Form **990** 

# **Return of Organization Exempt From Income Tax**

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

DLN: 93493133037699 OMB No 1545-0047

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. IPS gov/form990

Open to Public

nterna	Rever	nue Service	P Information about	eromi 990 ana ita matractiona ia at www.	iv ins gov, ioi	111330		Inspection
\ Fc	or the	e 2017 ca	alendar year, or tax year begin	ning 07-01-2017 , and ending 06-3	0-2018			
Che	ck if ap	oplicable	C Name of organization St Joseph's College			D Employ	er identif	ication number
		change				11-173	3439	
	me cha ial reti	-	% JOHN C ROTH Doing business as			-		
		/terminated				E Talankan		
		l return	24E Clinton Augnus	all is not delivered to street address) Room/su	ııte	E Telephor		
□ App	olicatio	on pending		710 6		(718) 9	40-5300	1
			City or town, state or province, coun Brooklyn, NY 11205	try, and ZIP or foreign postal code				FF 676 700
			<b>F</b> Name and address of principal	1 officer	l			55,676,798
			Donald Boomgaarden	iomicer		is a group re	turn for	□Yes <b>☑</b> No
			245 Clinton Avenue Brooklyn, NY 11205			ordinates? all subordinat	tes	
Tax	r-exem	npt status			inclu	ded?		☐ Yes ☐No
				insert no ) 4947(a)(1) or 527	1		•	instructions)
W	ebsite	e:► ww	w sjcny edu		li(c) Grot	ıp exemptıon	number	•
<b>7</b>			✓ Corporation ☐ Trust ☐ Assoc	oration Other S	L Year of form	nation 1916	M State	of legal domicile NY
⊾ Forπ	1 or or	ganization	Corporation L Trust L Assoc	clation				J
Pa	rt I	Sumi	mary					
Activities & Governance	Р	ROVIDE		ENTED EDUCATION AT UNDERGRADUAT R CAREER PREPARATION & ENHANCEME		E LEVELS, R	OOTED I	N LIBERAL ARTS
31115	_							
0 44	2	Check thi	s hov • I if the organization dis	continued its operations or disposed of r	more than 25°	% of its net a	ssets	
5				g body (Part VI, line 1a)			3	15
٠ د	4	Number o	of independent voting members of	the governing body (Part VI, line 1b) .		•	4	15
21174	5	Total nun	nber of individuals employed in cal	endar year 2017 (Part V, line 2a)		•	5	1,704
1	6	Total num	nber of volunteers (estimate if nec	essary)			6	C
1	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12		•	7a	(
	b	Net unrel	ated business taxable income from	n Form 990-T, line 34 . . . .			7b	33,430
					P	rior Year		Current Year
<u>Qı</u>	8	Contribut	ions and grants (Part VIII, line 1h)	)		7,726,	958	6,747,09
Ravenua		-	, , ,	)		107,313,	204	112,392,44
Ray			ent income (Part VIII, column (A),	, ,		2,076,	675	705,93
			venue (Part VIII, column (A), lines			1,268,		1,431,63
				st equal Part VIII, column (A), line 12)		118,384,		121,277,10
			nd similar amounts paid (Part IX, c	, ,,		29,850,	733	31,821,119
		•		olumn (A), line 4)		======	0	- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
368				nefits (Part IX, column (A), lines 5–10)		55,214,		55,436,13
e G				mn (A), line 11e)			0	
Expenses			raising expenses (Part IX, column (D), lii	·		27.760	420	20 122 50
_			penses (Part IX, column (A), lines	•		27,760,	_	29,123,590
			enses Add lines 13-17 (must equi	om line 12		112,825,	_	116,380,84
<u> </u>	19	Revenue	less expenses Subtract line to ite	on me 12	Reginnun	5,559,3 g of Current Y		4,896,259 End of Year
net Assets of Fund Balances					J. Seg	y or current r		Lind Or Four
sse Bala	20	Total asse	ets (Part X, line 16)			109,426,	643	118,346,69
NG F	21	Total liab	ılıtıes (Part X, lıne 26)			36,969,	528	35,934,50
Fu	22	Net asset	s or fund balances Subtract line 2	1 from line 20		72,457,	115	82,412,194
	t II		ature Block					
nowl		and belie		ned this return, including accompanying Declaration of preparer (other than offi				
		******* Signati	* ure of officer			119-05-13 ite		
ign Iere		, -			D.	-		
iere			N KOWALSKI CFO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paic	ı		cott Thompsett	Scott Thompsett	Ch	neck 📙 ıf 📗	P0074149	0
	ı bare	r F	ırm's name F GRANT THORNTON LLP			lf-employed   rm's EIN ▶		
-	On	1 5	ırm's address ▶ 757 THIRD AVENUE 3RI		Pł	none no (212)	599-0100	
<i></i>	JIII	۱ و	NEW YORK, NY 100172	2013				
1av tl	ne IR	S discuss	this return with the preparer show	n above? (see instructions)			<b>V</b>	res 🗆 No

Form	990 (2	017)					Page <b>2</b>
Par	t III	Statement	of Program Service	e Accomplis	hments		
		Check if Schee	dule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganization's mission		·		
BRAN UNDI ORIE CARE AND	NCH CAN ERGRAD NTED E EER PRE	MPUS IN PATCH DUATE AND GRA DUCATION AT PARATION AND JAL VALUES, SO	HOGUE, NEW YORK TH ADUATE LEVEL PROGRA THE UNDERGRADUATE DENHANCEMENT THE	IE COLLEGE IS A AMS THE MISSI : AND GRADUAT COLLEGE PREPA	AN INDEPENDENT NOT- ION OF ST JOSEPH'S C E LEVELS, ROOTED IN ARES EACH STUDENT FO	TODAY WITH ITS ORIGINAL CA FOR-PROFIT INSTITUTION PROV OLLEGE IS TO PROVIDE STRON LIBERAL ARTS TRADITION THA DR A LIFE CHARACTERIZED BY I ITHY OF THE COLLEGE'S MOTTO	/IDING ACADEMIC G ACADEMIC AND VALUE- SUPPORTS PROVISION FOR INTEGRITY, INTELLECTUAL
2		-		ant program ser	vices during the year w	hich were not listed on	
	the pr	ior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
		•	se new services on Scl				
3	Did th	e organization	cease conducting, or n	nake significant	changes in how it condi	ucts, any program	<u> </u>
	servic	es?					🗌 Yes 🗹 No
	If "Yes	s," describe the	se changes on Schedu	le O			
4	Sectio	n 501(c)(3) an		ons are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code		) (Expenses \$	90,131,792	including grants of \$	31,821,119 ) (Revenue \$	111,130,944 )
	`	ditional Data	, (				
4b	(Code		) (Expenses \$	869,747	including grants of \$	0 ) (Revenue \$	1,248,951 )
	See Ad	ditional Data					
4c	(Code		) (Expenses \$	24,390	ıncludıng grants of \$	0 ) (Revenue \$	12,547 )
	See Ad	ditional Data					
4d			ces (Describe in Sched				
	(Expe	nses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total	program serv	/ice expenses ►	91,025,9	29		

**Checklist of Required Schedules** 

Page 3

No

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

No

Nο

Nο

Νo

Nο

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Yes

Yes

Yes

Yes

Yes

Yes

5 to provide advice on the distribution or investment of amounts in such funds or accounts? 6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8

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, 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 9

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 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

10 11a assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . 11b

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11c 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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 13 14a

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

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

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

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

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

14b 15

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Yes

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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
L	15 "Van" to line 200, did the expension of the energy of the evidence formation to the expension of the expe			

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
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

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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

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

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

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?

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

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

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

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

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

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

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 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

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 .

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Yes Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

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Nο

Νo

Nο

Nο

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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 231			
	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?	<b>1</b> c	Yes	
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
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		
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		No
b	If "Yes," enter the name of the foreign country  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?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	If fes, to line 3a or 3b, did the organization line Form 8000-17	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?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
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	
	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?	7£		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	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		
	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
b	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		<u> </u>
		_	orm OO	0 /201

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Part	Governance, Management, and DisclosureFor 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	·	nse to lı	nes ✓
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		
_			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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	7b		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?	<b>8</b> b	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	Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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	
15	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
	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		
So	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 ▶JOHN C ROTH 245 CLINTON AVENUE Brooklyn, NY 11205 (718) 940-5616			

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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 <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high 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 <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> 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	
	<b>(A)</b> 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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)  for related organizations below dotted line)  for dispersion of the structure of dispersion of the structure of dispersion of the structure of the								MISC)	related organizations	
See Additiona	al Data Table										

Part VII

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

Page 8

Section A. Officers, Direct	iors, rrustees	, key	Emp	oye	es,	and	nıgı	lest compe	iisate	u Employees	CONL	iiiuea)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u ın off	t che inles ficer	s pers	son	(D) Reportate compensa from th organization	ortable Reportable compensation from related ation (W- organizations (W-		w-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutio	Officer	Key employee	Highest o	Former	2/1099-MI	(SC)	2/1099-MISC	)	organization and related organizations	
		ป trustee or	Institutional Trustee		loyee	Highest compensated employee							
See Additional Data Table													
											+		
											+		
											+		
1b Sub-Total		<u></u>	<u> </u>			<b> </b>							
c Total from continuation sheets to P d Total (add lines 1b and 1c)	•		· .	• .	•	<b>&gt;</b>		2,924,1	.51		0		268,280
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more th	an \$10	00,000			
												Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule.									sated	employee on	3	Yes	
For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization									or ındı	vidual for	5	163	No
Section B. Independent Contract	ors												110
Complete this table for your five high from the organization Report compe											npens	sation	
Name :	(A) and business addre	ess							Descr	(B) ription of services		(C Compe	
Austin Williams Inc, 80 Arkay Dr Suite 220 HAUPPAUGE, NY 117883705								Mark	eting co	onsultant		2	,853,062
ARAMARK CORP, L101 MARKET STREET PHILADELPHIA, PA 19107								Main	tenance	)		1	,235,760
J PETROCELLI CONSTRUCTION INC, LOO COMAC ST RONKONKOMA, NY 11779								Cons	truction	1		1	,088,720
UNIVERSAL PROTECTION SERVICES LP, 1551 N Tuscan Ave Suite 650 SANTA ANA, CA 92705										622,839			
SAGE DININg Services, 1402 York Road Suite 100 LUTHERVILLE, MD 21093								DINI	NG SER	VICES			523,282
2 Total number of independent contractor	rs (including but	not lim	uted t	o the	nse	listed	ahov	(e) who receive	ved ma	ore than \$100 00	)O of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 19

		(2017)										Page <b>9</b>
Part	VII											
		Check If Schedul	e O contains	a respor	nse or note to any	line in th (A Total re	١)	(B Relate exer funct reve	ed or npt tion	(C) Unrelated business revenue	exc tax ur	(D) Revenue luded from nder sections 512-514
10	<b>1</b> a	a Federated campaig	ns	1a				1646	ilue			712-314
ants	ı	<b>b</b> Membership dues		<b>1</b> b								
65.5 m	(	<b>c</b> Fundraising events		1c	96,329							
iffs, ar A	(	<b>d</b> Related organizatio	ns	1d								
m.G.	•	e Government grants (co	ontributions)	1e	4,573,417							
ons Sir	1	<ul> <li>All other contributions, and similar amounts no</li> </ul>		1f	2,077,350							
Contributions, Gifts, Grants and Other Similar Amounts	١.	above  9 Noncash contribution	ane included	1 1	2,017,330							
a di	'	in lines 1a-1f \$	ons included									
Co an	h	Total.Add lines 1a-1	lf		<u> ▶ _</u> _	6,7	747,096					
Пе					Business	Code						
nev.	_	TUITION AND FEES				900099	·	30,943	111,13	•		
ı C‡		PERFORMANCE FEES				900099 711130	·	12,547		8,951 2,547		
Program Service Revenue	d							·				
٦. چ	e e											
grar	f	All other program se	rvice revenue									
Æ	g	<b>Total.</b> Add lines 2a-2f	f	. •	112,3	392,441						
	3 ]	Investment income (ii	ncluding divid	ends, ın	terest, and other		589,742					589,742
		similar amounts) . Income from investme			nd proceeds <b>&gt;</b>	-	C	ļ				
		Royalties					C					
		_	(ı) Rea		(II) Personal							
	6a	Gross rents		61,603								
	b	Less rental expenses				1						
	c	: Rental income or		61,603	(	)						
	٠	(loss)				_	461,603	,				464.603
	a	Net rental income o	r (loss) (i) Securit		(II) Other	1	401,003	) 				461,603
	7a	Gross amount			(II) Other	1						
		from sales of assets other than inventory	34,4	66,825								
		Less cost or				-						
		other basis and sales expenses	34,3	50,632								
		Gain or (loss)		16,193		]						
		Net gain or (loss)		_	<u> </u>	<u> </u>	116,193	3				116,193
<u> </u>	oa	Gross income from for (not including \$	96,329									
Revenue		contributions reporte See Part IV, line 18		a	47,471							
Rev	b	Less direct expense		ь	49,059	1						
Other		: Net income or (loss)		_	nts	<del>-</del>	-1,588	3				-1,588
Ot	9a	Gross income from g See Part IV, line 19	amıng actıvıt	es								
				a	0							
		Less direct expense		Ь	0							
		: Net income or (loss) aGross sales of invent			:5 •	1		1				
		returns and allowand		_								
	h	Less cost of goods s	eold.	a b	0	-						
		: Net income or (loss)				J	С					
		Miscellaneous			Business Code							
	11	aSTUDENT DINING S	SERVICES		611710		380,161					380,161
					c <del></del>		00.04					00.01
	b	BOOKSTORE/VENDING COMMISSIONS	NG & OTHER		611710	ή	90,944					90,944
	_				611420		72,118		72,118			
	C	ATHLETICS REVENU	<b>C</b>		311420		/2,110		, 2,110			
	d	All other revenue .		$\longrightarrow$		1	428,397	,				428,397
	e	Total. Add lines 11a	-11d		•	1	074.620					<u> </u>
	12	<b>Total revenue.</b> See	Instructions				971,620		112 464 550			2.065.452
					· ·		121,277,107	1	112,464,559	<u> </u>		2,065,452

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			$\square$
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	31,821,119	31,821,119		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,480,780	1,448,221	1,032,559	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	42,070,794	35,399,906	6,121,813	549,075
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,783,038	1,378,274	374,007	30,757
9 Other employee benefits	5,816,054	4,480,541	1,260,943	74,570
10 Payroll taxes	3,285,467	2,741,892	501,335	42,240
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	158,810		158,810	
c Accounting	219,301		219,301	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	114,428		114,428	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,698,412	2,312,245	3,363,202	22,965
12 Advertising and promotion	2,716,714	498,947	2,216,304	1,463
13 Office expenses	2,315,713	1,443,203	796,415	76,095
<b>14</b> Information technology	1,726,159	646,774	1,079,385	
15 Royalties	0			
<b>16</b> Occupancy	4,504,543	1,908,974	2,571,416	24,153
<b>17</b> Travel	626,043	550,236	75,807	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	92,165	47,894	44,271	
<b>20</b> Interest	1,253,087	885,699	355,087	12,301
21 Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	3,996,322	2,877,352	1,079,007	39,963
<b>23</b> Insurance	911,130	725	910,405	
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 BUILDING CONTRACTED SERVICE	1,186,462	854,659	319,953	11,850
b SCHEDULED EVENTS	1,207,766	736,026	442,433	29,307
c DEPT GRANT EXPENSES	665,091	620,093	44.998	

279,952

1,451,498

116,380,848

73,659

299,490

91,025,929

205,871

1,151,995

24,439,745

422

13

915,174

Form **990** (2017)

d EQUIPMENT USAGE

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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

1

2

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

0 6

8

9

10c

11 0 12

13

15

16

17

19

20

21

23

24

25

26

27

28

29

30

31 32

33

34

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0 14

0 18

0 22

O

553 060

1.856.988

36,969,528

54.739.710

3.840.370

13.877.035

72,457,115

109.426.643

116,297

109,426,643

6,767,199

4,493,073

23,299,208

856.772

1.493.116

63,204,234

27.558.140

Page **11** 

6,223 3.003.847

2,448,777

2,644,762

768.713

2.061.972

62,206,185

35.088.000

0

0

0

0

0

0

O

417.338

1.948.350

35,934,503

62,080,960

6,146,564

14.184.670

82,412,194

118.346.697

Form **990** (2017)

118.218

118.346.697

5,332,283

5,680,797

22,555,735

Inventories for sale or use .

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

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets 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)

Total liabilities. Add lines 17 through 25 . .

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 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

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

	Beginning of year		End of ye
Cash-non-interest-bearing	14,217	1	
Savings and temporary cash investments	11,285,753	2	1
Pledges and grants receivable, not	2 553 746	J	

139,124,741

76,918,556

3 Pledges and grants receivable, net . 2.344.368 4 Loans and other receivables from current and former officers, directors, n 5

10a

10b

trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

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

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . .

3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 

5 6

7 8 9

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

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

Consolidated basis

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

Part XII **Financial Statements and Reporting** 

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

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

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

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72,457,115

5.059.032

-212

82,412,194

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

10

## Additional Data

Software ID:

Software Version: **EIN:** 11-1733439

Name: St Joseph's College

Form 990 (2017)

Form 990, Part III, Line 4a:

EDUCATIONAL INSTITUTION OF HIGHER LEARNING THAT PROVIDES ACADEMIC UNDERGRADUATE AND GRADUATE LEVEL PROGRAMS. THE COLLEGE PROVIDES STRONG ACADEMIC AND VALUE-ORIENTED PROGRAMS ROOTED IN A LIBERAL ARTS TRADITION THAT SUPPORTS PROVISION FOR CAREER PREPARATION AND ENHANCEMENT. OUR

STRONG ACADEMIC PROGRAMS INCLUDE - TWENTY-THREE UNDERGRADUATE MAJORS BETWEEN THE SCHOOLS OF ARTS AND SCIENCES AND PROFESSIONAL AND GRADUATE STUDIES - AN EXPANDED GRADUATE PROGRAM THAT INCLUDES NINE MASTER'S DEGREES - SEVERAL CERTIFICATE PROGRAMS THAT CAN ADVANCE A CAREER OR BE COMBINED WITH A MAJOR - A STUDENT-FACULTY RATIO OF 15 1 - MORE THAN 500 DEDICATED FACULTY, WHO ARE AVAILABLE IN A SMALL-CLASS ENVIRONMENT

THE DILLON CHILD STUDY CENTER OFFERS TODDLER, PRESCHOOL AND KINDERGARTEN PROGRAMS BASED ON THE CHILD DEVELOPMENT APPROACH TO THE EDUCATION OF YOUNG CHILDREN LOCATED ON ST JOSEPH'S COLLEGE CAMPUS IN THE CLINTON HILL SECTION OF BROOKLYN, DILLON, FOUNDED IN 1934, IS HISTORICALLY ONE OF THE FIRST COLLEGE PRESCHOOLS ON THE EAST COAST LICENSED BY THE NEW YORK CITY DEPARTMENT OF HEALTH AND REGISTERED WITH THE NEW YORK STATE DEPARTMENT OF EDUCATION, DILLON SERVES OVER ONE HUNDRED CHILDREN, WITH FIVE CLASSES FOR PRE-KINDERGARTEN AND KINDERGARTEN CHILDREN AND AN

INCLUSIVE CLASS OF BOTH TYPICALLY AND ATYPICALLY DEVELOPING CHILDREN IN A CHILD-CENTERED ATMOSPHERE, CHILDREN LEARN THROUGH PLAY AND DEVELOP
CONFIDENCE, COMPETENCE AND DISPOSITIONS FOR FUTURE LEARNING ALL TEACHERS HAVE OBTAINED OR ARE WORKING TOWARD EARLY CHILDHOOD CERTIFICATION

Form 990, Part III, Line 4b:

AND THEIR MASTER'S DEGREES

### Form 990, Part III, Line 4c: THE CLARE ROSE PLAYHOUSE SERVES AS A MAJOR TEACHING FACILITY FOR THE COLLEGE'S THEATER COURSES AND A TRAINING GROUND FOR YOUNG ACTORS. THE PLAYHOUSE IS THE SITE OF COMMUNITY THEATER PRODUCTIONS OF MUSICALS, DRAMAS, COMEDIES, CABARET ACTS, MUSICAL PERFORMANCES, DANCE TROUPES AND

COMEDIANS

(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 any hours and a director/trustee) organization organizations from the

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

	any nours	and	a dir	ecto	r/tr	ustee)	'	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
Christopher R Carroll Esq Chair	1 0	×		×				0	0	0
DR MARY ELLEN FREELEY EdD Vice Chair	1 0	x		x				0	0	0
Peter M Meyer Secretary	1 0	×		х				0	0	0
Mary M Lai BOARD MEMBER(Chair, Fin Comm)	1 0	×		×				0	0	0

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Secretary
Mary M Laı
BOARD MEMBER(Chair, Fin Comm)
Alberta Aldınger
Board Member

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Matthew Barbis CFS CTS

Board Member (thru 12/2017)

Board Member (Thru 04/2018)

Sister Angela Gannon CSJ

Board Member

Peter M Boger

Board Member

John A Danzı

Board Member

Mary Butz

and Independent Contractors

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

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

and Independent Contractors

Margaret Meegan

W Christian Drewes Esa

Dr Paul Peter Romanello

Board Member (Thru 05/2018)

Board Member (Thru 04/2018)

Board Member (Thru 06/2018)

......

......

Board Member

Board Member

Peter M Rogers

Board Member

Stephen Somers

Lisa Rose

	any hours					ustee		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
Sister Elizabeth A Johnson Board Member	1 0	х						0	0	0
Sister Helen Kearney CSJ Board Member	10	×						0	0	0
Dennis McCarthy Board Member	1 0	×						0	0	0
Sister Kathleen McKinney CS1	1 0									

		Х				0	0	
Board Member	0 0							
Dennis McCarthy	1 0	×					0	
Board Member	0 0	*				,	9	
Sister Kathleen McKinney CSJ	1 0	×				0	0	
Board Member	0 0	0 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 director/trustee) organization organizations from the

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

ally flours	u u	u un	CCLO	,,, с.	usice,		Organización	/IV 3/4 000	monitule ,
organizations		Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
40 0	Х		х				237,500	0	25,491
0 0									
			x				268,378	0	25,290
			х				121,215	0	7,122
0 0									
			×				143,333	0	16,791
	for related organizations below dotted line)  40 0  40 0  40 0  40 0  40 0  40 0  40 0	for related organizations below dotted line)  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0	for related organizations below dotted line)  Hollwidual trustee  40 0  40 0  40 0  40 0  0 0  40 0  40 0	for related organizations below dotted line)  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  X  X	for related organizations below dotted line)  Individual trustee  40 0  40 0  40 0  40 0  40 0  40 0  40 0  X  X  X  X	for related organizations below dotted line)  Highest compensated  Officer  Institutional Trustee  or director  x  x  x  x  x  x  x  x  x  x  x  x  x	for related organizations below dotted line)  Highest compensated  Officer  Institutional Trustee  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0  40 0	Total trustee	for related organizations below dotted line)  Officer   Highest complete   Formal   (W-2/1099-MISC)    Officer   Institutional Truster   X   237,500   0    40 0

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196,740

190,308

187,241

205,412

169,163

172,148

0

0

0

20,291

11,416

7,685

21,511

10,147

19,338

40 0

0 0 40 0

0.0 40 0

0 0

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......

VP of Academic Admin-Patchogue
TOM TRAVIS
INTERIM PROVOST
Barbara Garıı

VP of Academic Admin-Brooklyn

VP For Enrollment management

Interim Exec Dean- Long Island

VP For Enrollment Management

Christine Murphy

Wendy Turgeon

Georgia-Lynn Lamens

Rose Mary Howell

VP Student Service

Michelle Papajohn

Chief Information Officer

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (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

week (list

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

person is both an officer

from the

from related

compensation

15,481

6,424

25,586

	any hours	and	a dıı	ecto	r/tr	ustee	)	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
Katherine Granelli	40 0					×		174,306	0	14,847
Faculty	0 0							174,300	3	14,047
Susan Straut-Collard	40 0					l x		158,917	0	15,899
Faculty	0 0					,,		100,517		
Heather Barry Faculty	40 0					×		160,102	0	24,961

40 0 Gail Lamberta

155,773 Faculty 0 0

40 0

Mark Hessler Х 153,423

Faculty 0 0

40 0 Jack P Calareso PHD

0 0

Former President(Thru 06/2017)

Х

230,192

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SCI (For	Public Charity Status and Public Support  (Form 990 or 990 EZ)  Public Charity Status and Public Support  Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						ort	2017			
Depar	ment of	f the Treasury	▶ Infe	ormation abou	► Attach to Form It 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		
St Jos	eph's C	ollege						11-1733439			
	rt I				us (All organization			See instructions.			
_	organız —		•		it is (For lines 1 thro	<b>5</b> ,	,				
1	Ш	•		•	sociation of churches						
2	✓	A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3		·	•	·	vice organization desc			•			
4		name, city,	and state _		ed in conjunction with						
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>		
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7				mally receives ( <b>vi).</b> (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 desc	ribed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	its éxempt fun unrelated busin	(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	ation 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 <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box		
а		<b>Type I.</b> 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		<b>Type II.</b> A manageme	supporting on t of the sup	rganızatıon sup portıng organıza	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 integrated The organization	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 receiv	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally		
f				ion-functionally l organizations	integrated supporting	organization					
g				_	ipported organization(	c)					
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (vi) Amount of monetary support other si (see instructions) instructions					
						Yes	No				
Tota				ice, see the Ir		Cat No 11285		 Schedule A (Form 9	<u> </u>		

instructions

	(Complete only if you che	cked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organization	n failed to qual	ıfy under Part
	III. If the organization fa	ils to qualify un	ider the tests lis	ted below, pleas	se complete Part	· III.)	
S	ection A. Public Support		1	1			T
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
1	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2020	(5)2011	(0)2015	(4)2010	(6)2017	(1)10001
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	•
	First five years. If the Form 990 is for			ard fourth or fifth	tay year as a sec		anization
	•	_			•	• • • • • •	_
_	check this box and stop here						
	ection C. Computation of Public						
	Public support percentage for 2017 (line			column (f))		14	
15	Public support percentage for 2016 Sch	edule A, Part II,	line 14			15	
<b>16</b> a	<b>33 1/3% support test—2017.</b> If the	organization did i	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test-2016. If the	organization did	not check a box of	n line 13 or 16a, a	and line 15 is 33 1,	/3% or more, che	ck this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ranization			►□
173	10%-facts-and-circumstances test-				e 13. 16a. or 16b.	and line 14	
1/0	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	<u>-</u>			<b>-</b>			►□
	organization 10%-facts-and-circumstances test		rannization did ===	t chack a bay as !	no 12 165 166 -	or 17a and line	<b>-</b> -
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	•			toot The orga	aaaa qaamiica c		▶□
	supported organization						

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

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>(b)</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>(b)</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 <b>stop here</b>			,,	,		▶ □
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	chedule A, Part II	II, line 15			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	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.				
	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 <b>Part VI</b> 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	3a	İ		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination	3b			

	<u></u>						
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination						
	3t						
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 <b>Part VI</b> 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 ın 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.		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 ın 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		$\rightarrow$			
	supervised by or in connection with its supported organizations					
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 <b>Part VI</b> 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 foleigh, supported digamization was used exclusively for section 17 6(e)(2)(b) parposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,	
4a	<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> "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			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c [	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) numposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

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 <b>Part VI.</b>		
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		i

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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,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	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 <b>Part VI</b> 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			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
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 instruct  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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	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? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> 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)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	ıch the organization is respons	sive (provide	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
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>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> 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 See instructions		
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		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

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

## **Additional Data**

### Software ID: **Software Version:**

**EIN:** 11-1733439

Name: St Joseph's College

Schedule A (Form 990 or 990-EZ) 2017

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** 

Page 8

SCHEDULE C

# Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

DLN: 93493133037699

Department of the Treasury Internal Revenue Service

EZ)

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(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 • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** St Joseph's College 11-1733439 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017 Cat No 50084S

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

For c	•	n under section 501(h)).  1gh 1: below, provide in Part IV a detailed description of the lobbying	(a	)		(b)	)
activi		ign II below, provide in Part IV a detailed description of the lobbying	Yes	No		Amou	ınt
1		nization attempt to influence foreign, national, state or local legislation, 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			
С	Media advertisements?			No			
d	Mailings to members, legislators, o	or the public?		No			
е	Publications, or published or broads	cast statements?		No			
f	Grants to other organizations for lo	obbying purposes?		No			
g	Direct contact with legislators, their	r staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars,	conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				3,69
j	Total Add lines 1c through 1i						3,69
2a	Did the activities in line 1 cause the	e organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any to	ax incurred under section 4912					
С	If "Yes," enter the amount of any to	ax incurred by organization managers under section 4912					
d	If the filing organization incurred a	section 4912 tax, did it file Form 4720 for this year?					
Par		anization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
	501(c)(6).					Yes	No
1	Were substantially all (90% or mor	re) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-l	house lobbying expenditures of \$2,000 or less?		t	2		
3	Did the organization agree to carry	over lobbying and political expenditures from the prior year?		f	3		
	and if either (a) BO answered "Yes."	anization is exempt under section 501(c)(4), section 501(c) TH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A,			601(c	)(6)
1	Dues, assessments and similar amo		1				
2	Section 162(e) nondeductible lobby expenses for which the section	ying and political expenditures (do not include amounts of political 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		nt on line 2c exceeds the amount on line 3, what portion of the excess does r to the reasonable estimate of nondeductible lobbying and political	4				
5	· ·	plitical expenditures (see instructions)	5				
	rt IV Supplemental Infor						
Pro	vide the descriptions required for Pai	rt l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list),	Part II-	A, lines	1 an	d 2 (se	ee
mist		complete this part for any additional information					
	Return Reference	Explanation					
SCHE	C	LOBBYING ACTIVITIES, LINE 1I THROUGHOUT THE YEAR MEMBERS OF THE I COMMUNICATIONS STAFF VOICED THEIR CONCERNS REGARDING THE REIN: ALD FUNDING TO THE STATE ASSEMBLY AND SENATE IN ADDITION, MEMBE	STATEM RS OF	ENT OF	BUNI	TIONA	

ADVANCEMENT OFFICE REPORTED ON TOPICS RELATED TO REGIONAL ECONOMIC FUNDING TOTAL

EXPENSES RELATED TO THESE LOBBYING ACTIVITIES TOTALED \$3,691

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

# **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: 93493133037699 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

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

Internal Revenue Service Name of the organization **Employer identification number** St Joseph's College 11-1733439 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t IIII	Organizations Maintaining C	ollections of Art,	Histori	ical T	reas	ures, or Other	Similar Assets	(continued)
3		the organization's acquisition, access (check all that apply)	sion, and other record	s, check	any of	the f	ollowing that are a	significant use of	ts collection
а		Public exhibition		d		Loa	n or exchange prog	grams	
b		Scholarly research		е		Oth	er		
С		Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No							
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization an		orm 990	), Part	IV,	line 9, or reporte	ed an amount o	n Form 990, Part
		X, line 21.							
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No								
b	If "Y∈	es," explain the arrangement in Part X	III and complete the t	following	table			Amou	nt
С	Begir	nning balance					1c		
d	Addıt	ions during the year					1d		
e	Dıstrı	Distributions during the year 1e							
f	Endır	ng balance					1f		
<b>2</b> a	Dıd tl	he organization include an amount on	Form 990, Part X, line	e 21, for	escrov	v or c	ustodial account lia	ability?	Yes 🗆 No
Ь	If "Y∈	es," explain the arrangement in Part X	III Check here if the	explanat	ion has	s bee	n provided in Part :	XIII	🗆
Pa	rt V	Endowment Funds. Complete	ıf the organization	answei	red "Y	es" c	n Form 990, Pai	rt IV, line 10.	
		·	(a)Current year	<b>(b)</b> P	rior yea	ır	(c)Two years back	(d)Three years ba	ck (e)Four years back
<b>1</b> a	Beginn	ning of year balance	31,756,760		25,89	5,143	24,396,484	51,776,0	82 50,599,232
b	Contrib	outions	307,635	5	2,69	7,587	650,555	284,7	05 720,317
С	Net inv	vestment earnings, gains, and losses	5,563,861	ı	3,76	8,852	1,399,104	1,162,8	67 4,257,093
d	Grants	or scholarships	662,161	L	60	5,822	550,000		
е		expenditures for facilities ograms						28,308,1	20 3,325,509
f	Admini	ıstratıve expenses						519,0	50 475,051
g	End of	year balance	36,966,095	5	31,75	6,760	25,896,143	24,396,4	84 51,776,082
2 a b	B 20 270 %								
С	Temp	oorarily restricted endowment > 1	4 940 %						
	The p	percentages on lines 2a, 2b, and 2c sh	ould equal 100%						
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No								
	` ,	nrelated organizations			•	•			3a(i)         No           3a(ii)         No
b	Ìf "Y∈	elated organizations	ions listed as required			. ?			3b
4		ribe in Part XIII the intended uses of t		owment	tunds				
Pa	rt VI	Land, Buildings, and Equipm Complete if the organization an		orm 000	) Dart	T\/	lino 11a Coo Eo	rm 000 Part V	lino 10
	Descri	iption of property (a) Cost or (invest)	other basis (b) Cos	st or other					(d) Book value
	Land				7.0	88,359	9		7,088,359
	Buildin					42,429		49,801,933	49,540,496
		nold improvements				_,	+	-,,	.5,5 (5, +50
		nent			32.6	93,953	3	27,116,623	5,577,330
	Other				52,0	-			3,377,330
		Ines 1a through 1e (Column (d) must	t equal Form 990 Par	t X. colui	mn (B)			<b>•</b>	62,206,185

Part VII	<b>Investments—Other Securities.</b> Complete if t See Form 990, Part X, line 12.	he organızat	on answ	ered "Yes" on Form 990	, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		of valuation /ear market value
	al derivatives	· · · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Complete if the organization answered 'Yes' on				
	(a) Description of investment	<b>(b)</b> Bo	ok value		of valuation year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	- 000 P-	t TV   111   C -	O Bot V loss 45
	Other Assets. Complete if the organization answere  (a) Description		1 990, Pai	t IV, line IId See Form 99	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	See Form 990, Part X, line 25.	answered 'Ye			▶  e or 11f.
1. (1) Federal	(a) Description of liability		<b>(b)</b> Bo	ok value 0	
	. INTEREST IN TRUSTS			788,628	
REFUNDABLE GOV'T GRANTS CAPITAL LEASE OBLIGATION				570,723 588 999	
(4)	POE OPEIGUITOR			588,999	
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		1,948,350	
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of			ganization's financial statem	

Part XI

2

а

b

1

2

c

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2017

Page 4

5,058,820

89,341,560

31,935,547

121,277,107

84,445,301

84,445,301

31,935,547

116.380.848

Schedule D (Form 990) 2017

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

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

2a

2b

2c

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

5,059,032

114,428

31.821.119

3

4c

5

2e

3

4c

5

114,428 31,821,119

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 .

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

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

4 b

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

c 5 Part XII

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

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

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 . . .

**Supplemental Information** 

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Return Reference

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

Schedule D (Form 990) 2017

## **Additional Data**

Software Version:

**EIN:** 11-1733439 Name: St Joseph's College

# **Supplemental Information**

Return Reference	Explanation			
INTENDED USE OF ENDOWMENT FUND	SCHEDULE D, PART V, QUESTION 4 ST JOSEPH'S COLLEGE HOLDS AN ENDOWMENT FOR THE PURPOSE OF GENERATING FUNDS TO SUPPORT THE COLLEGE'S EDUCATIONAL MISSION. ENDOWMENT EARNINGS ARE			

Software ID:

INTE NDED TO BE USED TO FUND SCHOLARSHIPS, FACILITY UPGRADES, AND EDUCATIONAL PROGRAMS THE COL LEGE WOULD PREFER TO LEAVE THE PRINCIPAL UNTOUCHED

Supplemental Information	
Return Reference	Explanation
PROVISION FOR INCOME TAXES	SCHEDULE D, PART X THE COLLEGE ADOPTED THE PROVISIONS OF ASC 740 ACCOUNTING FOR UNCERTAINT IES IN INCOME TAXES ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STAT EMENT RECOGNITION AND MEASUREMENT THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNC ERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING A UTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED THE COLLEGE IS EXEMPT FROM FEDERAL AND NEW YORK INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZA TION DESCRIBED IN SECTION 501(C) (3) OF THE IRC AND SIMILAR PROVISIONS OF THE NEW YORK STA TE TAX CODE NEVERTHELESS, THE COLLEGE MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS

upplemental Information	
Return Reference	Explanation
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	SCHEDULE D, PART XI, LINE 2D CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$(212)

Su

Supplemental Information	
Return Reference	Explanation
OTHER REVENUE ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XI, LINE 4B SCHOLARSHIP EXPENSE \$31,821,119

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Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES ON RETURN BUT NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B SCHOLARSHIP EXPENSE \$31,821,119

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133037699 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 organization **Employer identification number** St Joseph's College 11-1733439 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 Νo 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)	Page <b>2</b>
Part II Supplemental Information. Provide the any other additional information (see instruction	explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide ons)
Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE COLLEGE MAKES CERTAIN TO PUBLICIZE ITS NONDISCRIMINATORY POLICY IN AS MANY PUBLICATIONS AS POSSIBLE, INCLUDING, BUT NOT LIMITED TO, ITS COLLEGE CATALOGUE, BULLETINS & BROCHURES, NEWSPAPER ADS, AND IN OTHER PUBLIC COMMUNICATIONS
SCHEDULE E, PART I, LINE 6A	THE COLLEGE ADMINISTERS STUDENT FINANCIAL AID THROUGH GOVERNMENT FUNDED PROGRAMS SUCH AS THE PERKINS PROGRAM AND PELL GRANTS

Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133037699 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** St Joseph's College 11-1733439 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **GOLF TOURNAMENT** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 143,800 143,800 2 Less Contributions. 96,329 96,329 3 Gross income (line 1 minus 47,471 line 2) 47,471 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 38,200 38,200 7 Food and beverages 8 Entertainment Other direct expenses 10,859 10,859 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 49,059 11 Net income summary Subtract line 10 from line 3, column (d) . . . . -1,588 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
Ь		evenue received by the organization ► \$ a the third party ► \$	and the			
c	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 distributions from the gaming proceeds to	)	□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year <b>&gt;</b> \$	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493133037699 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** St Joseph's College 11-1733439 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9313	3037	699
Schedule J		Co	OM	IB No	1545-0	0047		
•	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.						7
•	tment of the Treasury al Revenue Service	▶ Information ab		J (Form 990) and its instructions agov/form990.	is at		to Pul ectio	
Nar	me of the organiz	ation			Employer identificat			
St J	oseph's College				11-1733439			
Pa	rt I Questi	ons Regarding Compensa	tion					
	•						Yes	No
1a				of the following to or for a person listency of the following the ny relevant information regarding the				
	First-clas	s or charter travel	$ \mathbf{\nabla}$	Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	s 📙	Health or social club dues or initiat				
	□ Discretion	nary spending account		Personal services (e g , maid, chau	rreur, cher)			
b		xes in line 1a are checked, did th all of the expenses described abo		follow a written policy regarding payr nplete Part III to explain	ment or reimbursement	<b>1</b> b	Yes	
2				or allowing expenses incurred by all	- 1-2	2		No
	directors, truste	ees, officers, including the CEO/E	xecutive Directo	or, regarding the items checked in lin	e la?			
3	organization's C	EO/Executive Director Check all	I that apply Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a			
а	Receive a sever	ance payment or change-of-cont	trol payment?			4a		No
b		r receive payment from, a suppl		alified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equi	ty-based compe	ensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Pai	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	s must complete lines 5-9.				
5	For persons list		n A, line 1a, did	the organization pay or accrue any				
а	The organizatio	n?				5a		No
b	Any related org					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organizatio	n?				6a		No
b	Any related org					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe art III	ed	7	Yes	
8				ured pursuant to a contract that was s section 53 4958-4(a)(3)? If "Yes," o	lescribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	e presumption procedure described in	Regulations section	9		140
For F	Panerwork Redi	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No	50053T Schedule J	(Forn	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			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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		1	Schedule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017	Page <b>3</b>								
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								
1	PRESIDENTS CALARESO AND BOOMGAARDEN EACH RECEIVED HOUSING ALLOWANCES FROM THE COLLEGE IN THE CALENDAR YEAR ENDING DECEMBER 31, 2017 THE COLLEGE HAS DETERMINED THAT THE HOUSING ALLOWANCE IS TAXABLE TO THE PRESIDENTS AND INCLUDED THE VALUE OF THE HOUSING IN THEIR WAGES THE AMOUNTS ARE DISCLOSED IN SCHEDULE J, PART II, COLUMN (B)(III) Form 990, Schedule J, Part I, Line 7 President Calareso received a bonus in the calendar year ending December 31, 2017 a performance bonus. The performance bonus was granted based on objective criteria established by the College's Board of Directors. The determination to award the bonus was memorialized in the Board of Directors minutes. President Calareso did not have any input into the bonus.								

Schedule J (Form 990) 2017

he was awarded

Software ID:

**Software Version:** 

**EIN:** 11-1733439

Name: St Joseph's College

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

(A) Name and Title

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

(C) Retirement and
(D) Nontaxable

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
				(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
<b>1</b> Donald Boomgaarden FROM	(1)	219,500	0	18,000	11,875	13,616	262,991	0
717 President (Non-Voting Trustee)	(11)	0	0	0	0	0	0	0
1John C Roth Chief financial officer	E E	268,378	0	0	16,099	9,191	293,668	0
<b>2</b> Barbara Garii	(II)	196,740	0	0	11,100	9,191	217,031	0
VP of Academic Admin- Brooklyn	(II)	0					217,031	
<b>3</b> Christine Murphy VP For Enrollment	(1)	190,308	0	0	11,416	0	201,724	0
management	(11)	0	0	0	0	0	0	0
<b>4</b> Wendy Turgeon Interim Exec Dean- Long	(1)	187,241	0	0	7,685	0	194,926	0
Island	(11)	0	0	0	0	0	0	0
<b>5</b> Georgia-Lynn Lamens VP For Enrollment	(1)	205,412	0	0	12,320	9,191	226,923	0
Management ————————————————————————————————————	(11)	0	0	0	0	0	0	0
<b>6</b> Rose Mary Howell VP Student Service	(1)	169,163	0	0	10,147	0	179,310	0
	(11)	0	0	0	0	0	0	0
<b>7</b> Michelle Papajohn Chief Information Officer	(1)	172,148	0	0	10,147	9,191	191,486	0
	(11)	0	0	0	0	0	0	0
<b>8</b> Katherine Granelli Faculty	(1)	174,306	0	0	5,656	9,191	189,153	0
	(11)	0	0	0	0	0	0	0
<b>9</b> Susan Straut-Collard Faculty	(1)	158,917 	0	0	6,708	9,191	174,816	0
	(11)	0	0	0	0	0	0	0
<b>10</b> Heather Barry Faculty	(1)	160,102	0	0	6,083 	18,878	185,063	0
110 11 1	(11)	0	0	0	0	0	0	0
<b>11</b> Gaıl Lamberta Faculty	(1)	155,773	0	0	6,290 	9,191	171,254	0
12Mark Hessler	(11)	0	0	0	0	0	0	0
Faculty	(1)	153,423	0	0	6,424 	0	159,847	0
13Jack P Calareso PHD	(II)	0 155 103	0	0	0	0	0	0
Former President(Thru 06/2017)		155,192	57,000	18,000	11,970 	13,616	255,778 	0
14TOM TRAVIS	(II)	143,333	0	0	0	0	0	0
INTERIM PROVOST		143,333	0	0	7,600 	9,191	160,124	
	(11)	0	0	0	0	0	0	0

efile GRAPHIC print - DO N	OT PROCESS As	Filed Data -										34931		
Schedule K	Su	pplemental	Information o	n Tax-F	xemi	ot F	Bonds					No 1545		
(Form 990)		ne organization ans	wered "Yes" to Form	990, Part I	V, line 2	24a. F		criptions,			2	201	7	
Department of the Treasury			, and any additional  Attach to Form 99		in Part	VI.						en to Pu	•	
Internal Revenue Service	▶Informatio		( (Form 990) and its		s is at <u>w</u>	ww.i	rs.gov/for	<u>11990</u> .			Ī	nspectio	n	
Name of the organization St Joseph's College									'	-	tificatioi	n number		
Part I Bond Issues									11-1/	33439				
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice T		f) Description	on of purpose	(a) De	feased	(h)	On	(i)	Pool
(a) Issuel Hallie	(5) 13500/ 2111	(6) 66511 "	(a) bate issued	(0) 15500		`	i j Besempen	on parpose	(9) 5	.reasea	behalf of		financing	
									Yes	No	Yes	uer No	Yes	No
A DORMITORY AUTHORITY OF	THE 14-6000293	649905POO	08-11-2010	28,0	57,516	CONS	TRUCTION (	F ATHLETIC	163	X	163	X	163	X
STATE OF NEW YORK					F	FACTI	LITY							
Part II Proceeds					ı									
				1	۸		E	3	C	1		-	D	
1 Amount of bonds retired .					5,103,	,194								
2 Amount of bonds legally def						0								
3 Total proceeds of issue.				28,057,516										
4 Gross proceeds in reserve fu				2,005,038										
5 Capitalized interest from pro						0								
6 Proceeds in refunding escro						0								
7 Issuance costs from proceed				515,945										
8 Credit enhancement from pr				0										
9 Working capital expenditure				0										
10 Capital expenditures from p					25,536,	-								
Other spent proceeds						0								
<ul><li>Other unspent proceeds .</li><li>Year of substantial completi</li></ul>						0								
13 Year of substantial completi	011		• •	Yes	14 <b>No</b>	-	Yes	No	Yes	No		Yes	1	No
14 Were the bonds issued as pa	art of a current refundin	a issue?		163	X	+	162	140	163	140		163	1	110
15 Were the bonds issued as page 15		<u> </u>			X	+								
					×	$\dashv$								
						-								
Does the organization maint proceeds?	.am adequate books and	records to support tr	e imal allocation of	X										
Part IIII Private Business														
				A B					Ç			D		
1 Was the organization a part financed by tax-exempt bon	ner in a partnership, or i	a member of an LLC,	which owned property	Yes	No X		Yes	No	Yes	No		Yes	-	No
2 Are there any lease arrange property?	ments that may result II	n private business use			Х									
For Panerwork Reduction Act N				Cal	No 50	193F				Si	hedul	K (Fort	m 990	1 2017

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9

Part IV

Arbitrage

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? . . . . . . .

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

counsel to review any research agreements relating to the financed property?

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

organization, or a state or local government . . . . . . . . . . . . . . . .

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

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

Does the bond issue meet the private security or payment test? . . .

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

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Page 2

		Α		В		C		D D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		х						

Χ

Χ

Х

Χ

Yes

No

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Χ

No

Χ

Χ

Х

Χ

Х

Х

Χ

Α

Yes

Х

0 %

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 property?	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	Т

В

No

Х

Х

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

Explanation

The College has an arbitrage rebate calculation conducted in 2016, that rebate analysis determined that no rebate

Yes

Χ

No

Yes

Yes

No

No

Yes

No

Page 3

No

No

D

Yes

Yes

		A	
		Yes	No
1	Were gross proceeds invested in a guaranteed investment contract		×

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

Return Reference

sCHEDULE K, PART IV, LINE

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

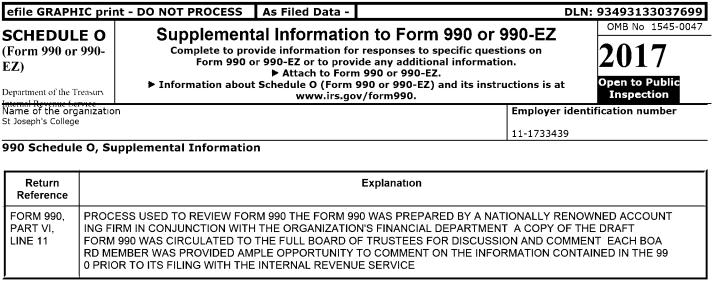
Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

lwas due

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .



Return Explanation
Reference

FORM 990,	ENFORCEMENT OF CONFLICT OF INTEREST POLICY EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYE
PART VI,	E OF THE COLLEGE IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY
LINE 12C	VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE COLLEGE THE COLLEGE MONIT
	ORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLO
	SURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS POTENTIAL CONFLICTS ARE INVESTIGA
	TED IMMEDIATELY

Return

Reference	Explanation
FORM 990,	PROCESS FOR DETERMINING COMPENSATION THE COLLEGE UNDERTAKES A THOROUGH PROCESS TO ENSURE T
PART VI,	HAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFIC
LINE 15A &	ERS AND KEY EMPLOYEES IS REASONABLE GIVEN THE MARKET IN WHICH THE COLLEGE OPERATES IN REL
15B	EVANT PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT
	PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION AGREEMENT THE COMPEN
	SATION COMMITTEE COMPARES DATA FROM OTHER INSTITUTIONS TO ENSURE THAT THE COLLEGE COMPENSA
	TES ITS EXECUTIVES COMMENSURATE WITH THE MARKET

Explanation

Return Reference	Explanation
FORM 990, PART VI.	AVAILABILITY OF DOCUMENTS TO THE PUBLIC THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO T HE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED.
LINE 19	ON THE INTERNET AT WWW GUIDESTAR ORG THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION Form 990 - Part VII - Nar rative About Presidential Succession Donald R Boomgaarden, Ph D, commenced his role as t he eighth President of St Joseph's College of New York on July 1st, 2017, succeeding the former President Jack P Calareso, PH D (who is listed as the Former President on Form 99 0, Part VII) The compensation reported for President Boomgaarden represents the amounts r eportable on his 2017 Form W-2 covering the term of service of July 1, 2017 through Decemb er 31, 2017

Return Explanation

Reference	
form 990,	RECONCILIATION OF NET ASSETS CHANGE IN BENEFICIAL INTEREST OF TRUSTS \$(212)
part xı, line 9	