,425 4 Cash prizes 42,425 42,425 5 Noncesh prizes 30,267 30,267 6 Rent/facility costs 30,267 30,267 7 Food and beverages 11,926 11,926 11,926 9 Other direct expense summary Add lines 4 through 9 in column (d) 42,199 11 Net income summary Subtract line 10 from line 3, column (d) 42,199 11 Net income summary Subtract line 10 from line 3, column (d) 42,199 11 Net income summary Subtract line 10 from line 3, column (d) 42,199 11 Net income summary Subtract line 10 from line 3, column (d) 70 complete of the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming Total gaming (edd col (a) through col (c)) 1 Gross revenue 70 column (d) 70 column (d	~	2 Less Contributions	116,918			116,918
4 Cash prizes		3 Gross income (line 1 minus				
5 Noncash prizes		Ine 2)	42,425			42,425
Section of the companies of the companie		4 Cash prizes				
7 Food and beverages		5 Noncash prizes				
9 Other direct expenses	S	6 Rent/facility costs	30,267			30,267
9 Other direct expenses	nse	7 Food and beverages				
9 Other direct expenses	xbe	8 Entertainment				
11 Net income summary Subtract line 10 from line 3, column (d)		9 Other direct expenses	11,926			11,926
11 Net income summary Subtract line 10 from line 3, column (d)) E		, and the second	1	. •	·
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (add col (a) through col (c)) 1 Gross revenue	_					
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a)Bingo (b)Pull tabs/Instant bingo/progressive bingo (c)O ther gaming (add col (a) through col (c)) 1 Gross revenue	D ar		. U from line 3, column (c	1)	· · · · · · ·	232
Total gaming (add col (a) through col (c)) 1 Gross revenue	1	Complete if the organization	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
2 Cash prizes	vernie		(a)Bıngo		(c)O ther gaming	Total gaming (add col
2 Cash prizes	Re	1 Gross revenue				
4 Rent/facility costs						
4 Rent/facility costs	ıses	2 Cash prizes				
5 Other direct expenses	Expe	3 Noncash prizes				
5 Other direct expenses	t o	4 Rent/facility costs				
Tyes	ā	- Other direct expenses				
6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d)		5 Other direct expenses	9/-	0/-	- - - 04	
7 Direct expense summary Add lines 2 through 5 in column (d)						
8 Net gaming income summary Subtract line 7 from line 1, column (d)		6 Volunteer labor	NO	140	NO	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain		7 Direct expense summary Add lines	2 through 5 ın column (c	i)		
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain		8 Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)		
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain						
b If "No," explain		• • • • • • • • • • • • • • • • • • • •		•		
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	a			on of these states?		165 NO
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No	b					
b If "Yes," explain	10a	Were any of the organization's gaming l	ıcenses revoked, suspe	nded or terminated during	the tax year?	Yes No
в 11 гез, ехрипт <u> </u>	h	If "Yes " evnlain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493033008157 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 St Joseph's College 11-1733439 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to 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 (c) IRC section (d) A mount of cash **(b)** EIN (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)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Cat No 50055P

Schedule I (Form 990) 2015

(1) 31 0 D E 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3301	20,307,003			<u> </u>
Part IV Supplemental Informa	ation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Schedule I (Form 990) 2015

Explanation

Return Reference DESCRIPTION FOR SCHEDULE I, PART I, QUESTION 2 The College provides scholarships to students matriculating at the College. Certain criteria are established that each student is required to meet to retain their scholarship. The College does not need to monitor the use of scholarship funds as those amounts are MONITORING THE USE OF GRANT FUNDS IN THE UNITED directly spent to defray the cost of tuition. There is no opportunity for the funds to be directed to another purpose

STATES Schedule I (Form 990) 2015

Page **2**

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

Compensation Information

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.

DLN: 93493033008157 OMB No 1545-0047

2015

Open to Public Inspection

Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Name of the organization

Employer identification number St Joseph's College

				11-1733439			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
1 a		ck the appropiate box(es) if the organization provide , Part VII, Section A , line 1a Complete Part III to ;		,			
		First-class or charter travel	~	Housing allowance or residence for personal use			
		Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees]	
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)	 	 	
b		y of the boxes in line 1a are checked, did the organi bursement or provision of all of the expenses descri			1b		
2		the organization require substantiation prior to reimlectors, trustees, officers, including the CEO/Executiv			2		
3	orga	cate which, if any, of the following the filing organizal nization's CEO/Executive Director Check all that a I by a related organization to establish compensatio	pply				
	~	Compensation committee	Γ	Written employment contract			
		Independent compensation consultant	Γ	Compensation survey or study			
	Г	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part related organization	t VII	, Section A, line 1a with respect to the filing organization			
а	Rece	erve a severance payment or change-of-control payr	ment	t?	4a		No
b	Parti	icipate in, or receive payment from, a supplemental	none	qualified retirement plan?	4b		Νo
c	Parti	icipate in, or receive payment from, an equity-based	d cor	npensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and provid	le the	e applicable amounts for each item in Part III			
5	Forp	r 501(c)(3), 501(c)(4), and 501(c)(29) organizations persons listed on Form 990, Part VII, Section A, lin pensation contingent on the revenues of		-			
а	The	organization?			5a		No
b	Any	related organization?			5b		Νo
	If"Y	es," on line 5a or 5b, describe in Part III					
6		persons listed on Form 990, Part VII, Section A, lin pensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The	organization?			6 a		Νo
b	Any	related organization?			6b		Νo
	If"Y	es," on line 6a or 6b, describe in Part III					
7		persons listed on Form 990, Part VII, Section A , lin nents not described in lines 5 and 6? If "Yes," desc			7	Yes	
8	subje	e any amounts reported on Form 990, Part VII, paid ect to the initial contract exception described in Reg art III			8		No
9	If"Y	es" on line 8, did the organization also follow the rel	butta	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(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

Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Form 990, Schedule J. Part I. Line 1 President Calareso received a housing allowance from the College in the calendar year ending December 31, 2015. The College has determined that the

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

memorialized in the Board of Directors minutes. President Calareso did not have any input into the bonus he was awarded

The performance bonus was granted based on objective criteria established by the College's Board of Directors The determination to award the bonus was

Software ID: **Software Version:**

EIN: 11-1733439

Name: St Joseph's College

Form 990, Schedule J, F	art	II - Officers, Direc	ctors, Trustees, Ko	ey Employees, and	d Highest Compen	sated Employees		
(A) Name and Title			3) Breakdown of W-2 and/or 1099-MISC compensation i) (ii) (iii)			(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		Base Compensation	Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1Jack P Calareso PHD President	(1)		123,692	36,000	15,600 	25,197 	420,797 	0
1John C Roth Chief financial officer	(1)	258,629	0	2,678	15,600	0 9,230	286,137	0
	(11)	0	0	0	0	- 0	0	0
2 Chnstopher Frost VP of Academic Admin- Patchogue	(1)		0	0	11,186	0	208,021	0
3Jill Rehmann	(1)	150,450	0	0	9,000	18,442	177,892	0
VP of Academic Admin- Brooklyn	(11)	0	0	0	0			0
4Georgia-Lynn Lamens VP For Enrollment Management	(1)		0	0	11,186	8,768	207,432	0
5Michelle Papajohn	(11)		0	0	0	0	0	0
Chief Information Officer	(11)	0	0	257 0	8,371 0	8,768 	178,218	0
6 Jackson TaylorFaculty	(1)	179,000	0	0	9,180	0 8,768	196,948	0
	(11)		0	0	0	- 0	0	0
7 Renee White-ClarkFaculty	(1)		0	0	6,244	0	167,580	0
8Francis AntonwichFaculty	(1)		0	0	6,179	0	165,118	0
	(11)	0	0	0	0			0
9 Katherine GranelliFaculty	(1)		0	0	5,512	8,768	171,503	0
10Heather BarryFaculty	(11)		0	0	0	0	0	0
29 readily barry active	(1)		0	0	5,922 0	16,493 	177,315	0
					_	0	0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DLN: 93493033008157 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

(Form 990)

Name of the organization Employer identification number St Joseph's College 11-1733439 Part I **Bond Issues** (c) CUSIP # (d) Date issued (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No DORMITORY AUTHORITY OF 14-6000293 649905P00 08-11-2010 28,057,516 CONSTRUCTION OF Х Х Х THE STATE OF NEW YORK ATHLETIC FACTILITY **Proceeds** Part II С D 3,490,000 2 Total proceeds of issue 3 28,057,516 2,007,464 6 Issuance costs from proceeds 515,945 8 0 9 Ω 10 25,343,355 11 12 13 2014 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 Has the final allocation of proceeds been made? Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned

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

				\		3		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?			×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o									
prope	counsel to review any management or service contracts relating to the financity?	ced		Х						
С	Are there any research agreements that may result in private business use of financed property?	of bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .			0 %						
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bond issued?	s were		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or di	sposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2?	ections		×						
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2?		Х							
Par	IV Arbitrage									
		А			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?		Х							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?		Х							
e	Was the hedge terminated?		Х							

	period?								
7	Has the organization established written procedures to monitor the requirements of section 148%		x						
Pa	art V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	
	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?

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

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493033008157

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

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

Open to Public

nter	nal Revenue Service				١		<u>sector</u>	
	ne of the organization				Employer identi	fication nu	mber	
t Jo	oseph's College				11-1733439			
P	art 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	noncash co	(d) d of determi ontribution a	_	ts
	Art—Works of art							
_	Art—Historical treasures .							
3								
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	290	25,617	' FM V			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts Other ► ()							
	Other ▶ ()							
	Other ▶ ()							
	Other ▶ ()							
29	Number of Forms 8283 received for which the organization complete				29			
30:	a During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I lines	: 1 through 28 t	hat	Yes	No
	it must hold for at least three ye				= '			ī
	for exempt purposes for the enti					. 30a	Yes	
ı	b If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gr	ft acceptand	ce policy that requires the r	eview of any non-standard	contributions?	31		No

contributions?

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

32a

Yes

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



Department of the

Internal Revenue

St Joseph's College

Name of the organization

Treasury

Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2015
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DLN: 93493033008157

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Employer identification number	
11-1733439	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11	PROCESS USED TO REVIEW FORM 990 The Form 990 w as prepared by a nationally renow ned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the full Board of Trustees for discussion and comment. Each Board Member was provided ample opportunity to comment on the information contained in the 990 prior to its filing with the Internal Revenue Service.
Form 990, Part VI, Line 12c	ENFORCEMENT OF CONFLICT OF INTEREST POLICY Each officer, director, trustee and key employe e of the College is required to annually disclose any conflicts of interest that arise by virtue of their employment, board service, or position with the College. The College monit ors compliance with its conflict of interest policy through an annual questionnaire/disclosure statement that is distributed to these individuals. Potential conflicts are investigated immediately.

990 Schedule O, Supplemental Information

Return Explanation
Reference

documents and conflict of interest policy are not ordinarily made available to the public.

but, if requested, will be provided at management's discretion

PROCESS FOR DETERMINING COMPENSATION The College undertakes a thorough process to ensure that the executive

compensation it pays to its top management official and all of its officers and key employees is reasonable given the market

in which the College operates. In relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement. The Compensation co

independent persons that have no personal interest in the proposed compensation agreement. The Compensation committee compares data from other institutions to ensure that the College compensates its executives commensurate with the market

Form 990, Part VI, Line 19

FORM 990.

15A & 15B

PART VI. LINE

AVAILABILITY OF DOCUMENTS TO THE PUBLIC The organization makes its Form 990 available to the public by retaining a copy at its place of business. The Form 990 is likewise published on the internet at www guidestar org. The organization's financial statements, governing

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
form 990, part xı, line 9	reconciliation of net assets change in beneficial interest of trusts \$94,106