efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126004029 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2017

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A F	or the	e 2017 c	lendar year, or tax year beginn	ing 07-01-2017 , and endin	g 06-30-	2018			
		pplicable	C Name of organization Saint Michael's College				D Employ	er identi	fication number
	dress c me cha	change	% MELISSA TOURVILLE				03-0179	9403	
	tial reti	-	Doing business as						
		n/terminated				ŀ	Г Т-Ib		_
		l return	Number and street (or P O box if mai One Winooski Park Box 274	l is not delivered to street address)	Room/suite	:	E Telephon	e numbei	-
□Ар	plicatio	on pending					(802) 6	54-2915	i
			City or town, state or province, count Colchester, VT 05439	ry, and ZIP or foreign postal code					
								•	32,431,857
			F Name and address of principal Robert S Robinson	officer		H(a) Is this		turn for	
			One Winooski Park Box 274			subord H(b) Are all	inates?	00	☐Yes ☑No
			Colchester, VT 05439			include	ed?	es	☐ Yes ☐No
[la:	x-exem	npt status	☑ 501(c)(3) ☐ 501(c)() ◄ (II	nsert no) \square 4947(a)(1) or \square					instructions)
ı w	ebsite	e:► ww	w smcvt edu			H(c) Group	exemption	number	▶ 0928
								11 -	
∢ Forr	n of or	ganızatıon	Corporation Trust Associ	ation U Other >		Year of format	ion 1913	M State	of legal domicile VT
Da	rt I	Cm	M 2 W 2						
Fe		Sumi	cribe the organization's mission or	most significant activities					
	т	o contrib	ute through higher education to the	e enhancement of the human per	rson and t	the advancem	nent of hun	nan culti	are in the light of the
ဗ	<u> </u>	atholic fa	ith						
<u> </u>									
en en	-								
Activities & Governance	2	Check thi	s box $\blacktriangleright \square$ if the organization disc	ontinued its operations or dispos	sed of mo	re than 25%	of its net a	ssets	1
- ಶ	3	Number o	of voting members of the governing	body (Part VI, line 1a)				3	29
ô	4	Number o	of independent voting members of t	the governing body (Part VI, line	1b) .		•	4	28
È	5	Total nun	nber of individuals employed in cale	endar year 2017 (Part V, line 2a)				5	1,888
5	6	Total nun	nber of volunteers (estimate if nece	ssary)			•	6	1,982
۹.	7a '	Total unre	elated business revenue from Part \	VIII, column (C), line 12				7a	-149,056
	ь	Net unrel	ated business taxable income from	Form 990-T, line 34				7b	-147,919
						Prio	r Year		Current Year
Qı	8	Contribut	ions and grants (Part VIII, line 1h)				6,044,9	910	5,486,108
Ravenua	9	Program	service revenue (Part VIII, line 2g)				106,584,5	81	103,472,114
λċ	10	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d)			5,448,5	516	3,386,245
_	11	Other rev	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			1,033,1	102	1,019,317
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), lın	e 12)		119,111,1	109	113,363,784
	13	Grants ar	nd sımılar amounts paıd (Part IX, co	olumn (A), lines 1–3)			39,657,9	808	38,902,298
	14	Benefits p	oald to or for members (Part IX, col	lumn (A), line 4)				0	(
SS.	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines	5-10)		41,886,4	126	40,291,253
Ехрепѕеѕ	16a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)				0	(
D G	Ь	Total fundr	aising expenses (Part IX, column (D), lin	e 25) ▶1,741,341					
ă	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			34,581,9	902	34,872,835
	18	Total exp	enses Add lines 13–17 (must equa	l Part IX, column (A), line 25)			116,126,2	236	114,066,386
	19	Revenue	less expenses Subtract line 18 froi	m line 12			2,984,8	373	-702,602
გ ფ						Beginning o	of Current Y	ear	End of Year
Net Assets or Fund Balances									
Bas	20	Total asse	ets (Part X, line 16)				215,078,0	26	210,675,382
₹ ₹	21	Total liab	lities (Part X, line 26)				77,571,6	596	74,070,601
Zű	22	Net asset	s or fund balances Subtract line 2:	I from line 20			137,506,3	330	136,604,781
	t II		ature Block						
			erjury, I declare that I have examır f, ıt ıs true, correct, and complete						
	nowle					<u>, </u>			
		I 				2010	05.02		
		Signati	re of officer			Date	-05-03		
Sign Here		1	T DODINGON UD OF FINANCE						
	-		T ROBINSON VP OF FINANCE r print name and title						,
		17	rint/Type preparer's name	Preparer's signature	Dat	e I		PTIN	
Dai.	1		ACOB K JOHNSON	JACOB K JOHNSON		Chec	k ∐ ıf f	0176322	6
Paid		\ <u></u>	rm's name KPMG LLP	1			employed 's EIN ►		
	pare	*! <u> </u>	rm's address ▶ 60 South Street				e no (617)	988-1000	
JSE	On	יע	Boston, MA 02111				. ,		
4	L	<u></u>		h					
પાay t	ne IRS	> aiscuss	this return with the preparer showi	n apove ((see instructions) .				∠ '	res □No

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1		organization's mission				
				ITE THROUGH HIGHER E LIGHT OF THE CATHO	EDUCATION TO THE ENHANCEME	ENT OF THE HUMAN
PERS	SON AND TO THE ADVA	ANCEMENT OF HOMAN	COLTORE IN TH	E LIGHT OF THE CATHO	DLIC FAITH	
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as me of grants and allocations to other	
4a	(Code) (Expenses \$	66,742,139	including grants of \$	38,902,298) (Revenue \$	80,661,524)
	See Additional Data					
4b	(Code) (Expenses \$	19,827,823	including grants of \$) (Revenue \$	22,810,590)
	See Additional Data					
4c	(Code) (Expenses \$	13,434,617	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	2,426,453 inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	102,431,0	32		

Checklist of Required Schedules

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Yes

Yes

Page 3

No

Nο

Nο

Nο

No

Nο

No

No

Nο

Nο

Νo

Nο

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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

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2

3

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right Did the organization receive or hold a conservation easement, including easements to preserve open space,

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 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 🕏

or X as applicable

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No

25b

26

27

28a

28b

28c

29

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31

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33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Yes

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No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

Nο

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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, Part

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

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

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

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

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

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

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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)?

instructions for applicable filing thresholds, conditions, and exceptions)

26

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,241			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		· · · · ·
C	In res, to line 3a of 3b, did the organization file FOTH 6000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			ı
		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a 29			
	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			
ь	Enter the number of voting members included in line 1a, above, who are independent			
	1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 b		No
8	persons other than the governing body?			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► VT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										
										trustee or key employee) nan \$100,000 from the o received more than \$100,000 r director or trustee of the nizations nployees, highest cer, director, or trustee (E) Reportable compensation from related of (W- organizations SC) (W- 2/1099- MISC) Reportable compensation from the organization and related	

Name and Title

Part VII

DENVER, CO 80202 Competitive Computing Inc,

KPMG LLP,

354 Mountain View Drive Suite 400 COLCHESTER, VT 05446

356 Mountain View Drive Suite 400 COLCHESTER, VT 05446

compensation from the organization ▶ 8

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

(E)

Reportable

compensation

Reportable

compensation

IT CONSULTANTS

AUDIT & TAX SERVICES

Page 8

	week (list any hours director/trustee) s both an officer and a any hours director/trustee) organization (W- 2/1099-MISC) organization and organizations 3 3 3 3 3 3 3 3 3													he			
	iner timer										יייייייייייייייייייייייייייייייייייייי	5C)	-	relate			
See	Additional Data Table																
сТ	Sub-Total	art VII, Sectio	nΑ.				 		2.6	556,087				0			452,479
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	· · · · · ·		100	,000					432,473
															Y	es	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>						oyee, o		ghest con	npensate	ed er	nploye	ee on	3			No
4	For any individual listed on line 1a, is organization and related organization:										om tl	ne		4			
5	Did any person listed on line 1a receiv														 	es	
	services rendered to the organization? If "Yes," complete Schedule J for such person																
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.																	
(A) (B) (C) Name and business address Description of services Compensation																	
30 Se	Networking Corporation, rvice Avenue VICK, RI 02886									IT Consul	ants						543,011
Royal 1920	Royall Company, 1.920 East Parham Road RICHMOND, VA 23228																
Optiv 1125	Security, 17th St Suite 1700 ER, CO 80202									IT Consul	ants						317,357

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

(C)

Position (do not check more

than one box, unless person

Average

hours per

211,439

170,350

Part '	VII										
		Check if Schedul	e O contains :	a respo	onse or note to any	(,	nis Part VII A) revenue	Re e	(B) lated or xempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	14 -	- Fodovstad assessa		4 -					evenue		512-514
ats Str		Federated campaigi		1a	<u> </u>						
rar		Membership dues		1b	6.676						
Am S		Fundraising events		1c	6,676						
ar.		d Related organizatio		1d	<u> </u>						
3.E		Government grants (co		1e	1,914,493						
e is	f	 All other contributions, and similar amounts no 		1f	3,564,939						
Contributions, Gifts, Grants and Other Similar Amounts	٥	above Noncash contribution in lines 1a-1f \$	ons included	227	· · ·						
Cor	h	Total.Add lines 1a-1	f		<u> </u>	5	,486,108				
	一				Business		,400,100				<u> </u>
킕	2a	TUITION AND FEES				611710	80,6	61,522	80,661	,522	
\$	b	RESIDENCE AND DINNII	NG			721310	19,4	06,579	19,406	,579	
3	С	BOOK STORE				451211	1,0	31,404			1,031,404
₹ ¥	d	SMC PLAYHOUSE				713940		08,996		,996	
S E	е	CHILD CARE				624410		02,799		,799	500.005
Program Service Revenue	f	All other program se	rvice revenue				1,2	60,814	83/	,489	623,325
å	g.	Total.Add lines 2a-2f			▶ 103,4	72,114					
	3 1	Investment income (ir	ncluding divid	ends, i	interest, and other	1					
	S	ımılar amounts) .			•		2,348,39	3		-158,708	2,507,101
		Income from investme		mpt b	_			D			
	5 H	Royalties	(ı) Pan		>			1			
	62	Gross rents	(ı) Rea		(II) Personal	-					
	-u	Ol obs Telles	3	37,752							
	b	Less rental expenses									
	_	Rental income or	3	37,752	0	-					
	٠	(loss)		37,732							
	d	Net rental income of	r (loss)]	337,75	2			337,752
			(ı) Securit	ies	(II) Other						
	7a Gross amount from sales of assets other than inventory b Less cost or			500							
	b	Less cost or other basis and sales expenses	18,9	29,013	125,049						
	c	Gain or (loss)	1,1	62,401	-124,549	1					
		Net gain or (loss) .			•	1	1,037,85	2		9,652	1,028,200
Other Revenue	8a	Gross income from for (not including \$contributions reporte	6,676								
₹		See Part IV, line 18		а	14,011						
ھ		Less direct expenses		b	14,011						
Jer		Net income or (loss)			ents						
PO	9a	Gross income from g See Part IV, line 19	aming activiti	es							
				а	0						
	b	Less direct expenses	s	b	0]					
	C	Net income or (loss)	from gaming	activit	ies			0			
	10a	Gross sales of invent returns and allowand		a	0						
	b	Less cost of goods s	sold	b	0	1					
		Net income or (loss)		ınvent	ory ►	,		0			
		Miscellaneous			Business Code						
	11	a OTHER OPERATING	INCOME		900099		681,56	5			681,565
	b										
	c										
								1			
		All other revenue .						-			
	е	Total. Add lines 11a	-11d	٠.	•		681,56	5			
	12	Total revenue. See	Instructions				113,363,78	4	101,817,385	-149,056	6,209,347
							. , -	•	,	,	Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses	- L			
Section 501(c)(3) and 501(c)(4) organizations must complete all c	-	·	• •	
Check if Schedule O contains a response or note to any	y line in this Part IX	(B)	(C)	· · · □
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,984	80,984		
2 Grants and other assistance to domestic individuals See Part IV, line 22	37,977,282	37,977,282		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	844,032	844,032		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,050,129	647,726	1,184,966	217,437
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	0	0	0
7 Other salaries and wages	28,719,446	23,727,053	4,174,107	818,286
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	697,706	602,417	67,215	28,074
9 Other employee benefits	6,637,753	5,921,823	524,231	191,699
10 Payroll taxes	2,186,219	1,748,711	366,113	71,395
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	160,626	0	160,626	0
c Accounting	134,735	0	134,735	0
d Lobbying	481	0	481	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	249,003	0	249,003	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	1,162,516	882,124	280,392	0
13 Office expenses	3,917,036	3,382,668	292,880	241,488
14 Information technology	1,706,307	900,994	792,244	13,069
15 Royalties	0	0	0	0
16 Occupancy	5,102,797	4,446,246	656,551	0
17 Travel	2,296,179	1,858,832	281,715	155,632
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	2,292,575	2,283,649	8,926	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	8,608,048	7,943,516	664,532	0
23 Insurance	739,624	680,067	55,296	4,261
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RESALE ITEMS	6,002,912	6,002,912		
b STUDY ABROAD EXPENDITURES	1,786,049	1,786,049		
c LIBRARY ACQUISITIONS	713,947	713,947		
d				

114,066,386

102,431,032

1,741,341

Form **990** (2017)

9,894,013

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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 \blacktriangleright \square if following SOP 98-2 (ASC 958-720)

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28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

99,755,154

43.045.635

51,139,585

253,403

210.675.382

4.067,380

2,414,575

55,610,772

0

0

0

0

0 O

155.000

11.822.874

74,070,601

81,755,790

20,777,477

34.071.514

136,604,781

210.675.382

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part IX	<u> </u>	balance sheet	
		Check if Schedule O contains a response or note to any line in this Pa	art IX

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities 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 .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

		Beginning of year		End of year
1	Cash-non-interest-bearing	6,725,365	1	5,472,257
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	1,469,723	3	1,209,490
4	Accounts receivable, net	906,099	4	1,183,083
5	Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees. Complete Part 0 5 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) 0 6 voluntary employees' beneficiary organizations (see instructions) Complete Notes and loans receivable, net . 5.734.877

10a

10b

Assets 5.665.977 Inventories for sale or use . 308.265 318,950 2.394.354 2.631.848 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

216,016,942

116.261.788

105,443,163

34.485.231

57.421.764

189,185

215,078,026

4,167,531

2,432,273

57,932,446

10c

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0 14

0 18

0 22

186.000

12.853.446

77,571,696

84.460.024

20.107.646

32.938.660

137,506,330

215.078.026

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

137,506,330

6

7 8

9

10

1,545,228

-1.744,175

No

Νo

136,604,781

Yes

Yes

Yes

Yes

Yes (2017)

2a

2b

2c

3a

3b

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

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

Consolidated basis

Form 990 (2017)

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software Version: **EIN:** 03-0179403

Name: Saint Michael's College

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

Academic program and financial support services, See Schedule O

Form 990, Part III, Line 4b: Auxiliary Enterprises, See Schedule O

Form 990, Part III, Line 4c: Student Services, See Schedule O

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

Rev Msgr Bernard W Bourgeois

Sr Lindora Cabral RSM

Mr J Kevin Connaughton

Trustee AS of 10/2017

Rev David G Cray SSE

Trustee Thru 10/2017

Rev Stanley M Deresienski SSE

Mr Michael J Cunniff

......

Trustee

Trustee

Trustee

Trustee

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DR SULTAN AHAMED TRUSTEE THRU 10/2017	1 0	×						0	0	0
Sr Peg Albert OP PHD Trustee	1 0	х						0	0	0
Rev Richard Berube SSE Trustee	1 0	Х						0	0	0
D. 1 C Bl	1 0									

0

0

Sr Peg Albert OP PHD		l x			۱ ،	
Trustee	0 0	^				
Rev Richard Berube SSE	1 0	v			0	
Trustee	0 0	^			Ū	
Dr Jose C Blanco	1 0	v			0	
Trustee	0 0	_ ^				
Trustee Dr Jose C Blanco	0 0	x			0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Mr P Jonathan Heroux

Vice Chair of the Board

Mr Anthony J Maginnis

Mr Michael E McGrath

Ms Noriko Kameda

Very Rev Stephen W Hornat SSE

......

	any hours	and	a dır			organization	organizations	from the		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Donald R Dion Jr Trustee	1 0	×						0	0	0
Rev Raymond J Doherty SSE Trustee	20 0	×						6,399	0	41
Rev Patrick J Forman Trustee	2 0	×						0	0	0

	1 0						
Rev Patrick J Forman	2 0	v			0	0	
Trustee	0 0	^			0	0	
Mr Joseph P Garrity	5 0	×			n	0	
Trustee	0 0	''				5	
Bro Francis Hagerty SSE	5 0	v			0	0	

Rev Patrick J Forman	2 0						0	١	ı
Trustee	0 0	^					0	Ů	
Mr Joseph P Garrity	5 0	v					0	0	
Trustee	0 0	^					0	Ü	
Bro Francis Hagerty SSE	5 0								
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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/trد	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Gerald W McKenna Trustee	4 0	х						0	0	0
Mrs Mary-Kate G McKenna Chairman of the Board	10 0	х						0	0	0
Mr William B O'Keefe	1 0	X						0	0	0
Trustee										

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58,000

10,319

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Chairman of the Board
Mr Wıllıam B O'Keefe
Trustee
Mrs Carol S Piccaro
Trustee

Rev Marcel R Rainville SSE

Trustee as of 10/2017

Mr Steven J Renehan

Trustee

Trustee

Trustee

Trustee

TRUSTEE

Mr Barry D Roy

Mr Michael L Seaver

Dr Robert F Tobin MD

MS MAUREEN K USIFER

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

......

VP Human Resources

VP Enrollment & Marketing

Sarah M Kelly

Karen A Talentino

William O Anderson

Dawn M Ellinwood

VP for Student Affairs

Richard J Daniel Thru 102017

VP Institutional Advancement

VP for Academic Affairs

Chief Information Officer

	farmalatad	anu	a uii	ecto	л/ц	ustee		Organization	Organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dr John J Neuhauser President/Trustee	40 0	х		х				448,822	0	103,710
	0.0					\sqcup				
Patrick J Gallivan Secretary of the Board/VP GCA	1 0			x				145,380	0	26,367
Neal E Robinson Thru 62017 Treasurer/VP for Finance	40 0			х				202,023	0	29,696
Robert Robinson As Of 112017	40 0			х				127,822	0	33,059

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153,046

173,487

191.649

141,148

174,901

198,917

8,117

36,579

28,874

31,999

33,928

29,705

0

Secretary of the Board/VP GCA	1 0				ŕ	
Neal E Robinson Thru 62017	40 0		v		202,023	
Treasurer/VP for Finance	0 0		^		202,023	
Robert Robinson As Of 112017	40 0		,		107.000	
Treasurer/CFO	0 0		Х		127,822	
Michael J New Thru 62017	40 0					

0 0 40 0

10 40 0

0 0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Director Business Intelligence

	any hours for related	and	a dii	recto	or/tr	ustee))	organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Diane M Lander	40 0										
Assoc Prof Bus Admin&Accting	0 0					X		136,361	0	2,140	
Ronald B Miller Professor Graduate Psychology	40 0					х		126,025	0	26,187	
Cathamas C. Hunat	40 0										

Ronald B Miller	40 0			×	126,025	0	
Professor Graduate Psychology	0 0				120,023	3	
Catherine G Hurst	40 0			x	128 542	0	

				X	126,025	. 01	l
Professor Graduate Psychology	0 0				, i		
Catherine G Hurst	40 0			×	128.542	0	
Professor Fine Arts	0.0			^	120,542	Ĭ	

Tolessor Graduate Psychology	0.0						
Catherine G Hurst	40 0	l		×	128.542	0	
rofessor Fine Arts	0 0				120,012	,	

Professor Fine Arts	0 0			Х		128,542	0	2,288
John P Kenney	40 0							
				X	l	124,412	0	24,454

Professor Fine Arts	0 0					
John P Kenney	40 0					
·				x	124.412	

0 0

rofessor Religious Studies	0 0			Х	124,412	O	
	40.0						

Mary Jane Russell 119,153 ol 25,016

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493126004029
SCI (For	SCHEDULE A (Form 990 or 990EZ)			Public (Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
Depart	lment of	f the Treasury	▶ Info	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public
Nam	e of th	nie Service he organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection ation number
Saint	Michael	's College						03-0179403	
	rt I				us (All organization			See instructions.	
_	organız —		•		it is (For lines 1 thro	5 ,	,		
1	Ш	•		·	sociation of churches				
2	✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		·	·	•	vice organization desc			•	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				oed in section 170
6		•	·	-	governmental unit de				
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desci	ibed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts exempt fur unrelated busın	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	- '
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganization sup porting organiza	ervised or controlled i				
c		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Entor			on-functionally l organizations	integrated supporting	organization			
g g				-	ipported organization(s)			
		Name of supports	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
Tota			tion Act Not			Cat No 11285		 Schedule A (Form 9	

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	rection Air abile bappore						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(,	(-/	(-/	(,	(-)	(-,
1	Gifts, grants, contributions, and	C 104 043	4 002 520	E 12E 100	6 044 040	E 406 100	27 022 500
	membership fees received (Do not	6,184,942	4,992,520	5,125,109	6,044,910	5,486,108	27,833,589
_	include any "unusual grant ") Tax revenues levied for the						
2		0		0	0	0	0
	organization's benefit and either paid	ا	۷	U	U	U	U
3	to or expended on its behalf The value of services or facilities						
3		0		0	0	0	0
	furnished by a governmental unit to	ا	۷	U	U	U	U
١.	the organization without charge	5 404 043	4 003 530	E 42E 400	6 044 040	E 406 400	27.022.500
4	Total. Add lines 1 through 3	6,184,942	4,992,520	5,125,109	6,044,910	5,486,108	27,833,589
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						27 022 500
	from line 4						27,833,589
S	Section B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
	(or fiscal year beginning in) ▶				` ,	` '	
7	Amounts from line 4	6,184,942	4,992,520	5,125,109	6,044,910	5,486,108	27,833,589
8	Gross income from interest,						
	dividends, payments received on	1,342,812	1,247,539	1,807,716	1,552,987	2,844,853	8,795,907
	securities loans, rents, royalties and	1,342,612	1,247,339	1,607,710	1,332,907	2,044,033	6,793,907
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	0	0	0	0		0
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	1,160,273	1,126,089	1,037,700	767,462	681,565	4,773,089
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through						41,402,585
	10						41,402,303

11	Total support. Add lines 7 through							
12	Gross receipts from related activities, etc (see instructions)							
13	First five years. If the Form 990 is fo	r the organization	ı's fırst, s					
	check this box and stop here .							

Public support percentage for 2016 Schedule A, Part II, line 14

organization

instructions

supported organization

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

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

12 533,399,337

Schedule A (Form 990 or 990-EZ) 2017

67 227 %

69 760 %

▶ ☑

14

second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	16					
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

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	İ	
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)			
	in section 309(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			
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		

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					
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					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.		
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 12a or 12b in Part I, answer (b) and (c) below					
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		$\overline{}$			
	supervised by or in connection with its supported organizations	4b				
С	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					
	to the left supported signification was used exclusively for section 170(e)(E)(E) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
	cnecked 12a or 12b 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					
	rganization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or upervised by or in connection with its supported organizations	4b				
С	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					
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)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a					
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)					

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)		•	-9
	·		Yes	No
11	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		
	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	11c		
	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		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		
-	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		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 control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 each of the supported organizations? Provide details in Part VI .	3a		
	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		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 03-0179403

Name: Saint Michael's College

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

DLN: 93493126004029

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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

Inspection

•	Section 527 organizations Complet	501(c)(3)) organizations Complete Parts te Part I-A only		·	
• • f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)	ection 501(h)) Co ider section 501(h	omplete Part II-A Do not o)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	exy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz	**			
Na	me of the organization nt Michael's College	•		Employer ide	ntification number
Sai	nt Michael's College			03-0179403	
Pai	rt I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	• •			
Par	rt I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	·	ax incurred by the organization under se		>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	•	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b					
		nization is exempt under sectio).
1	, · ·	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
L					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (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 Schedule C (Form 990 or 990-EZ) 2017 activity

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

(b)

Amount

(a)

No

Yes

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	1			
c	Media advertisements?		No	1			
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?	Yes				481	
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?		No				
j	Total Add lines 1c through 1i					481	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No				
Dar			_				
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectio	on			
Fall	501(c)(6).	(5), 0	r sectio		Yes	No	
1		(5), o			Yes	No	
	501(c)(6).	(5), o			Yes	No	
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	(5), o		1	Yes	No	
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	r sectio	1 2 3			
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? EIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	(5), o	r sectio	1 2 3			
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o III-A	r sectio	1 2 3			
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members 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	(5), o III-A 1	r sectio	1 2 3			
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? EIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members 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	(5), o III-A 1 2a 2b	r sectio	1 2 3			
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members 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	(5), o III-A 1 2a 2b 2c	r sectio	1 2 3			
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? EIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members 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	(5), o III-A 1 2a 2b	r sectio	1 2 3			

expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

5

Part IV

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

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

Explanation PART II-B, LINE 1F THE COLLEGE IS A MEMBER OF THE ASSOCIATION OF VERMONT INDEPENDENT

> COLLEGES (AVIC) WHICH REPRESENTS ITS MEMBERS IN VARIOUS FORMS SERVING THE INTERESTS OF HIGHER EDUCATION, INCLUDING GOVERNMENT LEGISLATION ANNUAL MEMBERSHIP FEES PAID TO THIS

4

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

DLN: 93493126004029 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** Saint Michael's College 03-0179403 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	3111	Organizations Mair	ntaining Coll	ections of Art,	Histori	ical T	reas	ures, or Other	Similar As	sets (con	tınued)	
3		the organization's acquis (check all that apply)	ition, accession	, and other records	s, check	any of	the fo	ollowing that are a	sıgnıfıcant u	se of its co	llection	
а		Public exhibition			d		Loar	or exchange prog	rams			
b		Scholarly research			e		Othe	er				
c		Preservation for future ge	enerations									
4	Provid Part >	de a description of the org KIII	janization's coll	ections and explain	how the	ey furtl	her th	e organization's ex	empt purpo	se ın		
5		g the year, did the organi s to be sold to raise funds							ılar	☐ Yes	□ N	lo
Par	t IV	Escrow and Custod Complete if the organ X, line 21.			rm 990), Part	IV, I	ine 9, or reporte	d an amou	nt on For	m 990,	Part
1a		e organization an agent, tr ded on Form 990, Part X?	ustee, custodia	n or other interme	diary for	contri	butior	ns or other assets	not	☐ Yes	□ N	lo
ь	If "Ye	es," explain the arrangeme	ent in Part XIII	and complete the f	ollowing	table			A	mount		_
c	Begin	ining balance		·	_			1c				_
d	Addıt	ions during the year						1d				_
е	Distri	butions during the year						1e				_
f	Endın	g balance						1f				
2a		ne organization include an			-				•	☐ Yes		lo
b	_	s," explain the arrangeme			- '			<u> </u>				
Pa	rt V	Endowment Funds.	. Complete if									
1 a	Region	ing of year balance		(a)Current year 87,442,239	(6)⊦	9710r yea 83,022		(c)Two years back 88,508,483	(d)Three yea	rs back (e 349,379	Four yea) 78.	rs back 312,676
	-	outions		1,463,738			1,262	564,890		594,728		294,010
		estment earnings, gains,	and losses	4,846,363			7,182	-2,284,722		59,811		148,166
		or scholarships		2,840,483		2,314	1,061	2,331,552	2,	133,921	2,	110,538
	Other e	expenditures for facilities ograms		741,718		1,148	3,412	1,205,490		085,291	·	841,479
f		strative expenses		249,003		26	5,786	229,555		276,223		453,456
g	End of	year balance		89,921,136		87,442	2,239	83,022,054	88,	508,483	91,	349,379
2 a		de the estimated percenta d designated or quasi-endo	-	nt year end balanc 42 000 %	e (line 1	g, colu	mn (a	i)) held as				
a b			37 000 %	12 000 /0								
_		orarily restricted endowm		00 %								
С		percentages on lines 2a, 21										
3a		here endowment funds no		•	ition tha	t are h	eld ar	nd administered fo	r the			
		nization by	•	-							Yes	No
	(i) ur	nrelated organizations .								3a(i		No
		_					٠.	• •		3a(ii)	No
ь 4		es" on 3a(II), are the relate Tibe In Part XIII the Intend	-	·			•			3b		
	t VI	Land, Buildings, an			Willelic	Turius						
-(:	r AT	Complete if the organ			rm 990), Part	IV. I	ıne 11a. See Foi	m 990, Pa	rt X, line	10.	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Cos	t or other						Book valu	е
1a	Land	+				2,4	50,261					2,450,261
		gs					04,031	+	91,144,916			5,759,115
		old improvements					,		. ,			
		nent				32.1	75,558		23,588,199			3,587,359
	Other						87,092		1,528,673			1,958,419
		lines 1a through 1e (Colui	mn (d) must ed	ual Form 990. Part	X. colui				>			9,755,154

Part VII Investments—Other Securities. Complete if the	he organization ans	wered "Yes" or	n Form 990, Part I\	/, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security) (1) Financial derivatives		Cos	st or end-of-year mar	ket value
(2) Closely-held equity interests				
(3) Other(A) CASH EQUIVALENTS	4,161,639		F	
(B) INTERNATIONAL EQUITIES	4,933,147	,	F	
(C) DIRECTIONAL HEDGE COMPOSITE	3,222		F	
(D) RELATIVE VALUE STRATEGIES	8,674,149		F	
(E) PRIVATE EQUITY	3,078,032		F	
(F) GLOBAL FIXED INCOME COMPOSITE	10,398,26		F	
(G) REAL ASSET COMPOSITE	17,294,338		F	
(H) DEPOSITS WITH BOND TRUSTEE	2,596,793		F	_
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	51,139,58		·	
Part VIII Investments—Program Related.	Form 990 Part IV	lino 11c. Soo E	orm 990 Part V li	no 13
Complete if the organization answered 'Yes' on F (a) Description of investment	(b) Book value	_	(c) Method of valua	
		Cos	st or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answered (a) Description		art IV, line 11d	See Form 990, Part X	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•	
Part X Other Liabilities. Complete if the organization a				
See Form 990, Part X, line 25. 1. (a) Description of liability	(b)	Book value	1	
(1) Federal income taxes	(3)	0	-	
OTHER LIABILITIES		6,010,884		
AMTS HELD ON BEHALF OF OTHERS		1,255,734		
REFUNDABLE ADVANCES		4,388,319		
ANNUITY OBLIGATION		81,099		
CAPITAL LEASE OBLIGATIONS (6)		86,838	-	
			_	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	of the footnote to the	11,822,874	ancial statements tha	t renorts the
organization's liability for uncertain tax positions and art XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)		_		

Part XI

2

а

b

4

b

c

Part XII

5

1

2

c

d

е

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2017

Page 4

1,545,228

74,328,450

39,035,334

113,363,784

76,775,227

1,758,186

75,017,041

39,049,345

114.066.386

Schedule D (Form 990) 2017

d 2d 2e е 3 3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

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

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

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

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

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

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

249,003 4b 38.786.331

1,545,228

1,758,186

249,003

38,800,342

4c

5

2e

3

4c

5

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

(A) CASH EQUIVALENTS

(D) PRIVATE EQUITY

(F) REAL ASSET COMPOSITE

(A) INTERNATIONAL EQUITIES

(B) DIRECTIONAL HEDGE COMPOSITE

(E) GLOBAL FIXED INCOME COMPOSITE

(G) DEPOSITS WITH BOND TRUSTEE

(C) RELATIVE VALUE STRATEGIES

Software ID: Software Version: EIN: 03-0179403

Name: Saint Michael's College

4,161,639

4,933,147

8,674,149

3,078,032

10,398,265

17,294,338

2,596,793

3,222

(c) Method of valuation Cost or end-of-year market value

F

F

F

F

F

F

Name:

Form 990, Schedule D, Part VII - Investments Other Se	ecurities
(a) Description of security or category (including name of security)	(b)Book value

Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4 SAINT MICHAEL'S COLLEGE ENDOWMENT AND QUASI-ENDOWMENT CONSISTS OF APPROXIMA TELY 200 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A VARIETY OF PURPOSES IN ACCORDANCE WITH APPLICABLE LAW AND DONOR INTENT AND FUNDS DESIGNATED BY THE COLLEGE'S BOARD TO OPERA TE AS ENDOWMENT (QUASI-ENDOWMENT) A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FINANC IAL AID ASSISTANCE TO UNDERGRADUATE STUDENTS OTHER USES OF THE FUNDS INCLUDE, BUT ARE NOT
	LIMITED TO, PROVIDING STUDY ABROAD AND RESEARCH OPPORTUNITIES, CREATION AND FUNDING OF FA CULTY CHAIRS, SUPPORT FOR STUDENT SERVICES AND ACTIVITIES, LIBRARY ACQUISITIONS AND FUNDIN G FOR LECTURE SERIES THE PRIMARY OBJECTIVE OF THE PORTFOLIO IS TO ACHIEVE AN ANNUALIZED T OTAL RETURN, NET OF FEES, THROUGH APPRECIATION AND INCOME, EQUAL TO OR GREATER THAN THE RA TE OF INFLATION PLUS ANY SPENDING AND ADMINISTRATIVE EXPENSES THUS, AT A MINIMUM MAINTAINI NG THE PURCHASING POWER OF THE PORTFOLIO THE INVESTMENTS ARE MANAGED UNDER THE UNIFORM PR

Supplemental Information

T CYCLE

NG THE PURCHASING POWER OF THE PORTFOLIO THE INVESTMENTS ARE MANAGED UNDER THE UNIFORM PR

UDENT INVESTOR ACT STANDARD REQUIRING THE EXERCISE OF REASONABLE CARE, SKILL, AND CAUTION WHILE BEING APPLIED TO INVESTMENTS NOT IN ISOLATION, BUT IN THE CONTEXT OF THE PORTFOLIO A S A WHOLE AND AS A PART OF AN OVERALL STRATEGY HAVING RISK AND RETURN OBJECTIVES REASONABL Y SUITED TO THE PORTFOLIO SINCE SHORT TERM MARKET FLUCTUATION MAY CAUSE VARIATIONS IN INV ESTMENT PERFORMANCE, IT IS INTENDED THAT THE OBJECTIVES WILL BE ACHIEVED OVER A FULL MARKE

Supplemental Information	
Return Reference	Explanation
UNCERTAIN TAX POSITIONS	PART X, LINE 2 THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAX PURSUANT TO SECTION 5 01(A) OF THE CODE THE COLLEGE BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITION S

Supplemental Information	
Return Reference	Explanation
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B STUDENT FINANCIAL AID \$38,800,342 SPECIAL EVENTS EXPENSES (\$14,011)TOTAL \$38,786,331

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Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D SPECIAL EVENTS EXPENSES \$14,011 VOLUNTARY SEPARATION PLAN \$943,225 SYSTE M CONVERSION COSTS \$800,950 TOTAL \$1,758,186

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Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B Student Financial Aid \$38,800,342

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126004029 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** Saint Michael's College 03-0179403 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017)								
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)								
Return Reference Explanation								
NONDISCRIMINATION POLICY	PART I, LINE 3 THE COLLEGE INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS BYLAWS, EMPLOYEE HANDBOOK, GRADUATE AND UNDERGRADUATE CATALOGS, STUDENT CODE OF CONDUCT AND COLLEGE POLICY HANDBOOK, FACULTY REGULATIONS, ON OUR APPLICATION SUPPLEMENT, UNDER FACTS ABOUT THE COLLEGE ON ITS WEBSITE, AND WITHIN THE NEASC SELF STUDY DOCUMENT FOR REACCREDITATION THE COLLEGE ALSO VALUES DIVERSITY AND HAS A BOARD OF TRUSTEES APPROVED POLICY WHICH IS ALSO CONTAINED WITHIN MANY OF THESE DOCUMENTS							
GRANTS FROM GOVERNMENT AGENCIES	PART I, LINE 6A SAINT MICHAEL'S COLLEGE RECEIVES GRANTS AND STUDENT AID FROM VARIOUS GOVERNMENTAL AGENCIES FOR SUPPORT OF EDUCATIONAL AND STUDENT PROGRAMS							

Schedule F (Form 990 or 990-FZ) (2017)

efile GRAPHIC prin	t - DO NOT PF	ROCESS	As Filed Data -	a - DLN: 9349312600402				
SCHEDULE F (Form 990)	Stater	ment of A	Activities (Outside the Uni	OMB No 1545-0047			
(1 omi 330)	► Complet	te if the organia		d "Yes" to Form 990, Part IV, line 14b, 15, or 16. ch to Form 990. 2017				
Department of the Treasury Internal Revenue Service	► Information	on about Sched	lule F (Form 990) a	0) and its instructions is at www.irs.gov/form990 . Open to Pu Inspection				
Name of the organization	י ו					Employer iden	tification number	
Saint Michael's College						03-0179403		
	Information o , Part IV, line 1		Outside the U	Inited States. Comple	te if the	organization ar	nswered "Yes" to	
other assistance,	the grantees' el	ligibility for th		substantiate the amount stance, and the selection	_			
to award the gra	nts or assistance	??					✓ Yes ☐ No	
2 For grantmaker outside the Unite		art V the orga	anızatıon's proce	dures for monitoring the	use of its	grants and oth	er assistance	
3 Activites per Regio	on (The following	Part I, line 3 t	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spec	ty listed in (d) is a service, describe lific type of e(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data				<u> </u>				
(2)							•	
(3)								
(4)								
(5)								
3a Sub-total b Total from continua Part I	ation sheets to	(10				5,336,951 59,253	
c Totals (add lines 3					No 50082		5,396,204 e F (Form 990) 2017	

(2)	Central America and the Caribbean	GENERAL SUPPORT	6,911	Wire	N/A	N/A
(3)	South Asia	GENERAL SUPPORT	8,041	Wire	N/A	N/A
(4)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2017

(16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be o	duplicated if addition	<u>onal space is n</u>	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							

(4)				
(5)				
(6)				
(7)				
(8)				

(6)					
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(12)					
(12)	<u> </u>	, and the second	 , and the second	· ·	

(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	✓ Yes	□No

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

Return Reference	Explanation
ACTIVITIES OUTSIDE THE UNITED STATES	PART I, LINE 3 STUDY PROGRAMS SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM STUDY PROGRAMS ARE AN IMPORTANT AND CREATIVE WAY FOR FACULTY AND STUDENTS TO EXPAND THE BOUNDARIES OF THE SAINT MICHAEL'S CAMPUS SHORT-TERM STUDY PROGRAMS ARE ACADEMIC COURSES DEVELOPED BY FACULTY TYPICALLY LASTING TWO WEEKS, THESE PROGRAMS INVOLVE STUDY ABROAD, MAY INCLUDE DIRECT INVOLVEMENT IN ISSUES COVERED IN AN ON-CAMPUS COURSE AND PROVIDE DIRECT EXPERIENCE ON A PARTICULAR TOPIC IN A PARTICULAR LOCALE STUDY ABROAD SAINT MICHAEL'S COLLEGE UTILIZES OVER 20 THIRD-PARTY PROGRAM PROVIDERS AND EXCHANGE PARTNERS TO PROVIDE STUDENTS WITH OPPORTUNITIES TO STUDY IN OVER 70 COUNTRIES THERE ARE MANY DIVERSE PROGRAMS OFFERINGS FOR A STUDENT'S STUDY ABROAD EXPERIENCE IN OUR INCREASINGLY GLOBAL SOCIETY, MORE AND MORE STUDENTS RECOGNIZE THE VALUE OF SPENDING A SEMESTER OR A YEAR ABROAD AGENTS THE COLLEGE'S APPLIED LINGUISTICS DEPARTMENT OFFERS A VARIETY OF ENGLISH LANGUAGE PROGRAMS FOR STUDENTS TO EARN A CERTIFICATE OF COMPLETION AND/OR MASTER'S DEGREE IN TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES UPON SUCCESSFUL COMPLETION OF THE ADVANCED ENGLISH PROGRAM LEVEL II, A STUDENT MAY MATRICULATE INTO AN UNDERGRADUATE DEGREE PROGRAM AT THE COLLEGE OR ELSEWHERE THE COLLEGE USES INTERNATIONAL AGENTS TO ASSIST WITH RECRUITING AND ADMISSIONS FOR THESE PROGRAMS RECRUITING THE COLLEGE HAS ONE FULL-TIME STAFF MEMBER WHO TRAVELS TO RECRUIT INTERNATIONAL STUDENTS AND GROUPS FOR OUR ENGLISH LANGUAGE PROGRAMS AND UNDERGRADUATE ADMISSIONS THESE EXPENSES ARE PRIMARILY RELATED TO TRAVEL IN EAST ASIA AND EUROPE SERVICE TRIP THIS REPRESENTS THE IN COUNTRY EXPENSES PAID FOR FLIGHTS, MEALS, SUPPLIES, AND LODGING

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

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

Additional Data

Central America and the

Carıbbean

Software ID: Software Version:

EIN: 03-0179403

Name: Saint Michael's College

Study Abroad

97,420

Form	aan	Schedule F	Part T	_	Activities	Outside	The	United States	
	220	Schedule F	raiti	_	ACHIVICS	Outside	1116	Ullited States	,

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		3,547,000

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Study Abroad 216.512 0 Program Services Europe (Including Iceland and 0 Program Services Study Abroad 1,090,739 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 0 |Program Services Study Abroad 18.200 South America 0 Program Services Study Abroad 31,755

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia Study Abroad 38.850 0 Program Services Sub-Saharan Africa 0 Program Services Study Abroad 67,870

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 61.700 Agent Europe (Including Iceland and Agent 3,814 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 31.450 0 Program Services lRecruitina Europe (Including Iceland and 0 Program Services Recruitina 16,499 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 1.414 0 Program Services lRecruitina Sub-Saharan Africa 0 Program Services Recruiting 2,897

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 63.872 0 Program Services Study Program Greenland) North America 18,568 0 Program Services Study Program

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Study Program 28.391 0 Program Services Sub-Saharan Africa 0 Program Services Study Program 1,545

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 6.911 0 Program Services General Support Caribbean South Asia 14,060 0 Program Services General Support

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Conference 3.507 0 Program Services Europe (Including Iceland and 0 Program Services Conference 3,879 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America |Conference/Athl Train 9.425 0 Program Services South Asia 0 Program Services Service Trip 19,926

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (d) Amount of (e) Manner of cash (g) Description of (h) Method of (b) Region (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) STUDENT 33,264 Wire N/A IN/A Central America **SCHOLARSHIPS** land the Caribbean STUDENT 127.342 Wire IN/A N/A East Asia and SCHOLARSHIPS the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 65 569,687 Wire N/A N/A lEurope SCHOLARSHIPS (Includina Iceland and Greenland) STUDENT 13.348 Wire N/A N/A Middle East and **SCHOLARSHIPS** North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of (b) Region assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 27,507 Wire IN/A N/A South America SCHOLARSHIPS STUDENT 15.974 Wire IN/A IN/A South Asia SCHOLARSHIPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (c)Number (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or (b) Region (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other' STUDENT 35.939 Wire IN/A N/A Sub-Saharan SCHOLARSHIPS Africa

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126004029 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** Saint Michael's College 03-0179403 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$5	vent contributions and			
ne ne		(a)Event #1 Golf Classic (event type)	(b) Event #2 (event type)	(c)Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20,687	0	C	20,687
	2 Less Contributions	6,676	0	C	
	Gross income (line 1 minus line 2)	14,011	0	C	14,011
	4 Cash prizes		0	C	0
တွ	5 Noncash prizes	2,487	0	C	2,487
Expenses	6 Rent/facility costs	7,390	0	C	7,390
ន័	7 Food and beverages	3,776	0	C	3,776
	8 Entertainment		0	C	0
Direct	9 Other direct expenses	358	0	C	358
	10 Direct expense summary Add lines 4 t	hrough 9 in column (d)			14,011
	11 Net income summary Subtract line 10			•	
Pai	on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	1 more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
sesu	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	□ No	□ No	☐ No	
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	ın (d)	•	
9 a b	Enter the state(s) in which the organization licensed to conduct go If "No," explain	aming activities in each of			☐ Yes ☐ No
					I
10a b	Were any of the organization's gaming lid	· ·			Yes No

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gaming	activities with nonmember	5?		□Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and re	cords			
	Name						
	Address ► SAINT MICHAELS COLLE COLCHESTER, VT 0543	٥					
15a	Does the organization have a contract v				□Yes		
b	If "Yes," enter the amount of gaming re	evenue received by the org	anization ▶ \$ and th	e			
	amount of gaming revenue retained by	the third party ► \$					
С	If "Yes," enter name and address of the	e third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		□Yes	□No	
b	Enter the amount of distributions required in the organization's own exempt activities.		uted to other exempt organizations or spent \$				
Pai	t IV Supplemental Informatio	n. Provide the explanat	cions required by Part I, line 2b, columns licable. Also provide any additional infor				s).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DLN: 934931	26004029
Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .							OMB No 1545 201 Open to Pu Inspection	7
Name of the organization Saint Michael's College	yer identification number 79403							
Part I General Inf	ormation on Grants	and Assistance						
the selection criteria is 2 Describe in Part IV the Part II Grants and Office is 2 of 10 o	used to award the grants e organization's procedur	or assistance? es for monitoring the use estic Organizations an	e of grant funds in the Un	ited States	for the grants or assistance	·	Your IV, line 21, for any r	
(a) Name and address organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		se of grant ce
(1) SSE DBA SAINT ANNE'S SHRINE PO BOX 280 ISLE LA MOTTE, VT 0546.	03-0195115	501(C)(3)	70,984				SEE PART I	V
(2) Vermont Cares PO Box 5248 Burlington, VT 05402	03-0307864	501(c)(3)	10,000				See Part IV	
	. , , ,	-	listed in the line 1 table .				. •	2
For Paperwork Reduction Act	Notice, see the Instruction	ns for Form 990.		Cat No. 50055	iP.		Schedule I (Form	990) 2017

(1) STUDENT SCHOLARSHIPS	1670	33,560,805		
(2) UNDERGRADUATE ENDOWMENT FUNDED SCHOLARSHIPS	283	2,840,483		
(3) UNDERGRADUATE ATHLETIC GRANTS	20	1,163,432		
(4) FED SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS	273	404,597		
(5) GRADUATE STUDENT GRANTS	4	7,965		
(5)				
(6)				
(7)				

noncash assistance

FMV, appraisal, other)

Part IV

GRANTS AND OTHER ASSISTANCE

GRANTS AND OTHER ASSISTANCE

TO INDIVIDUALS IN THE U S

Return Reference

TO GOVERNMENTS AND

ORGANIZATIONS IN THE U.S.

Schedule I (Form 990) 2017

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

Explanation

recipients

INDIVIDUALS WHO MAY NOT OTHERWISE HAVE THE RESOURCES TO DO SO

PART II, COLUMN H LINE 1 - SAINT ANNE'S SHRINE - THE CONTRIBUTION TO SAINT ANNE'S SHRINE WAS MADE TO PROVIDE SUPPORT OF THEIR MISSION TO SERVE

ENHANCEMENT OF THE HUMAN PERSON AND THE ADVANCEMENT OF HUMAN CULTURE IN THE LIGHT OF THE CATHOLIC FAITH ADDITIONAL LAND WAS ACQUIRED BY

PART III THE COLLEGE RECOGNIZES THE HIGH COST OF A PRIVATE EDUCATION AND ATTEMPTS TO ADDRESS AS MUCH AS WE PRACTICALLY CAN TO CLOSE THE GAP

BETWEEN THE COST OF ATTENDANCE AND FAMILY RESOURCES USING A VARIETY OF SOURCES, INCLUDING FEDERAL, STATE AND INSTITUTIONAL (COLLEGE) FUNDING THE THREE TYPES OF FINANCIAL ASSISTANCE WE EMPLOY INCLUDES GRANTS AND SCHOLARSHIPS, LOANS AND STUDENT EMPLOYMENT IN 2017-2018. THE COLLEGE ADMINISTERED OVER \$56 MILLION IN ASSISTANCE, OF WHICH APPROXIMATELY \$36 MILLION WAS PRIMARILY COLLEGE FUNDED AID, SCHOLARSHIPS OR GRANTS THE COLLEGE'S PRACTICE HAS BEEN TO AWARD AID BASED ON MERIT AND/OR NEED TO ALL STUDENTS ACCEPTED FOR ADMISSION THE AMOUNT OF

AID A STUDENT RECEIVES UPON INITIAL ENROLLMENT GENERALLY IS AWARDED FOR EACH YEAR HE/SHE ATTENDS SAINT MICHAEL'S COLLEGE

DEPARTMENTS OF CAMPUS MINISTRY, STUDENT LIFE, ATHLETICS AND ACADEMIC AFFAIRS THE COLLEGE BENEFITS FROM USE OF THE FACILITIES AT THE SHRINE FOR CURRICULUM ENHANCEMENT, STUDENT AND STAFF RETREATS AND WORSHIP EMPLOYEES FROM CAMPUS MINISTRY AND OTHER COLLEGE EMPLOYEES WORK TO DEVELOP, MONITOR AND IMPLEMENT PROGRAMMING GOALS ENSURING THAT DONATIONS ARE USED FOR THEIR INTENDED PURPOSE LINE 2 - VERMONT CARES -THE CONTRIBUTION TO VERMONT CARES WAS MADE TO SUPPORT THEIR MISSION TO WORK FOR AND WITH VERMONTERS AFFECTED BY HIV/AIDS TO PROMOTE WELL-BEING THROUGH A CONTINUUM OF PREVENTION, SUPPORT, AND ADVOCACY SERVICES VERMONT CARES ENVISIONS A WORLD OF COMPASSIONATE NEIGHBORHOODS WHERE PEOPLE LIVE FREE OF THE STIGMA, POVERTY AND OPPRESSION ASSOCIATED WITH THE HIV/AIDS EPIDEMIC AND PEOPLE OF VERMONT MAKE INFORMED DECISIONS ABOUT HIV PREVENTION, SERVICES AND TREATMENT THIS ORGANIZATION WAS CHOSEN TO RECEIVE THIS DONATION BY THE COLLEGE'S STUDENT ASSOCIATION WHICH INVITES LOCAL NON-PROFIT ORGANIZATIONS TO APPLY TO A \$10,000 DONATION THROUGH AN APPLICATION PROCESS ITHREE ORGANIZATIONS ARE THEN CHOSEN TO EACH MAKE A PRESENTATION TO THE STUDENT BODY DESCRIBING THEIR ORGANIZATION, ITS MISSION AND THE USE OF THE GRANT BY THE NON-PROFIT THE COLLEGE'S STUDENTS THEN VOTE FOR THE ORGANIZATION THEY WANT TO RECEIVE THE DONATION THE ORGANIZATIONS ARE REQUIRED TO COME BACK TO THE STUDENT ASSOCIATION IN TWO YEARS TO PRESENT THE IMPACT OF THE AWARD VERMONT CARES IS USING THE GRANT FOR FUNDING FOR THEIR NEWLY INITIATED MOBILE TESTING STATION IN ORDER TO INCREASE ACCESSIBILITY FOR TESTING FOR THOSE

AS A WELCOMING PLACE OF PEACE AND HOPE MINISTERING TO ALL GOD'S PEOPLE THROUGH PRAYER, DEVOTION, HOSPITALITY AND SPIRITUAL RENEWAL THE

SHRINE WAS DEVELOPED AND MAINTAINED FOR THE PAST 100+ YEARS BY THE SOCIETY OF SAINT EDMUND, THE CATHOLIC RELIGIOUS COMMUNITY WHICH IS ALSO THE FOUNDER OF SAINT MICHAEL'S COLLEGE THE COLLEGE SHARES A SIMILAR MISSION TO CONTRIBUTE THROUGH HIGHER EDUCATION TO THE

THE SOCIETY AND LODGING WAS CONSTRUCTED TO PROVIDE OVERNIGHT FACILITIES TO CONDUCT PROGRAMMING NEEDS OF THE COLLEGE FOR THE

Schedule I (Form 990) 2017

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9312	6004	029
Sch	nedule J	Co	mpensati	ion Information	ОМІ	3 No	1545-0	0047
•	m 990)	► Complete if the orga	Compensa anization answ Attach	rustees, Key Employees, and Higho ated Employees vered "Yes" on Form 990, Part IV, I to Form 990. (Form 990) and its instructions is	ine 23.		17	
•	tment of the Treasurv al Revenue Service	P Information ab		gov/form990.			ectio	
	me of the organiza	ation		E	mployer identificati	on nu	mber	
Sair	nt Michael's College			lo	3-0179403			
Pa	rt I Questi	ons Regarding Compensat	ion	-				
					_		Yes	No
1a				the following to or for a person listed y relevant information regarding these				
	First-class or charter travel Housing allowance or residence for personal use							
		companions	님	Payments for business use of persona				
		nification and gross-up payments	님	Health or social club dues or initiation				
☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)								
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payme plete Part III to explain	nt or reimbursement	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					2	Yes	
	directors, truste	es, officers, including the CEO/E	recutive Director	r, regarding the items checked in line i	.a'			
3	organization's C	EO/Executive Director Check all	that apply Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in				
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensation	on committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a	Yes	
b		r receive payment from, a supple		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part I	II			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	ı A, lıne 1a, dıd t	the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
_	-	6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes							
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des	cribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follov	the rebuttable	presumption procedure described in Re	egulations section	9		140
For F	Panerwork Redu	action Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 50	053T Schedule J (Form	990)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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Schedule J (Form 990) 2017							

Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation COMPENSATION INFORMATION FORM 990, SCH J, PART II FOR ELIGIBLE EMPLOYEES, COLUMN (D) NONTAXABLE BENEFITS PRIMARILY CONSISTS OF HEALTH CARE AND DENTAL BENEFITS

Schedule J (Form 990) 2017

DETAILS FOR AMOUNTS REPORTED IN COLUMNS B (III) AND COLUMN (D) ARE LISTED BELOW DR JOHN J NEUHAUSER - COLUMN B (III) INCLUDES PERSONAL JUSE OF A COLLEGE VEHICLE AND TUITION REMISSION COLUMN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGE'S IRC 457(B) PLAN AND A RETENTION BONUS COLUMN (D) INCLUDES A HOUSING ALLOWANCE OF \$34.570 PATRICK J GALLIVAN - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE RICHARD J DANIEL - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE AND A SEVERANCE PAYMENT REQUIRED TO BE PAID JUNDER THE TERMS OF HIS OFFER LETTER IF HIS EMPLOYMENT WAS TERMINATED BY THE COLLEGE WITHIN THE FIRST FOUR YEARS OF SERVICE VOLUNTARY RETIREMENT INCENTIVE PLAN FORM 990. SCH J. PART I. LINE 4A THE COLLEGE ADOPTED A VOLUNTARY SEPARATION PROGRAM FOR FACULTY AND STAFF IN JANUARY 2017 TO BE ELIGIBLE FOR THE PLAN, THE SUM OF AN EMPLOYEE'S YEARS OF SERVICE PLUS AGE MUST EQUAL OR BE GREATER THAN 70 WITH A MINIMUM OF 10 YEARS OF SERVICE BY JUNE 30, 2017 THE PROGRAM BENEFITS INCLUDE A PAYMENT OF 75% OF BASE PAY WITH A RETIREMENT DATE OF JUNE 30. 2017 OR 60% OF BASE PAY WITH A RETIREMENT DATE OF JUNE 30. 2018 PARTICIPANTS COULD CHOOSE EITHER A LUMP SUM PAYMENT IN THE MONTH FOLLOWING RETIREMENT OR APPROXIMATELY A NINE MONTH CONTINUATION PAYMENT. ALL PARTICIPANTS RECEIVED A ONE-TIME LUMP-SUM PAYMENT IN CONSIDERATION OF FUTURE HEALTHCARE COSTS AND PARTICIPANTS REMAIN ELIGIBLE FOR COBRA COVERAGE THROUGH THE COLLEGE NEAL E ROBINSON RECEIVED A PAYMENT UNDER THIS PROGRAM WHICH IS REPORTED ON SCHEDULE J. PART II. COLUMN B (III) SEVERANCE PAYMENT FORM 990. SCH J. PART I. LINE 4A RICHARD J DANIEL RECEIVED A SEVERANCE PAYMENT WHICH IS REPORTED ON SCHEDULE J, PART II, COLUMN B (III) THIS SEVERANCE PAYMENT WAS REQUIRED TO BE PAID UNDER THE TERMS OF HIS OFFER LETTER IF HIS EMPLOYMENT WAS TERMINATED BY THE COLLEGE WITHIN THE FIRST FOUR YEARS OF SERVICE FORM 990. SCH J. PART I. LINE 7 THE BOARD OF TRUSTEES REVIEWS AND APPROVES SALARY FOR THE PRESIDENT AS PART OF THE OVERALL COMPENSATION PACKAGE, THE PRESIDENT RECEIVES A RETENTION BONUS FOR EACH YEAR OF EMPLOYMENT AFTER THE END OF THE INITIAL APPOINTMENT PERIOD APPOINTMENT PERIOD Schedule J (Form 990) 2017

Page 3

(A) Name and Title

Treasurer/VP for Finance

Robert Robinson As Of

VP Human Resources

4Michael J New Thru 62017

VP Enrollment & Marketing

112017

Treasurer/CFO

5Sarah M Kelly

6Karen A Talentino

7William O Anderson

8Dawn M Ellinwood

VP for Student Affairs

Richard J Daniel Thru

Professor Graduate Psychology

VP Institutional Advancement 10Ronald B Miller

102017

Chief Information Officer

VP for Academic Affairs

(11) (1)

(II)

(1)

(11)

(1)

(II)

(1)

(II) (1)

(11)

(1)

127,822

153,046

173,487

191,649

141,148

174,901

172,097

126,025

Software ID: **Software Version:**

(B) Breakdown of W-2 and/or 1099-MISC compensation

EIN: 03-0179403

Name: Saint Michael's College

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Dr John J Neuhauser President/Trustee	(1)	383,959	19,117	45,746	54,269	49,441	552,532	
	(11)							
1Patrick J Gallivan Secretary of the Board/VP	(1)	140,130		5,250	4,296	22,071	171,747	
GCA	(11)							
2 Neal E Robinson Thru 62017	(1)	101,012		101,011	5,875	23,821	231,719	

26,820

(C) Retirement and

3,973

4,325

5,367

5,646

4,252

5,332

404

3,131

(D) Nontaxable

29,086

3,792

31,212

23,228

27,747

28,596

29,301

23,056

(E) Total of columns

160,881

161,163

210,066

220,523

173,147

208,829

228,622

152,212

(F) Compensation in

1Dr John J Neuhauser President/Trustee	(1)	383,959	19,117	45,746	54,269	49
	(11)					
1Patrick J Gallivan Secretary of the Board/VP	(1)	140,130		5,250	4,296	22
GCA	ادينا					

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

efile	GRAPHIC print - DO N	OT PROCESS As	Filed Data -									DLN: 9	3493:	12600	4029	
	dule K	Su	pplemental	Information o	n Tax-F	Exem	not F	Bonds				ОМВ	No 154	5-0047		
(Fori	m 990)		 ie organization ans	swered "Yes" to Form s, and any additional	990, Part	IV, line	24a.∣		criptions,		2017					
	ent of the Treasury Revenue Service	▶Informatio	•	► Attach to Form 99 K (Form 990) and its	0.			irs.gov/fori	<u>11990</u> .		Open to Public Inspection					
Name of	the organization									Emplo	yer iden	tıficatıo	n numbe	r		
	ıchael's College									03-01	79403					
Part			1				1									
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	(g) De	efeased	(h) On behalf of issuer		(i) Pool financing		
										Yes	No	Yes	No	Yes	No	
	EDU & HEALTH BLDG NANCE AGY SERIES 2012	23-7154467	924166FM8	05-24-2012	50,9	90,332		STRUCTION, I NDING	EQUIPMENT,		×		X		X	
	EDU & HEALTH BLDG NANCE AGY SERIES 2015	23-7154467	924166ha2	11-10-2015	19,8	78,706	CONS	STRUCTION, I	EQUIPMENT		×		Х		Х	
Part	III Proceeds															
						Α		E	3	C	1			D		
	Amount of bonds retired .					11,89	0,000									
_	Amount of bonds legally defe						0		0							
	otal proceeds of issue					50,99	0,332		19,878,706							
	Gross proceeds in reserve fu						0		319,325							
	Capitalized interest from pro						0		0							
	Proceeds in refunding escrov						0		0							
	ssuance costs from proceed					563,023 377,716										
	Credit enhancement from pr					0 0										
	Vorking capital expenditures						0		0							
	Capital expenditures from pr					27,50	0,000		19,181,665							
11	Other spent proceeds					22,92	7,309		0							
12	Other unspent proceeds .						0		0							
13 Y	ear of substantial completion	on			2	013		20	16							
					Yes	No	0	Yes	No	Yes	No		Yes		No	
14 V	Were the bonds issued as pa	art of a current refunding	g issue?		X				Х							
15 V	Vere the bonds issued as pa	art of an advance refund	ling issue?		Х				Х							
	las the final allocation of pro				Х			X								
Does the organization maintain adequate books and records to support the final allocation of proceeds?								X								
Part 1																
						A		E	3					D		
					Yes	No.	0	Yes	No	Yes	No		Yes		No	
f	Was the organization a partr inanced by tax-exempt bond	ds?	<u></u>			х	:		Х							
2	Are there any lease arranger property?	ments that may result in	n private business us	se of bond-financed		х	:		Х							
	nerwork Reduction Act N)_	Ca	t No 5	0193E	:			S	chedul	K (For	rm 990	1) 2017	

За

9

c

Part IV

Arbitrage

Page 2

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Х Χ property?.........

0 %

0 %

0 %

Χ

Χ

Yes

Х

Х

No

Χ

Χ

Χ

Χ

Х

Χ

No

Χ

Χ

Х

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Yes

C

No

Yes

Schedule K (Form 990) 2017

No

Χ

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Α

Yes

Х

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

FUNDS WERE EXPENSED BY APRIL 2018

Schedule K (Form 990) 2017

D

				<u> </u>								
			Yes	No	-	Yes	No	Yes	No		Yes	No
5a	Were gross proceeds inve (GIC)?	sted in a guaranteed investment contract		Х			Х					
b	Name of provider		0		0							
С	Term of GIC											
d	Was the regulatory safe he the GIC satisfied?	arbor for establishing the fair market value of										
6	Were any gross proceeds period?	invested beyond an available temporary		Х			Х					_
7	Has the organization esta requirements of section 1	Х			Х							
Pai	Part V Procedures To Undertake Corrective Action											
	A B C D											
					Yes	No	Yes	No	Yes	No	Yes	No
	requirements are timely i	blished written procedures to ensure that violat dentified and corrected through the voluntary c available under applicable regulations?			X		x					
Pa	rt VI Supplement	al Information. Provide additional inforr	mation for res	ponses to	questions	on Sche	edule K (see i	nstructions).				
	Return Reference		Explanati	ion								
PROC BEYC	PART II, LINES 16-17 AND PART IV, LINE 5 THE BOND ISSUED IN 2012 WAS USED TO CONSTRUCT A RESIDENCE HALL AND STUDENT UNION THE PROJECT WAS COMPLETED IN DECEMBER 2013 THE 2015 SERIES BONDS WERE USED TO CONSTRUCT AND FURNISH A NEW RESIDENCE HALL THE PROJECT WAS COMPLETED IN AUGUST 2016 NAL ALLOCATIONS OF ROCEEDS AND INVESTMENT EYOND A TEMPORARY EYOND A TEMPORARY ERIOD MAY APPROPRIATE WITHIN THE PURPOSE AS DEFINED IN THE BOND DOCUMENTS THE COLLEGE'S 2012 SERIES BOND WAS NOT INVESTED BEYOND THE AVAILABLE TEMPORARY PERIOD AS THE BOND CLOSED IN MAY 2012 AND ALL CONSTRUCTION FUNDS WERE EXPENSED BY NOVEMBER 2013 THE COLLEGE'S 2015 SERIES BOND WAS NOT INVESTED BEYOND THE AVAILABLE TEMPORARY PERIOD AS THE BOND CLOSED IN NOVEMBER 2015 AND ALL											

Α

В

С

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

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

PR

Return Reference	Explanation
ARBITRAGE CALCULATIONS	PART IV, LINE 2C THE INITIAL REBATE CALCULATION FOR THE 2012 SERIES BONDS INCLUDED THE PERIOD MAY 24, 2012 TO MAY 24, 2015, CONSIDERED THE TEMPORARY PERIOD, AND REFLECTED NO REBATE WAS DUE THE FIRST FIVE YEAR REBATE CALCULATION FOR THE PERIOD MAY 24, 2012 TO MAY 24, 2017, ALSO REFLECTED NO REBATE WAS DUE THE INITIAL REBATE CALCULATION FOR THE 2015 SERIES BONDS FOR THE TEMPORARY PERIOD, NOVEMBER 10, 2015 - NOVEMBER 10, 2018, WAS COMPLETED DECEMBER 6, 2018 AND NO REBATE IS DUE

efil	e GRAPHIC pr	int - DO NOT P	ROCESS	As Filed Data -		DL	N: 9349312	6004	029
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(For	m 990)	►Complete if the		ons answered "Yes" on Fo		9 or 30.	20	<u>17</u>	,
		▶ Attach to Form	990.				_ •		
•	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> :	s.gov/form99	Open to Inspe		
	e of the organizat	ion				Employer ide	entification n	umber	
Saint	Michael's College					03-0179403			
Pa	rt 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		(d) nod of determi contribution a		s
1	Art—Works of art	.	X	1	-	5 Appraisal			
2	Art—Historical tre Art—Fractional in	easures .		•	2 1,7 2	уприша			
4	Books and public	ations							
5	Clothing and hou goods	sehold							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	•	\	24	406.25				
9	Securities—Public Securities—Close	,	X	21	196,35	/ FMV			
10 11	Securities—Close Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misce								
13	Qualified conserve contribution—Hi	ation storic							
14	structures . Qualified conserv contribution—Of	/ation							
15	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20 21	Drugs and medic	.ai supplies .							
	Historical artifact								
	Scientific specim								
	Archeological art								
25	Other ▶ (Х	2	6,80	0 Appraisal			
Piane									
	Other ▶ (•				1			
27	Other ► (
						+ -			
29				tion during the tax year for 3, Part IV, Donee Acknowled		29		W = =	3
20~	During the year	did the organization	n recove to	contribution any property r	reported in Part I lines 1 th	arough 20 +b-4	.,.	Yes	No
30a	must hold for at	least three years fr	om the date	e of the initial contribution, a	and which is not required to		xempt		
b	If "Yes," describ	e the arrangement	ın Part II				30a		No
31	Does the organi	zation have a gift a	cceptance po	olicy that requires the reviev	v of any nonstandard contr	butions?	31	Yes	
32a	Does the organi contributions?	zation hire or use th	nird parties o	or related organizations to so	olicit, process, or sell nonce	sh	32a	Yes	
b	If "Yes," describ	e ın Part II							
33	If the organizati	on did not report ar	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							
For P	anorwork Roductio	on Act Notice see the	o Instruction	s for Form 000	Cat No. 512271	Col	nedule M (Form	000) (2017\

Schedule M (Form 990) (2017)	nedule M (Form 990) (2017)								
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is rep. I, column (b), the number of contributions, the number of items received, or a combination of both. A this part for any additional information.									
Return Reference	Explanation								
	PART I, LINE 9 THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RELATED TO EACH TYPE OF PROPERTY THAT WAS RECEIVED DURING FY18								
CASH CONTRIBUTIONS	PART 1, LINE 32A THE COLLEGE USES A CUSTODIAN TO HOLD AND PROCESS ALL INVESTMENT TRANSACTIONS INCLUDING ASSET SAFEKEEPING AND COLLECTION OF DIVIDENDS AND INTEREST ALL SECURITY CONTRIBUTIONS ARE DELIVERED TO THE CUSTODIAN WITH THE INSTRUCTION FOR IMMEDIATE SALE								
	Schedule M (Form 990) (2017)								

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLN: 93493126004029	
SCHEDULE O (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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		
Internal Revenue Service Name of the organizat Saint Michael's College 990 Schedule O,		oyer identification number	
Return Reference	Explanation		
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1 SAINT MICHAEL'S COLLEGE IS A CAT RESIDENTIAL COLLEGE COMMITTED TO THE PURSUIT OF ACADEMIC EXCELLENCE ENROLLMENT OF APPROXIMATELY 1,700 STUDENTS AND 250 GRADUATE AND INTI CREATE AND SUSTAIN AN OPTIMAL LIVING AND LEARNING ENVIRONMENT THAT P INTELLECTUAL LIFE AND CHALLENGES STUDENTS TO ENGAGE IN ACTIVITIES TO E EXPERIENCE WITHIN AND BEYOND OUR VERMONT LOCATION	E, WITH AN UNDERGRADUATE ERNATIONAL STUDENTS WE PROMOTES A VIBRANT	

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	FORM 990, PART III, LINES 4A THE ACADEMIC PROGRAM IS AT THE HEART OF THE COLLEGE'S MISSION AND THE REASON FOR SAINT MICHAEL'S COLLEGE EXISTENCE. THE COLLEGE PROVIDES EDUCATION WITH A SOCIAL CONSCIENCE, PRODUCING GRADUATES WITH INTELLECTUAL TOOLS TO LEAD SUCCESSFUL, PURP OSEFUL LIVES THAT WILL CONTRIBUTE TO PEACE AND JUSTICE IN OUR WORLD. SAINT MICHAEL'S COLLE GE STUDENTS PERSONALIZE THEIR EDUCATION THROUGH RESEARCH, INTERNSHIPS, AND SMALL CLASSES, PREPARING THEM FOR A LIFETIME, NOT JUST FOR THEIR FIRST JOB OUT OF COLLEGE. THE ACADEMIC PROGRAM IS RIGOROUS AND CALIBRATED TO THE APPROPRIATE DEVELOPMENT LEVELS OF STUDENTS (FIRST-YEAR STUDENTS THROUGH GRADUATE LEVEL). THE UNDERGRADUATE ACADEMIC PROGRAM OFFERS DEGREES IN 23 DIFFERENT MAJORS FOR THE BACHELOR OF ARTS DEGREE AND 12 MAJORS FOR THE BACHELOR OF SCIENCE DEGREE. STUDENTS MAY ALSO CHOOSE FROM 36 MINOR PROGRAMS. THE ACADEMIC PROGRAM FOR G RADUATE STUDENTS INCLUDES 3 PROGRAMS LEADING TO MASTER'S DEGREES IN CLINICAL PSYCHOLOGY, E DUCATION AND TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES. SAINT MICHAEL'S COLLEGE AWAR DED 491 BACHELOR'S DEGREES AND 81 MASTER'S DEGREES DURING THE 2017-2018 ACADEMIC YEAR, WIT H 1,815 STUDENTS ENROLLED IN BACCALAUREATE DEGREE PROGRAMS AND 211 IN MASTER'S DEGREE PROGRAMS. THE CLASS OF 2018 HAD 450 GRADUATES IN MAY, OF WHICH 266 OR 59% ALSO EARNED MINORS OF THE 81% OF THE CLASS OF 2018 HAD 450 GRADUATED WITH BACHELOR'S DEGREES AND RESPONDED TO OUR ANNUAL SURVEY, 97% ARE EMPLOYED, IN GRADUATED WITH BACHELOR'S DEGREES AND RESPONDED TO OUR ANNUAL SURVEY, 97% ARE EMPLOYED, IN GRADUATED WITH BACHELOR'S DEGREES AND RESPONDED TO OUR ANNUAL SURVEY, 97% ARE EMPLOYED, IN GRADUATED WITH BACHELOR'S DEGREES IN THE SELECTIVE CATEGORY THE COLLEGE'S GOAL IS TO HAVE AT LEAST 30% OF EACH GRADUATION CONTENTING IN THE SELECTIVE CATEGORY THE COLLEGE'S GOAL IS TO HAVE AT LEAST 30% OF EACH GRADUATING CLASS PARTICIPATE IN CREDIT-BEARING PROGRAMS ABROAD WORKING WITH OVER 20 STUDENT-RIGHT-TO-KNOW COMPLETIONS THE SELECTIVE CATEGORY THE RESPOND THE CLASSROOM I

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	R 13 3% OF THE SENIOR CLASS, GRADUATED IN THE HONORS PROGRAM IN THE FALL OF 2017, 410 STU DENTS FROM ALL FOUR CLASSES, ABOUT 24% OF THE STUDENT BODY, WERE MEMBERS OF THE HONORS PRO GRAM IN ADDITION, SAINT MICHAEL'S COLLEGE SHEITERS A CHAPTER OF PHI BETS KAPPA, DELTA EPS ILON SIGMA AND TWELVE DISCIPLINE BASED HONORS SOCIETIES, 160 STUDENTS OF THE CLASS OF 2018 PARTICIPATED IN ONE OR MORE HONOR SOCIETIES, 160 STUDENTS OF THE CLASS OF 2018 PARTICIPATED IN ONE OR MORE HONOR SOCIETIES, 160 STUDENTS OF THE CLASS OF 2018 PARTICIPATED IN ONE OR MORE HONOR SOCIETIES, 160 STUDENTS OF THE CLASS OF 2018 PARTICIPATED IN ONE OR MORE HONOR SOCIETY, PHI BETA KAPPA ONLY ABOUT TEN PERCENT OF INSTITUTIONS OF HIGHER EDUCATION HAVE CHAPTERS WITH 286 CHAPT ERS NATIONWIDE, SAINT MICHAEL'S COLLEGE IS ONE OF ONLY 25 CATHOLIC COLLEGES IN THE U S AN D ONE OF FOUR IN NEW ENGLAND WITH SUCH A CHAPTER THE COLLEGE IS DIENTIFIED IN THE 2018 ED ITION OF THE PRINCETON REVIEWS BEST 382 COLLEGES AS ONE OF THE NATION'S BEST INSTITUTIONS FOR UNDERGRADUATE EDUCATION THE COLLEGE IS RANKED 116TH IN NATIONAL LIBERAL ARTS COLLEGE S BY THE U S NEWS AND WORLD REPORT SAINT MICHAEL'S COLLEGE HAS BEEN NAMED TO KIPLINGER'S PERSONAL FINANCE LIST OF THE TOP BEST COLLEGE VALUES OF 2018 AND WAS A KIPLINGER'S BEST C OLLEGE VALUE IN 2017 AND 2016 FORBES MAGAZINE'S AMERICAS TOP COLLEGES EDITION HAS RANKE D SAINT MICHAEL'S COLLEGE 151ST IN THE BEST PRIVATE COLLEGES' CATEGORY AND 73RD IN LIBERAL ARTS UNIVERSITIES AGAIN THIS YEAR, THE COLLEGE WAS INCLUDED IN THE 2017 EDITION OF THE P RINCETON REVIEW'S GUIDE TO GREEN COLLEGES, RECORNIZED FOR OUR COMMITMENT TO SUSTAINABILITY RANKING AS THE 111H MOST ENVIRONMENTALLY RESPONSIBLE COLLEGE RANKS BEST IN THE STATE OF VERMONT AS "BEST COLLEGE FOR EMPLOYMENT" FOR BEING SUPPORTIVE OF GRADUATES IN FINDING THE BEST CAREERS AFTER GRADUATION THE COLLEGE IS FEATURED AGAIN IN THE 2018 FISKE GUIDE TO COLLEGES, A HIGHLY SELECTIVE GUIDE TO NOTEWORTHY SCHOOLS IN THE U S. CANADA AND THE UNITED KINGDOM COLLEGE CONSENSUS, USING A COMBINATION O

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	GY (IT), ACADEMIC ENRICHMENT PROGRAMS, LIBRARY AND INFORMATION SERVICES (LIS), REGISTRAR'S OFFICE, THE VICE PRESIDENT OF ACADEMIC AFFAIRS AND THE DEAN THE IT DEPARTMENT IS COMMITTED TO CREATING A ROBUST TECHNOLOGY ENVIRONMENT FOR THE COLLEGE'S STUDENTS, FACULTY AND STAFF THEY SUPPORT ADMINISTRATIVE APPLICATIONS, INSTRUCTIONAL TECHNOLOGY SERVICES, ALL OF WHICH SUPPORT THE MISSION AND GOALS OF THE COLLEGE BY PROVIDING ITS CONSTITUENTS WITH A RELI ABLE, SECURE, AND FAST CAMPUS NETWORK, SUPPORT FOR THE APPROPRIATE INTEGRATION OF TECHNOLOGY INTO TEACHING AND RESEARCH, AND TECHNOLOGY SUPPORT FOR ADMINISTRATIVE OPERATIONS SAINT MICHAEL'S COLLEGE IS COMMITTED TO STUDENTS' ACADEMIC SUCCESS THEREFORE, IN ADDITION TO AC ADEMIC ENRICHMENT PROGRAMS DESIGNED TO STUDENTS' ACADEMIC SUCCESS THEREFORE, IN ADDITION TO AC ADEMIC ENRICHMENT PROGRAMS DESIGNED TO STUDENTS' OF THE LEARNING EXPERIENCE, A VARIETY OF SERVI CES ARE OFFERED TO ENSURE THAT OUR STUDENTS GET THE MOST OUT OF THEIR EDUCATION INCLUDING INDEPENDENT STUDIES, PEACE AND JUSTICE CENTER, WOMEN'S CENTER, SERVICES AND ACTIVITIES ARE DESIGNED TO ASSIST OUR STUDENTS IN ENHANCING THEIR LEARNING OPPORTUNITIES IN ORDER TO ACHIEVE THEIR FULLEST INTELLECTUAL DEVELOPMENT ACADEMIC ENRICHMENT ALSO SUPPORTS FACULTY IN OFFERINGE EXTRESS TOUR STUDENTS IN ENHANCING THEIR LEARNING OPPORTUNITIES IN ORDER TO ACHIEVE THEIR FULLEST INTELLECTUAL DEVELOPMENT ACADEMIC ENRICHMENT ALSO SUPPORTS FACULTY IN OFFERINGE EXTRESSED TO ASSIST OF STUDENTS IN THAIR CHARACTER EXTRESSED TO ASSIST OWN STUDENTS IN THAIR CHARACTER EXPERIENTIAL LEARNING LIS PROVIDES STUDENTS, FACULTY, AND STAFF WITH THE INFORMATION RESOURCES AND SERVICES THEY NEED FOR STUDY, TRACHING AND RESPONDENTS TO THEIR COURSES THAT FOSTER EXPERIENTIAL LEARNING LIS PROVIDES STUDENTS, FACULTY, AND STAFF WITH THE INFORMATION RESOURCES AND SERVICES TO PROVIDE THE BEST POSSIBLE SUPPORT FOR THE ACADEMIC PRO GRAM IN ORDER TO SUPPORT OUR STUDENTS ATTENDING SAINT MICHAEL'S COLLEGE, A VARIETY OF GRAN IS AND ASSISTANCE ARE AWARDED REFER TO SCHEDUL

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
STUDENT SERVICES	FORM 990, PART III, LINE 4C STUDENTS ARE AT THE CENTER OF THE COLLEGE'S MISSION WHILE THE ACADEMIC ELEMENTS ARE FOREMOST, SUPPORTING THE STUDENTS' PERSONAL DEVELOPMENT IS VITAL AS WELL THE OFFICES OF ADMISSIONS, STUDENT LIFE, EDMUNDITE CAMPUS MINISTRY, ADVENTURE SPORT S CENTER, ATHLETICS AND MANY STUDENT CLUBS WORK TO ENHANCE STUDENTS' PERSONAL GROWTH AS WE LL AS THEIR ACADEMIC SUCCESS TO SUPPLEMENT THE ACADEMIC CULTURE ON CAMPUS AND ENRICH OVER ALL QUALITY OF THE COLLEGE EXPERIENCE, A VARIETY OF WEEKEND PROGRAMS IS OFFERED TO STUDENT S, ALONG WITH MANY OUTDOOR PROGRAMS SUCH AS THE SKI PASS, A VARIETY OF MINISTRY PROGRAMS, AND COMMUNITY SERVICE OPPORTUNITIES THROUGH MOVE (MOBILIZATION OF YOLUNTEER EFFORTS) APPR OXIMATELY 80% OF STUDENTS ARE INVOLVED IN SOME FORM OF INTERCOLLEGIATE, INTRAMURAL, CLUB, RECREATION, PERSONAL FITNESS, OR ADVENTURE SPORTS CENTER OFFERING APPROXIMATELY 24 9% OF SAINT MICHAEL'S COLLEGE STUDENTS PARTICIPATE IN ONE OF THE 21 VARSITY SPORTS OUR STUDENT ATHLETES HAVE ACHIEVED 4 98% ACADEMIC SUCCESS RATE (ASR), A STATISTIC DEFINED BY THE NCAA AS A MEASUREMENT OF GRADUATION WITHIN A 6 YEAR COHORT TIME PERIOD AS OF JUNE 2018 SAINT MICHAEL'S COLLEGE HAS AGAIN BEEN RECOGNIZED AS A RECIPIENT OF THE DIVISION II PRESIDENTS' A WARD FOR ACADEMIC EXCELLENCE AS A MEMBER OF THE NORTHEAST-10 CONFERENCE SAINT MICHAEL'S COLLEGE ACHIEVED THE HIGHEST ASR IN THE CONFERENCE FOR NINE STRAIGHT YEARS, AND RANKED #1 O UT OF 325 IN 2017 IN THE NATION FOR THE THIRD TIME SINCE 2010 THE OFFICE OF STUDENT ACTIVITIES STRIVES TO PROVIDE STUDENTS OPPORTUNITIES TO DEVELOP AS ETHICAL LEADERS AND ENGAGED CITIZENS, AND OFFERS A WIDE VARIETY OF PROGRAMS AND ACTIVITIES DESIGNED TO MEET THEIR NEEDS THE COLLEGE HAS EMBRACED THE YOU COUNT PROGRAM (COMMUNITY, OWNERSHIP, UNITY IN DIVERSITY, NOTICE EACH OTHER AND TAKE CARE OF SELF AND OTHERS) WHICH FOSTERS AN INCLUSIVE AND SEAM LESS LEARNING ENVIRONMENT THAT ENHANCES ENGAGEMENT, AWARENESS AND PERSONAL DEVELOPMENT EDUCATIONAL PROGRAMS OFFERED IN THE RESIDENCE HALLS THE OFFICE OF THE T

Return Explanation Reference

STUDENT	E AT SAINT MICHAEL'S COLLEGE PROGRAMS SUCH AS RETREATS, LITURGIES, SPIRITUAL DIRECTION, A ND
SERVICES	PRAYERFUL REFLECTION MEALS ARE DESIGNED TO ENCOURAGE EVERYONE TO STEP BACK AND EXPERIEN CE LIFE
	AT ITS DEEPEST, MOST MEANINGFUL LEVEL, ABOUT 12% OF OUR STUDENT POPULATION IS INVO LVED IN WEEKLY

VI. SECTION A. LINE 4D OTHER PROGRAM SERVICE EXPENSES INCLUDE PUBLIC SERVICE AND RESEARCH

OR DAILY WORSHIP AS WELL AS ATTENDANCE IN THESE PROGRAMS OTHER PROGRAM SER VICES FORM 990, PART

Return Explanation
Reference

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

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

Return Reference

DOCUMENT	FORM 990, PART VI, SECTION B, LINE 14 THE COLLEGE HAS A HIGH-LEVEL DOCUMENT RETENTION AND	1
RETENTION	DESTRUCTION POLICY AND FOLLOWS SPECIFIC GUIDELINES PROVIDED BY THE INTERNAL REVENUE SERVICE AND	1
AND	RELEVANT REGULATIONS WITH RESPECT TO RECORDS RETENTION AND DESTRUCTION, INCLUDING THE	1
DESTRUCTION	PROVISIONS OF VERMONT LAW (9 VSA PART 3 CHAPTER 62 SUBCHAPTER 4 DOCUMENT SAFE DESTRUCTION ACT)	1
POLICY	WITH RESPECT TO DISPOSAL OF DOCUMENTS CONTAINING CONFIDENTIAL INFORMATION ANOTHER RESOURCE	1
	UTILIZED BY THE COLLEGE IS "RECORD RETENTION AND DISPOSAL A MANUAL FOR COLLEGE DECISION MAKERS",	1
	WHICH PROVIDES THE COLLEGE WITH A GUIDE TO THE APPLICABLE LAWS, REGULATIONS AND OTHER	1
	CONSIDERATIONS FOR ALL AREAS OF OUR BUSINESS, INCLUDING EMPLOYMENT AND ADMISSIONS APPLICATIONS,	1

PAYROLL. STUDENT RECORDS. FINANCIAL. TAX AND CONTRIBUTIONS RECORDS AS WELL AS FEDERAL

REPORTING SPECIFIC TO THE HIGHER EDUCATION INDUSTRY

Explanation

Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, EXCLUDING THE COLLEGE PRESIDENT, IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVE OFFICERS OF THE COLLEGE THE EXECUTIVE COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY FOR DECISIONS REGARDING COMPENSATION IN ALL ITS CURRENT AND POTENTIAL FORMS FOR THE EXECUTIVE OFFICERS OF THE COLLEGE THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES INDEPENDENT COMMITTEE MEETS ANNUALLY TO REVIEW SURVEY DATA REGARDING COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS OF THE COLLEGE THE MEETING WAS ON OCTOBER 19, 2017 FOR THE FISCAL YEAR INCLUDED IN THIS RETURN THE COLLEGE COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53 4958-6 (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATIONS

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

Return Explanation
Reference

OTHER FORM 990, PART XI, LINE 9 VOLUNTARY SEPARATION PLAN \$(943,225) SYSTEM CONVERSION COSTS \$(800,950)
IN NET
ASSETS

Form 990)

As Filed Data
Related Organizations and Unrelated Partnerships

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

Department of the Treasury

Internal Revenue Service

2017

DLN: 93493126004029 OMB No 1545-0047

> Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 3

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization Employer identification number Saint Michael's College 03-0179403 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1) SAINT MICHAEL'S COLLEGE FIRE & RESCUE VT SMC FIRE & RESCUE 501(C)(3) ONE WINOOSKI PARK COLCHESTER, VT 05439 20-1120657 (2) MERRILL CEMETERY ASSOCIATION INC CEMETERY VT 501(C)(13) SMC ONE WINOOSKI PARK COLCHESTER, VT 05439 01-0868920 VT (3) GREEN MTN HIGHER EDUCATION CONSORTIUM CONSORTIUM 501(C)(3) 509(A)(3)I lnα No 84 SOUTH SERVICE ROAD RM 202B MIDDLEBURY, VT 05753 90-1113280

		1	1										
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	lıne	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Schedule R (Form 990) 2017			Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	6.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1b		No
c Gift, grant, or capital contribution from related organization(s)		1c		No
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	•	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Yes	
Character (Carlo Institute and Institute Insti		10	Vac	

•	Dividends from related organization(s)	۱ ۱		'''
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	

h Purchase of assets from related organization(s)	1h No
i Exchange of assets with related organization(s)	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot	
k Lease of facilities, equipment, or other assets from related organization(s)	
l Performance of services or membership or fundraising solicitations for related organization(s)	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
o Sharing of paid employees with related organization(s)	10 Yes
p Reimbursement paid to related organization(s) for expenses	
q Reimbursement paid by related organization(s) for expenses	
r Other transfer of cash or property to related organization(s)	
s Other transfer of cash or property from related organization(s)	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	e, including covered relationships and transaction thresholds
(a) Name of related organization	(b) (c) (d) Transaction Amount involved Method of determining amount involved type (a-s)
	T.,

(1)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE N 76,751 FMV (2)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE Q 233,186 COST

Schedule R (Form 990) 2017

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

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

- See management of garileactors see and accords regarding exclusion																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?												(f) Share of total Income	of Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No											
										Schedul	e R (Forn	1 99	0) 2017										

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017