DLN: 93493192001330 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable Saint Michael's College ☐ Address change 03-0179403 ☐ Name change % MELISSA TOURVILLE ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) One Winooski Park Box 274 ☐ Application pending (802) 654-2915 City or town, state or province, country, and ZIP or foreign postal code Colchester, VT  $\,$  05439  $\,$ G Gross receipts \$ 121,644,758 Name and address of principal officer H(a) Is this a group return for Robert S Robinson □Yes ☑No subordinates? One Winooski Park Box 274 H(b) Are all subordinates Colchester, VT 05439 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( ) **◀** (insert no ) **H(c)** Group exemption number ▶ Website: ▶ www smcvt edu L Year of formation 1913 M State of legal domicile VT K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To contribute through higher education to the enhancement of the human person and the advancement of human culture in the light of the Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 28 Number of independent voting members of the governing body (Part VI, line 1b) 1,789 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2,511 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -341,627 b Net unrelated business taxable income from Form 990-T, line 34 7b -348,327 **Prior Year Current Year** 5,736,997 5,486,108 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 103,472,114 101,048,996 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,386,245 3,967,690 1,306,689 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1.019.317 113,363,784 112,060,372 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 38,902,298 39,412,186 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 40,291,253 38,694,189 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶2,108,938 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 34,872,835 34,057,988 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 114,066,386 112,164,363 19 Revenue less expenses Subtract line 18 from line 12 . -702,602 -103,991 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 210,675,382 205,844,395 72,712,943 21 Total liabilities (Part X, line 26) . 74,070,601 22 Net assets or fund balances Subtract line 21 from line 20 . 133,131,452 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-09 Signature of officer Sign Here ROBERT ROBINSON TREASURER/VP OF FIN Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If 2020-07-09 P01244578 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 60 South Street Phone no (617) 988-1000 Boston, MA 02111 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		•		
					EDUCATION TO THE ENHANCEMI	ENT OF THE HUMAN
PERS	SON AND TO THE ADVA	NCEMENT OF HUMAN	CULTURE IN TH	E LIGHT OF THE CATHO	DLIC FAITH	
	Did the organization	undertake anv signific	ant program ser	vices during the year w	hich were not listed on	
	=	, <del>-</del>				□ yes 🗸 No
	'	se new services on Sc				
3	•			changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O			
4					largest program services, as me of grants and allocations to other	
	expenses, and reven	ue, if any, for each pro	ogram service re	ported		
4a	(Code	) (Expenses \$	67,319,302	including grants of \$	39,412,186 ) (Revenue \$	78,975,672 )
	See Additional Data					
	(Code	) (Expenses \$	18,119,650	including grants of \$	) (Revenue \$	22,073,324 )
40	See Additional Data	) (Expenses \$	18,119,630	including grants or \$	) (Revenue \$	22,073,324 )
	- Jack Additional Data					
4c	(Code	) (Expenses \$	14,860,777	ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O )			
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	/ice expenses ▶	100,299,7	29		
		•	,,-			Form <b>990</b> (2

Par	tiV Checklist of Required Schedules			rage 3
rali	Checkinst of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part   2	6		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
0	If "Yes," complete Schedule D, Part III 🐕	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

Part V

	990 (2019)			Page 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37	_	No

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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Yes

Form **990** (2018)

No

38

2,679

1a

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a 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

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes 

7d |

10a

10b

11a

11b

12b

13b

13c

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

Yes

Nο

No

No

the following

13

Section C. Disclosure

10a Did the organization have local chapters, branches, or affiliates? .

Each committee with authority to act on behalf of the governing body? .

7a

7b

8a

8b

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16h

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Page 6

Nο

No

No

Nο

Nο

No

No

Form 990 (2018)

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI							<b>✓</b>
Se	ction A. Governing Body and Management							
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			30			
	If there are material differences in voting rights among members of the governing							

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine	ss rela	itionship with any other	1	

				res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1.	a 30			
	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  1	b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company.		3		No
4	Did the organization make any significant changes to its governing documents since the prior	or Form 990 was filed? .	4		No
_					

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

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 . . . . . . . . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

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

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

and branches to ensure their operations are consistent with the organization's exempt purposes?

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written whistleblower policy? . . . . .

Did the organization have a written document retention and destruction policy? .

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)

►MELISSA TOURVILLE ONE WINOOSKI PARK BOX 274 Colchester, VT 05439 (802) 654-2915

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

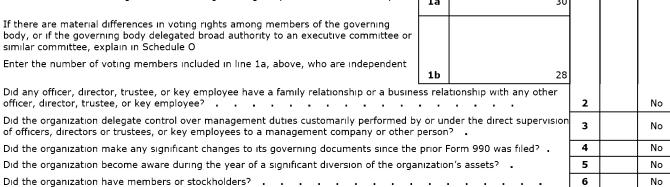
policy, and financial statements available to the public during the tax year

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .

persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . .

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)



101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Part VII

KPMG LLP,

356 Mountain View Drive Suite 400 COLCHESTER, VT 05446

compensation from the organization ▶ 8

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

Page 8

Га	Section A. Officers, Direct	ors, rrustees	, Key	LIIIPI	Oye	cs,	anu	ıngı	ilest com	ірспзас	ed Employees	COIN	inucuj	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	ss pers	son	( <b>C</b> Repor comper from organiza	rtable nsation n the ition (W-	(E) Reportable compensation from related organizations (	W-	Estimamount comper	ated of other esation the
		for related organizations below dotted line)	Individu or direct	Institutional	Officer	key employee	Highest employe	Former	2/1099	-MISC)	2/1099-MISC	:)	organiza rela organiz	ted
			Individual trustee or director	cnal Trustee		oloyee	Highest compens: employee							
				Ť.			31.6d							
See .	Addıtıonal Data Table											4		
												_		
												4		
												$\dashv$		
												$\dashv$		
												4		
c T	Sub-Total	art VII <b>, Section</b>	Α			•	<b>*</b>					0		
2	Total (add lines 1b and 1c)  Total number of individuals (including	but not limited	to thos			—— bov€	e) who	rec		79,148 e than \$1		<u> </u>		488,285
	of reportable compensation from the o	organization 🕨	49 ———										Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				•		, ,		-	•	l employee on	3	Yes	140
4	For any individual listed on line 1a, is organization and related organizations individual										m the		,,	
5	Did any person listed on line 1a receiv									on or ind	ividual for	5	Yes	No
—Se	ection B. Independent Contracto	ors					· ·							NO
1	Complete this table for your five higher from the organization Report compen	est compensate										mpen	sation	
	Name a	(A) ind business addre	ess							Desc	(B) cription of services			C) nsation
600 N	Advisory Board, NH Avenue NW HINGTON, DC 20007								А	cademic C	onsultants			793,932
Comp 354 M	petitive Computing, Mountain View Dr Suite 400 CHESTER, VT 05446								I	T Consulta	nt			534,649
Optiv 1125	Security, 17th St Suite 1700 /ER, CO 80202								Γ	T Consulta	nts			215,020
Cyber 15 Co	VerNorth LLC,													
SOUT						—			<del></del>	LIDIT 9. TA	V CEDVICEC			150.000

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

150,900

AUDIT & TAX SERVICES

Part	VIII											
		Check if Schedul	le O contains :	a respo	onse or note to any	line in thi (A Total re	)	Re e fu	(B) lated or xempt inction	b	(C) nrelated ousiness revenue	(D)  Revenue excluded from tax under sections
	1.	a Federated campaig	ns	1a				re	evenue			512 - 514
nts ints		<b>b</b> Membership dues		1b	<u>                                       </u>							
Gra nou		c Fundraising events		1c	4,182							
is, (		d Related organization		1d								
<u>≣</u>		e Government grants (c	ontributions)	1e	1,700,642							
ns, Sim		f All other contributions										
utio er (		and sımılar amounts n above	ot included	1f	4,032,173							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a - 1f \$			9,89 <u>3</u>							
S E		<b>h Total.</b> Add lines 1a	-1r	•	•		,736,997					
÷	_	TUITION AND FEES			Business	Code	78.9	75,672	78,975	.672		
Ven		RESIDENCE AND DINNI	NG			611710	18,8	62,060	18,862	,060		
a <u>t</u>		BOOK STORE				721310	9	56,915				956,915
r M C €	_	AUXILIARY INCOME				451211	4	71,374	471	,374		
₽.		SMC PLAYHOUSE				900099	4	58,914	458	,914		
Jran.						713940	1,3	24,061	809	,689		514,372
Program Service Revenue	f	All other program se	rvice revenue		101 (	 )48,996	-10	,		<u> </u>		1 -2.,,2/2
	g	Total. Add lines 2a-2	2f		<b>&gt;</b>	10,330						
		Investment income (i similar amounts) .	ncluding divid	ends, ı	interest, and other	ļ	2,719,341	L			-357,090	3,076,431
		Income from investm	ent of tax-exe	mpt b	ond proceeds		(	D				
	5	Royalties		•	•		(	)				
	6-	a Gross rents	(ı) Rea	l	(II) Personal	_						
	Uc	d Gross rents	2	54,705								
	ł	<b>b</b> Less rental expenses										
	(	c Rental income or	2	54,705	C	)						
		(loss)	n (1000)			1	254,705	5				254,705
	,	d Net rental income o	(i) Securit		(II) Other		234,703	1				234,703
	7 <i>a</i>	Gross amount from sales of assets other than inventory		350,215		2						
	ł	b Less cost or other basis and sales expenses		11,979	·	1						
		Gain or (loss)		38,236	310,113	<u>}</u>	1,248,349				15,463	1,232,886
Other Revenue		d Net gain or (loss)  Gross income from f (not including \$ contributions reporte See Part IV, line 18	undraising evo 4,182 ed on line 1c)	ents of	42 200		1,240,343				13,403	1,232,660
3ev.	ŀ	b Less direct expense		a b	12,298 12,298	-						
er F		c Net income or (loss)			ents	_						
Oth	9ā	Gross income from g See Part IV, line 19		es								
		See Fait IV, III e 19		а	0							
	ŧ	Less direct expense	s	Ь	0							
		c Net income or (loss)		activit	ies <b>&gt;</b>		(	ס				
	10	aGross sales of invent returns and allowand		a	0							
	ł	Less cost of goods	sold	b	0							
	(	Net income or (loss)		invent			(					
	11	Miscellaneous LaOTHER OPERATING			Business Code 900099	)	1,051,984	1				1,051,984
	ł	b										
	(	c										
	•	d All other revenue .										
	•	e <b>Total.</b> Add lines 11a	-11d		• • • • • • • • • • • • • • • • • • •		1,051,984	1				
	12	<b>2 Total revenue.</b> See	Instructions				112,060,372	2	99,577,709		-341,627	7,087,293
							•	•			· ·	Form <b>990</b> (2018)

Part IX	Statement	of Function	al Expenses

16 Occupancy .

**17** Travel . . .

23 Insurance . .

b c d

**20** Interest . . . .

expenses on Schedule O ) a CATERING, LECTURER, OTHER

e All other expenses

18 Payments of travel or entertainment expenses for any

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

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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization .

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all c	-		lete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part $\forall$ III.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,600	80,600		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	38,434,520	38,434,520		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	897,066	897,066		
<b>4</b> Benefits paid to or for members	0			_
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,162,532	668,842	979,289	514,401
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	27,179,965	23,249,727	3,023,002	907,236
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	637,881	538,079	70,244	29,558
9 Other employee benefits	6,609,412	5,627,673	803,879	177,860
<b>10</b> Payroll taxes	2,104,399	1,727,195	280,882	96,322
11 Fees for services (non-employees)				
a Management	0			_
<b>b</b> Legal	143,039		143,039	
<b>c</b> Accounting	148,004		148,004	
<b>d</b> Lobbying	564		564	
e Professional fundraising services See Part IV, line 17	0			-
<b>f</b> Investment management fees	319,595		319,595	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	1,293,969	969,834	321,139	2,996
13 Office expenses	5,530,601	4,831,686	548,245	150,670
<b>14</b> Information technology	2,102,644	1,156,027	922,755	23,862
15 Royalties	0			
4	<del></del>	+		

3,964,355

2,597,940

2,215,946

8,272,762

6,792,547

112,164,363

676,022

0

0

3,643,258

2,292,848

2,207,581

7,546,772

623,761

5,804,260

100,299,729

321,097

203,339

8,365

725,990

51,303

884,965

9,755,696

101,753

958

103,322

2,108,938

Form **990** (2018)

Forn	n 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	ny line in this Part IX			🗆
		·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,472,257	1	7,104,867
	2	Savings and temporary cash investments .		[	0	2	0
	3	Pledges and grants receivable, net		. [	1,209,490	3	1,349,103
	4	Accounts receivable, net		<b>⊢</b>	1,183,083	4	1,272,836
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated en	nployees Complete	0	5	0
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	fied pei n 4958 ations o (see in:	rsons (as defined under (c)(3)(B), and (f) section 501(c)(9) structions) Complete	5,665,977	6	0 4.852,748
ssets	7	Notes and loans receivable, net	-	318,950		<u> </u>	
As	8	Inventories for sale or use		· -		8	338,232
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   <sub>10a</sub>	220,376,849	2,631,848	9	1,691,674
	h	Less accumulated depreciation	10b	123,947,202	99,755,154	100	96,429,647
	11	Investments—publicly traded securities .	100	120,0 17,202	43,045,635	11	45,432,882
	12	Investments—other securities See Part IV, line	11 .		51.139.585	12	47.143.907
	13	Investments—program-related See Part IV, line		<u> </u>	0	13	0
	14	Intangible assets	<u> </u>	0	14	0	
	15	Other assets See Part IV, line 11	<b>⊢</b>	253,403	15	228,499	
	16	Total assets.Add lines 1 through 15 (must equ		<u> </u>	210,675,382	16	205,844,395
	17	Accounts payable and accrued expenses	4,067,380	17	4,385,731		
	18	Grants payable	•	· ·	0	18	0
	19	Deferred revenue		-	2,414,575	19	3,651,328
	20	Tax-exempt bond liabilities		-	55,610,772	20	53,214,955
		Escrow or custodial account liability Complete F		<u> </u>	0	21	00,214,300
es	22	Loans and other payables to current and former		<u> </u>	0	21	-
Liabilities	22	key employees, highest compensated employee	s, and	disqualified			
Ë	22	persons Complete Part II of Schedule L			0	22	0
	23			· · ·		23	
		' '		· –	•	24	2,124,000
	25			s to related third parties,	11,822,874	25	9,336,929
	26	Total liabilities. Add lines 17 through 25			74,070,601	26	72,712,943
ces							
Unsecured notes and loans payable to unrelated third parties						27	76,873,126
Ba	28	Temporarily restricted net assets			20,777,477	28	20,637,035
ы	29	Permanently restricted net assets		34,071,514	29	35,621,291	
Fu		Organizations that do not follow SFAS 117					
	]	check here ▶ ☐ and complete lines 30 th			~~		
Assets or	30	Capital stock or trust principal, or current funds		<u> </u>		30	
556	31	Paid-in or capital surplus, or land, building or ed		<u> </u>		31	
	32	Retained earnings, endowment, accumulated in		<b>⊢</b>	400 004 704	32	400 404 450
Net	33	Total liabilities and net assets/fund balances			136,604,781	33	133,131,452

34

205,844,395 Form **990** (2018)

210,675,382

Total liabilities and net assets/fund balances

34

3a

3b

Yes

Yes (2018)

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

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

Audit Act and OMB Circular A-133?

### Additional Data

# Software Version:

Name: Saint Michael's College

Software ID:

**EIN:** 03-0179403

Form 990 (2018)

Form 990, Part III, Line 4a:

Academic program and financial support services, See Schedule O

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

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

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

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Rev Richard Berube SSE	1 0	x						0	0	0
Trustee	0 0								0	0
Dr Jose C Blanco	1 0	x						0	0	0
Trustee	0 0							9	0	0
Rev Msgr Bernard W Bourgeois	1 0	×						9	0	0
Trustee	0 0								0	
Sr Lindora Cabral RSM	1 0								0	0
Trustoo		×						l "	U	ľ

00

0 0

00

00

0 0

......

Х

Х

Х

Х

Х

Х

0

0

Trustee
Sr Lindora Cabral RSM
Trustee
Ms Patricia A Casey
Trustee as of 7/2018

.......

Mr J Kevin Connaughton

Rev David G Cray SSE

Trustee as of 7/2018

Mr Michael J Cunniff

Mr Mark S Dalton

Trustee as of 7/2018

Rev Stanley M Deresienski SSE

Trustee

Trustee

Trustee

and Independent Contractors

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

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

	any hours	ı		recto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mr Donald R Dion Jr	2 0	х						0	0	0	
Vice Chair of the Board	0 0										
Rev Raymond J Doherty SSE Trustee	35 0 1 0	×						6,463	0	42	
Rev Patrick J Forman Trustee	1 0	×						0	0	0	
Mr Joseph P Garrity Trustee	2 0	×						0	0	0	
1143666	0.0	i	i	ı	ı	i l	I	I		1	

2 0

0 0

0 0

00

00

0 0

......

Х

Х

Х

Х

Х

Х

0

0

Trustee
Mr Joseph P Garrity
Trustee
Bro Francis Hagerty SSE
Trustee

Mr George C Keady III

Trustee as of 7/2018

Mr Anthony J Maginnis

Mr Gerald W McKenna

Chair of the Board

Mr William B O'Keefe

Mrs Mary-Kate G McKenna

Trustee

Trustee

and Independent Contractors

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

for related

3 0

> 0 0 10

0.0 40 0

0 0

......

Х

Х

Х

Х

Х

Χ

(W- 2/1099-

210,099

0

(W- 2/1099-

organization and

0

46,350

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
Mrs Carol S Piccaro Trustee	2 0	×					0	0	0
Rev Marcel R Rainville SSE Trustee	40 0	×					59,137	0	384
Sr Marianne Read RSM Trustee as of 7/2018	10	Х					0	0	0
Mr Steven J Renehan	1 0	×					0	0	0

		X	
Trustee as of 7/2018	0 0		
Mr Steven J Renehan	1 0	×	
Trustee	0 0	,	
Mrs Anne K Rosello	1 0		Γ
Trustee as of 7/2018	0 0	X	

and Independent Contractors

Mr Barry D Roy

Mr Michael L Seaver

Dr Robert F Tobin MD

Ms Maureen K Usifer

Dr Lorraine Sterritt

President/TRUSTEE as of 7/2018

Trustee

Trustee

Trustee

Trustee

(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,

	for related			_	I			(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Robert Robinson Treasurer/VP for Finance	40 0			×				139,969	0	35,076
Patrick J Gallivan Secretary of the Board/VP GCA	40 0			×				146,003	0	26,998
Karen Talentino Professor Biology (Former VP)	40 0				×			191,882	0	29,803
Sarah M Kelly  VP Enrollment & Marketing	40 0				×			177,206	0	38,282
Dawn M Ellinwood	40 0									

Х

Х

Х

Х

Х

0 0 40 0

0 0 40 0

0.0 40 0

0 0

......

178,644

146,538

145,098

176,630

194,172

139,688

0

0

0

0

35,580

28,582

25,832

55,590

8,502

42,652

Sarah M Kelly
VP Enrollment & Marketing
Dawn M Ellinwood
VP for Student Affairs

William O Anderson

Jeffery Trumbower

Chief Information Officer

Int VP AC AFF As of 7/2018

Shirley Goodell Lackey

Contoller Thru 6/2018

Douglas Slaybaugh

Professor History

Tina Tenney

Director of HR

.....

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 hours per compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee)

35,000

135,662

Х

12,295

70,229

227

6,299

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

and Independent Contractors

Rev David J Theroux SSE

Michael J New

Religous Study/Former Trustee

Former Advisor to President

	any hours	and a director/trustee)					)	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
Ronald B Miller  Professor Graduate Psychology	40 0					x		129,493	0	25,562
Herbert Kessel	0 0 40 0									

				č				
Ronald B Miller	40 0			.,		120 102		
Professor Graduate Psychology	0 0			X		129,493	U	
Herbert Kessel	40 0			.,		440.043	0	
Professor Economics	0 0			X		140,942	U	1
John J Neuhauser	40 0							
Former President/Trustee	0 0				×	526,522	0	1

40 0

0 0 40 0

0 0

. . . . . . . . . . . . . . . . .

SCHEDUL Form 990 or 990EZ)			Public Charity Status and Public Support mplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.								
Department of the Tr		► Go to	www.irs.gov/Forms	990 for the late	st information	•	Open to Public Inspection				
lame of the or aint Michael's Colle	janization					Employer identific	cation number				
		in Charles Char			4 - 4 h 4 \ C	03-0179403					
			<b>us</b> (All organization e it is (For lines 1 thro			see instructions.					
<b>1</b>	urch, convention	of churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).					
	nool described in	section 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))						
_	spital or a coopei	rative hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).					
	edical research or e, city, and state	•	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's				
	rganization opera		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>				
	,, ,, , ,		governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).					
	-	normally receives <b>A)(vi).</b> (Complete	a substantial part of it e Part II )	s support from a	governmental u	ınıt or from the gener	al public described in				
8	mmunity trust de	scribed in <b>sectio</b> i	n 170(b)(1)(A)(vi)	(Complete Part I	I)						
			escribed in <b>170(b)(1)</b> lee instructions Enter				lege or university or				
from Inve	activities related stment income ar	l to its exempt fui	(1) more than 331/39 actions—subject to cer ness taxable income (le complete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross				
•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).					
mor	publicly support	ed organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See section 509(					
a Typ orga	e <b>I.</b> A supporting nization(s) the po	organization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by					
mar	agement of the s		pervised or controlled in ation vested in the sar and C.			• • • • • • • • • • • • • • • • • • • •	_				
			supporting organizatio				ated with, its				
d Typ	e III non-functi tionally integrate	onally integrated	ions) You must com  d. A supporting organi  n generally must satis  rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga					
e 🗌 Che	k this box if the	organızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally				
_		I non-functionally ted organizations	integrated supporting	organization							
<b>9</b> Provide the	following inform	ation about the si	pported organization(	s)							
	of supported nization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (see instructions) (vi) monetary support (see instructions)								
				Yes	No						
otal											
	Reduction Act N	lotice, see the I	nstructions for	Cat No 11285	F :	 Schedule A (Form 9	90 or 990-EZ) 201				

Part II

27,385,644

143,307

27,242,337

27,385,644

10,784,231

4,664,800

42,834,675

63 599 %

67 227 %

▶ ☑

▶□

▶□

529,795,367

(f)Total

Section A. Public Support Calendar year **(b)** 2015 (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 4,992,520 5,125,109 6,044,910 5,486,108 5,736,997 27,385,644 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,992,520 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

line 1 that exceeds 2% of the

Section B. Total Support Calendar year

Amounts from line 4 Gross income from interest, dividends, payments received on

(or fiscal year beginning in) ▶

assets (Explain in Part VI ) 11 Total support. Add lines 7 through

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

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

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

from line 4

organization

instructions

supported organization

supported organization) included on amount shown on line 11, column (f)

Public support. Subtract line 5

(a)2014

4,992,520

1,247,539

1,126,089

(b)2015

5,125,109

1,807,716

1,037,700

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

5,125,109

(c)2016

6.044.910

1,552,987

767,462

6,044,910

(d)2017

5,486,108

2,844,853

681,565

5,486,108

5,736,997

(e)2018

5,736,997

3,331,136

1,051,984

Schedule A (Form 990 or 990-EZ) 2018

12

14

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	3	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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 No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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)

7 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

organization had an interest? 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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			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		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	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	2		
	organization	-		
S	ection C. Type II 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		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		103	-140
		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		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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? Provide details in <b>Part VI.</b>	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? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

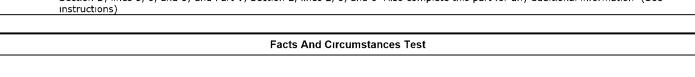
### **Additional Data**

#### Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

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)



SCHEDULE C (Form 990 or 990-

EZ)

3

### Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493192001330

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

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** Saint Michael's College 03-0179403 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 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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (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

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

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures

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

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

GRANTS TO OTHER ORGANIZATIONS

FOR LOBBYING PURPOSES

5

Part IV

Mailings to members, legislators, or the public?

1

c

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

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Supplemental Information** 

(b)

Amount

(a)

No

Nο

Nο

Νo

Nο

Nο

Yes

#### Publications, or published or broadcast statements? Yes Grants to other organizations for lobbying purposes? 564 Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Nο Other activities? Total Add lines 1c through 1i 564 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year b 2b C 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

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

COLLEGES (AVIC) WHICH REPRESENTS ITS MEMBERS IN VARIOUS FORMS SERVING THE INTERESTS OF HIGHER EDUCATION, INCLUDING GOVERNMENT LEGISLATION ANNUAL MEMBERSHIP FEES PAID TO THIS ORGANIZATION WERE \$7,902 APPROXIMATELY \$564 OF THIS AMOUNT WAS ALLOCATED TO LOBBYING

4

**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. ▶ Attach to Form 990.

DLN: 93493192001330 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Na	mme of the organization	Employer identification number	
Sai	nt Michael's College	03-0179403	
Pa	Organizations Maintaining Donor Advis		unds or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) belief davised falles	(b), and and concludes and
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in o	lonor advised funds are the
	organization's property, subject to the organization's ex	clusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" (	on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreation	or education)	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a histo	oric 2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitoring, inspection, ha	andling of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	orcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of se	
	and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financ	
Pa	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or resea	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to report in its revenue ic exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(	ii)Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No 52283D Schedule D (Form 990) 2018

Par	t III	Organizations M	aintaining Coll	lections of	f Art, His	storical 1	reas	ures, or	Other	Similar <i>i</i>	Assets (d	contir	nued)	
3		the organization's acq (check all that apply)	juisition, accessior	n, and other	records, cl	heck any o	f the fo	ollowing t	hat are a	significani	t use of its	colle	ction	
а		Public exhibition				d 🗌	Loar	n or excha	ange prog	ırams				
b		Scholarly research				e 🗌	Othe	er						
С		Preservation for future	e generations											
4	Provid Part X	de a description of the	organization's coll	lections and	explain ho	w they fur	ther th	ie organiz	ation's ex	kempt pur	oose in			
5	During	g the year, did the org s to be sold to raise fur								ıılar	☐ Ye	s	□ N	0
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form	990, Par	t IV, I	ine 9, or	r reporte	ed an am			990,	Part
1a		organization an agent led on Form 990, Part		an or other ir	ntermediai	ry for contr	ibution	ns or othe	er assets i	not	☐ Ye	s	□ N	o
Ь	If "Ye	s," explain the arrange	ement in Part XIII	and complet	te the follo	owing table		[			Amount			_
c		ning balance	emene m rure xiii	ana compice	ic the folio	oving table		ŀ	1c		7			_
d	_	ons during the year						ŀ	1d					-
е		butions during the year	r					ŀ	1e					-
f		g balance						ŀ	1f					-
<b>3</b> -		_		000 Dt	. V J 24	<b>6</b>		ا - اداد د اد د		. L. J. L 3	П.,		П.,	_
2a		ne organization include		·						•		s	⊔ N	0
b		s," explain the arrange			· ·			•						
řē	rt V	Endowment Fun	as. Complete if	(a)Current		(b)Prior ye			ears back	(d)Three y		(a)E	our year	c back
1a	Beginni	ing of year balance .			921,136		2,239		33,022,054		8,508,483	(e)rc		349,379
	-	outions			704,960		3,738		1,101,262		564,890			594,728
		estment earnings, gair	ns and losses		319,380	<u> </u>	6,363		7,047,182		2,284,722			59,811
		or scholarships		2.8	856,453	2.84	0,483		2,314,061		2,331,552		2.:	133,921
		expenditures for facility	• es		,		,,,,,,							
Ĭ		ograms		1,7	708,745	74	1,718		1,148,412		1,205,490		1,0	085,291
f	Admini	strative expenses .		3	319,595	24	9,003		265,786		229,555			276,223
g	End of	year balance		89,0	060,683	89,92	1,136	8	37,442,239	8	3,022,054		88,	508,483
2 a b c	Board Perma Temp	de the estimated perce I designated or quasi-e anent endowment  orarily restricted endov ercentages on lines 2a	endowment ► 39 600 % wment ► 19 8	40 600 % 800 %	·	ıne 1g, colı	umn (a	a)) held a	S					
3а		nere endowment funds lization by	not in the posses	sion of the o	rganızatıoı	n that are l	neld ar	nd admini	stered fo	r the		Г	V 1	N.
	-	related organizations									3:	a(i)	Yes	No No
	• •	elated organizations										(ii)		No
b		s" on 3a(11), are the re			equired on	Schedule	۲۶.				. 3	3b		
4	Descr	ibe in Part XIII the inte	ended uses of the	organization	's endown	nent funds								
Pa	rt VI	Land, Buildings,												
		Complete if the or						_						
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or	other basis	(otner)	(c) Acci	umulated d	lepreciation	(	<b>a)</b> Bo	ok valu	е
<b>1</b> a	Land					2,3	883,660						2	,383,660
	Building					178,5	578,707	,		97,169,75	1		81	,408,953
c	Leaseh	old improvements												
d	Equipm	nent				33,7	750,854	1		25,147,420			8	,603,434
	Other					5.6	63,628	3		1,630,028	3		4	,033,600

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

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization ai	nswered "Yes" on	Form 990, Part I	V, line 11b.			
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation				
(1) Financial derivatives		C031	t or end-or-year ma	rket value			
(2) Closely-held equity interests							
(A) CASH EQUIVALENTS	1,521,6	66	F				
(B) INTERNATIONAL EQUITIES	3,434,9	87	F				
(C) RELATIVE VALUE STRATEGIES	7,933,2	36	F				
(D) PRIVATE EQUITY	2,409,3	02	F				
(E) GLOBAL FIXED INCOME COMPOSITE	11,060,1	23	F				
(F) REAL ASSET COMPOSITE	18,125,3	48	F				
(G) DEPOSITS WITH BOND TRUSTEE	2,659,2	45	F				
(H) 							
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related.	47,143,9	07					
Complete if the organization answered 'Yes' on F							
(a) Description of investment	(b) Book val		(c) Method of valuation of conditions of the con				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>						
Part IX Other Assets. Complete if the organization answered		Part IV, line 11d	See Form 990, Part				
(1) (a) Description				(b) Book value			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)							
Part X Other Liabilities. Complete if the organization a		Form 990, Part I		f.			
See Form 990, Part X, line 25.  1. (a) Description of liability	(b	) Book value					
(1) Federal income taxes		0					
OTHER LIABILITIES  AMTS HELD ON BEHALF OF OTHERS		3,592,755 1,057,416					
REFUNDABLE ADVANCES		4,388,319					
ANNUITY OBLIGATION		88,953 209,486					
CAPITAL LEASE OBLIGATIONS (6)		209,486					
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	9 226 020					
2. Liability for uncertain tax positions In Part XIII, provide the text o		_					
organization's liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here if	the text of the footr	note has been provid	ded in Part XIII 🗹			

Part XI

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-1,006,209

72,428,400

39,631,972

112,060,372

74,880,520

39,644,270

112.164.363

### c d

а Net unrealized gains (losses) on investments . . . . b e

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

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

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

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

4 b c

3

5

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

Investment expenses not included on Form 990, Part VIII, line 7b .

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

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 . .

Donated services and use of facilities . . .

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

**Supplemental Information** 

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

319,595 39,312,377

2,360,427

319,595

39,324,675

-1,006,209

4c 5

3

4c

5

2e

3

2,360,427 2e 72,520,093

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### **Additional Data**

### Software ID:

Software Version: EIN: 03-0179403

Name: Saint Michael's College

Explanation

Supplemental Information

Return Reference

ENDOWMENT FUNDS	PART V LINE 2 THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STAT EMENTS OF NOT-FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEM ENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WI TH DONOR RESTRICTIONS FOR PURPOSES OF PART V, LINE 2, THE COLLEGE HAS REPORTED ITS YEAR E ND ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANC
	E WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT, RES
	PECTIVELY PART V, LINE 4 SAINT MICHAEL'S COLLEGE ENDOWMENT AND QUASI-ENDOWMENT CONSISTS O F APPROXIMATELY 200 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A VARIETY OF PURPOSES IN
	ACCORDANCE WITH APPLICABLE LAW AND DONOR INTENT AND FUNDS DESIGNATED BY THE COLLEGE'S BOA RD TO OPERATE AS ENDOWMENT (QUASI-ENDOWMENT) A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS
	AND FINANCIAL AID ASSISTANCE TO UNDERGRADUATE STUDENTS OTHER USES OF THE FUNDS INCLUDE, BUT ARE NOT LIMITED TO, PROVIDING STUDY ABROAD AND RESEARCH OPPORTUNITIES, CREATION AND FU NDING OF FACULTY CHAIRS, SUPPORT FOR STUDENT SERVICES AND ACTIVITIES, LIBRARY ACQUISITIONS AND FUNDING FOR LECTURE SERIES THE PRIMARY OBJECTIVE OF THE PORTFOLIO IS TO ACHIEVE AN A NNUALIZED TOTAL RETURN, NET OF FEES, THROUGH APPRECIATION AND INCOME, EQUAL TO OR GREATER THAN THE RATE OF INFLATION PLUS ANY SPENDING AND ADMINISTRATIVE EXPENSES THUS, AT A MINIMU M MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO THE INVESTMENTS ARE MANAGED UNDER
	THE UNIFORM PRUDENT INVESTOR ACT STANDARD REQUIRING THE EXERCISE OF REASONABLE CARE, SKILL, A ND CAUTION WHILE BEING APPLIED TO INVESTMENTS NOT IN ISOLATION, BUT IN THE CONTEXT OF THE PORTFOLIO AS A WHOLE AND AS A PART OF AN OVERALL STRATEGY HAVING RISK AND RETURN OBJECTIVE S REASONABLY SUITED TO THE PORTFOLIO SINCE SHORT TERM MARKET FLUCTUATION MAY CAUSE VARIAT IONS IN INVESTMENT PERFORMANCE, IT IS INTENDED THAT THE OBJECTIVES WILL BE ACHIEVED OVER A FULL MARKET CYCLE

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

\_ \_ \_

Supplemental Information				
Return Reference	Explanation			
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B STUDENT FINANCIAL AID \$ 39,324,675 SPECIAL EVENTS EXPENSES (\$12,298)TOTAL \$ 39,312,377			

Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D SPECIAL EVENTS EXPENSES \$12,298 SYSTEM CONVERSION COSTS \$2,348,129

Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B Student Financial Aid \$ 39,324,675

S

\_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192001330 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 ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Saint Michael's College 03-0179403 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 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 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No 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) (2018)

Schedule E (Form 990 or 990EZ) (2018) Page <b>2</b>				
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)				
Return Reference	Explanation			
NONDISCRIMINATION POLICY	PART I, LINE 3 THE COLLEGE INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS BYLAWS, EMPLOYEE HANDBOOK, GRADUATE AND UNDERGRADUATE CATALOGS, STUDENT CODE OF CONDUCT AND COLLEGE POLICY HANDBOOK, FACULTY REGULATIONS, ON OUR APPLICATION SUPPLEMENT, THE HOMEPAGE OF THE COLLEGES WEBSITE, AND WITHIN THE NEASC SELF STUDY DOCUMENT FOR REACCREDITATION THE COLLEGE ALSO VALUES DIVERSITY AND HAS A BOARD OF TRUSTEES APPROVED POLICY WHICH IS ALSO CONTAINED WITHIN MANY OF THESE DOCUMENTS			
GRANTS FROM GOVERNMENT AGENCIES	PART I, LINE 6A SAINT MICHAEL'S COLLEGE RECEIVES GRANTS AND STUDENT AID FROM VARIOUS GOVERNMENTAL AGENCIES FOR SUPPORT OF EDUCATIONAL AND STUDENT PROGRAMS			

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS							9349319200133	30
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the Uni	ited S	states	OMB No 1545-0047	7
(1 01111 330)	► Compl	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ▶ Attach to Form 990.					2018	
Department of the Treasury Internal Revenue Service	•	Go to www.irs	gov/Form990 for II	nstructions and the latest ii	nformatio	n.	Open to Public Inspection	
Name of the organization Saint Michael's College						Employer iden	tification number	_
						03-0179403		
<b>Part I General In</b> Form 990, F			s Outside the U	Jnited States. Comple	te If the	organization a	nswered "Yes" to	
1 For grantmakers.	Does the or	ganızatıon ma	intain records to	substantiate the amount	of its gi	rants and		
			he grants or assis	stance, and the selection	criteria	used		
to award the grants	s or assistan	ce?					✓ Yes	No
2 For grantmakers. outside the United		Part V the org	janization's proce	dures for monitoring the	use of i	ts grants and oth	ner assistance	
<b>3</b> Activites per Region	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed	)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditure for and investments in region	
See Add'l Data								
_								
<b>3a</b> Sub-total			0 10				5,705,	
<b>b</b> Total from continuation  Part I	on sheets to						108,	,143
c Totals (add lines 3a	and 3b)		0 10				5,813,	,322
For Paperwork Reduction A	ak Nakias	. Al T	5 F 002	Cit	No 5008	27W Grb. 1.1	le F (Form 990) 2018	

Schedule F (Form 990) 2018							Page <b>2</b>
	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.						
organization s and	IRS code (c) Region section d EIN (if plicable)	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Central America and the Caribbean	GENERAL SUPPORT	6,911	Wire	0	N/A	N/A
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total number of	other organizations or entities	5				•	0
·		_	·	·	·	Schedule	F (Form 990) 2018

Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
, ,, ,	<b>,</b>	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F (Form 990) 2018 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). 990 Schedule F, Supplemental Information Return Explanation Reference **ACTIVITIES** PART I. LINE 3 STUDY PROGRAMS SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM STUDY PROGRAMS ARE AN IMPORTANT AND CREATIVE WAY FOR FACULTY AND STUDENTS TO EXPAND THE BOUNDARIES OF THE OUTSIDE THE UNITED SAINT MICHAEL'S CAMPUS SHORT-TERM STUDY PROGRAMS ARE ACADEMIC COURSES DEVELOPED BY FACULTY STATES TYPICALLY LASTING TWO WEEKS, THESE PROGRAMS INVOLVE STUDY ABROAD, MAY INCLUDE DIRECT INVOLVEMENT IN ISSUES COVERED IN AN ON-CAMPUS COURSE AND PROVIDE DIRECT EXPERIENCE ON A PARTICULAR TOPIC IN A PARTICULAR LOCALE STUDY ABROAD SAINT MICHAEL'S COLLEGE UTILIZES OVER 20 THIRD-PARTY PROGRAM PROVIDERS AND EXCHANGE PARTNERS TO PROVIDE STUDENTS WITH OPPORTUNITIES TO STUDY IN OVER 70 COUNTRIES. THERE ARE MANY DIVERSE PROGRAMS OFFERINGS FOR A STUDENT'S STUDY ABROAD EXPERIENCE IN OUR INCREASINGLY GLOBAL SOCIETY. MORE AND MORE STUDENTS RECOGNIZE THE VALUE OF SPENDING A SEMESTER OR A YEAR ABROAD AGENTS THE COLLEGE'S APPLIED LINGUISTICS DEPARTMENT OFFERS A VARIETY OF ENGLISH LANGUAGE PROGRAMS FOR STUDENTS TO EARN A CERTIFICATE OF COMPLETION AND/OR MASTER'S DEGREE IN TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES. UPON SUCCESSFUL COMPLETION OF THE ADVANCED ENGLISH PROGRAM LEVEL II. A STUDENT MAY MATRICULATE INTO AN UNDERGRADUATE DEGREE PROGRAM AT THE COLLEGE OR ELSEWHERE. THE COLLEGE USES INTERNATIONAL AGENTS TO ASSIST WITH RECRUITING AND ADMISSIONS FOR THESE PROGRAMS. RECRUITING THE COLLEGE HAS

ONE FULL-TIME STAFF MEMBER WHO TRAVELS TO RECRUIT INTERNATIONAL STUDENTS AND GROUPS FOR OUR ENGLISH LANGUAGE PROGRAMS AND UNDERGRADUATE ADMISSIONS THESE EXPENSES ARE PRIMARILY RELATED. TO TRAVEL IN EAST ASIA AND EUROPE SERVICE TRIP THIS REPRESENTS THE IN COUNTRY EXPENSES PAID FOR FLIGHTS, MEALS, SUPPLIES, AND LODGING

## 990 Schedule F, Supplemental Information

Return

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

Explanation

Return Explanation

990 Schedule F, Supplemental Information

11010101100	
SCHOLARSHIPS	PART III SCHOLARSHIPS RELATE TO STUDENTS STUDYING ABROAD FOR A SEMESTER OR A YEAR ALL
	SCHOLARSHIPS ARE APPLIED TO THE STUDENT'S ACCOUNT BALANCE THE COLLEGE'S PRACTICE HAS BEEN TO

AWARD AID BASED ON MERIT AND/OR NEED TO STUDENTS ACCEPTED INTO THE STUDY ABROAD PROGRAM

#### **Additional Data**

Central America and the

Carıbbean

#### Software ID: Software Version:

**EIN:** 03-0179403

Name: Saint Michael's College

Study Abroad

82,424

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) Ir activity listed in (d) is a program service, describe specific type of service(s) in region	(†) Total expenditures for region
Central America and the Caribbean	0	0	Investments		3,672,000

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Study Abroad 247,441 0 Program Services Europe (Including Iceland and 0 Program Services Study Abroad 1,236,489 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa Study Abroad 18.837 0 Program Services South America 0 Program Services Study Abroad 75,455

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia Study Abroad 101.002 Program Services Sub-Saharan Africa 0 Program Services Study Abroad 95,393

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 44.851 Agent Europe (Including Iceland and Agent 4,300 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 9.476 0 Program Services |Recruiting Europe (Including Iceland and 0 Program Services Recruiting 29,965 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 1.681 0 Program Services Recruiting South Asia 0 Program Services REcruiting 675

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 8.152 0 Program Services Study Program Carıbbean 19,767 East Asia and the Pacific 0 Program Services Study Program

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 57.271 0 Program Services Study Program Greenland) Middle East and North Africa 34,807 0 Program Services Study Program

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa Study Program 33.492 0 Program Services Sub-Saharan Africa 0 Program Services Study Program 1,345

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America Conference/Athl Train 15.562 0 Program Services North America 0 Program Services Service Trip 2,250

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and Conference 1.846 0 Program Services Greenland) 2.400 East Asia and the Pacific 0 Program Services Conference

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 0 Program Services 9.530 Service Trip Carıbbean Central America and the General Support 6.911 0 Program Services Carıbbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash valuation (book. ٥f non-cash FMV, appraisal, recipients assistance assistance other) 37.535 Wire 0 N/A IN/A STUDENT Central America SCHOLARSHIPS land the Carıbbean

0 N/A

IN/A

103,644 Wire

STUDENT

SCHOLARSHIPS

East Asia and

the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (a) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 584,628 Wire 0 N/A N/A lEurope SCHOLARSHIPS (Including Itceland and |Greenland STUDENT 11,064 Wire 0 N/A N/A Middle East and **SCHOLARSHIPS** North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of (b) Region (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 47,576 Wire 0 N/A N/A South America SCHOLARSHIPS STUDENT 44.374 Wire o ln/a IN/A South Asia SCHOLARSHIPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other' STUDENT 61,334 Wire 0 N/A IN/A Sub-Saharan SCHOLARSHIPS Africa

**Employer identification number** Name of the organization Saint Michael's College 03-0179403 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ 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 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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

DLN: 93493192001330 OMB No 1545-0047

Open to Public

Inspection

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

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Sche	dule G (Form 990 or 990-EZ) 2018			F	Page <b>3</b>		
11	Does the organization conduct gaming activities with nonmembers?		☐ Yes	□No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□Yes				
13	Indicate the percentage of gaming activity conducted in						
а	The organization's facility	13a			%		
b	An outside facility	13b			%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	ecords					
	Name ▶						
	Address ► SAINT MICHAELS COLLEGE 1 WINOOSKI COLCHESTER, VT 05439						
15a			Yes				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ie					
	amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of the 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 law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
Par	in the organization's own exempt activities during the tax year ► \$  **T IV Supplemental Information. Provide the explanations required by Part I, line 2b, column:	s (III) a	and (v): a	nd Part			
	III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor				s		
	Return Reference Explanation						

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493192001330	
Schedule I (Form 990)  Department of the Treasury	Grants and Other Assistance to Organizations,  Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to www.irs.gov/Form990 for the latest information.						OMB No 1545-0047  2018  Open to Public Inspection	
Internal Revenue Service Name of the organization						Employer	ıdentification number	
Saint Michael's College						03-01794	103	
Part I General Inform	ation on Grants	and Assistance						
the selection criteria used  Describe in Part IV the org	to award the grants janization's procedur	or assistance? .   .   . es for monitoring the use	e of grant funds in the Un	ited States			☑ Yes ☐ No	
		estic Organizations ar can be duplicated if add		nts. Complete if the or	rganization answered "Yes"	on Form 990, Part	: IV, line 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist		
(1) SSE DBA SAINT ANNE'S SHRINE PO BOX 280 ISLE LA MOTTE, VT 05463	03-0195115	501(C)(3)	70,600				SEE PART IV	
(2) Trinity Children's Center 34 Fletcher Place Burlington, VT 05401	43-1984033	501(c)(3)	10,000				See Part IV	
2 Enter total number of sect 3 Enter total number of other	er organizations listed	in the line 1 table				<b>&gt;</b>	2 0 Schedule I (Form 990) 2018	

# FED SUPPLEMENTAL EDUCATION (5) GRADUATE STUDENT GRANTS

Explanation

Schedule I (Form 990) 2018

OPPORTUNITY GRANTS

(4)

(5)

(6)

(7)

Part IV

Return Reference

TO GOVERNMENTS AND

ORGANIZATIONS IN THE U.S.

GRANTS AND OTHER ASSISTANCE

GRANTS AND OTHER ASSISTANCE

TO INDIVIDUALS IN THE U S

273 41 487.906 76,653

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

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

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

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

The organizations are required to come back to the Student Association in two years to present the impact of the award

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

DEPARTMENTS OF CAMPUS MINISTRY, STUDENT LIFE, ATHLETICS AND ACADEMIC AFFAIRS THE COLLEGE BENEFITS FROM USE OF THE FACILITIES AT THE SHRINE FOR CURRICULUM ENHANCEMENT, STUDENT AND STAFF RETREATS AND WORSHIP EMPLOYEES FROM CAMPUS MINISTRY AND OTHER COLLEGE EMPLOYEES WORK TO DEVELOP, MONITOR AND IMPLEMENT PROGRAMMING GOALS ENSURING THAT DONATIONS ARE USED FOR THEIR INTENDED PURPOSE LINE 2 - Trinity Children's Center - The contribution to Trinity Children's Center was made to support their mission as an inclusive and therapeutic preschool that operates on a full-day, full-year schedule Trinity Children's Center serves preschool children ages three to five years Trinity Children's Center intent is to nurture the healthy development of young children and to strengthen and support the families from which they come. This organization was chosen to receive this donation by the College's Student Association which invites local non-profit organizations to apply for a \$10,000 donation through an applications process. Three organizations are then chosen to each make a presentation to the student body describing their organization and its mission. The College's students then vote for the organization they want to receive the donation

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

BETWEEN THE COST OF ATTENDANCE AND FAMILY RESOURCES USING A VARIETY OF SOURCES, INCLUDING FEDERAL, STATE AND INSTITUTIONAL (COLLEGE) FUNDING THE THREE TYPES OF FINANCIAL ASSISTANCE WE EMPLOY INCLUDES GRANTS AND SCHOLARSHIPS, LOANS AND STUDENT EMPLOYMENT IN 2018-2019. THE COLLEGE ADMINISTERED OVER \$55 MILLION IN ASSISTANCE, OF WHICH APPROXIMATELY \$36 MILLION WAS PRIMARILY COLLEGE FUNDED AID, SCHOLARSHIPS OR GRANTS THE COLLEGE'S PRACTICE HAS BEEN TO AWARD AID BASED ON MERIT AND/OR NEED TO ALL STUDENTS ACCEPTED FOR ADMISSION THE AMOUNT OF

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

Supplemental Information. Provide the information required in Part I. line 2: Part III, column (b); and any other additional information. PART II, COLUMN H LINE 1 - SAINT ANNE'S SHRINE - THE CONTRIBUTION TO SAINT ANNE'S SHRINE WAS MADE TO PROVIDE SUPPORT OF THEIR MISSION TO SERVE

Page 2

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9319	2001	.330
Sch	edule J	Co	ompensati	ion Information	OM	IB No	1545-(	0047
(Fori	n 990)		Compensa Janization answ	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV,	hest , line 23.	20	18	3
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		i to Form 990. instructions and the latest inforr	mation.	pen i	o Pul	olic
	al Revenue Service me of the organiza				Employer identificat		ectio	
	nt Michael's College	ation				ion ne	illibei	
Do	et I Ougstie	ons Regarding Compensa	tion		03-0179403			
Га	rt I Questi	ons Regarding Compensa	tion				Yes	No
<b>1</b> a				f the following to or for a person liste by relevant information regarding the				
	First-class	s or charter travel	lacksquare	Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payment	s 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cner)			
b		xes in line 1a are checked, did tl all of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	: Iar			
3	organization's C	EO/Executive Director Check al	I that apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				
	_ '	ent compensation consultant	<b>✓</b>	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a	Yes	
b		r receive payment from, a suppl		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
	-	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixed irt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (II) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	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						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

FORM 990, SCH J, PART II FOR ELIGIBLE EMPLOYEES, COLUMN (D) NONTAXABLE BENEFITS PRIMARILY CONSISTS OF HEALTH CARE AND DENTAL BENEFITS

Page 3

Schedule J (Form 990) 2018

COMPENSATION INFORMATION

DETAILS FOR AMOUNTS REPORTED IN COLUMNS B (III) AND COLUMN (D) ARE LISTED BELOW DR LORRAINE STERRITT - COLUMN B (III) INCLUDES PERSONAL JUSE OF A COLLEGE VEHICLE AND MOVING COLUMN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGE'S IRC 457(B) PLAN COLUMN (D) INCLUDES A HOUSING ALLOWANCE OF \$17,285 DR JOHN J NEUHAUSER - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE AND TUITION REMISSION COLUMN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGE'S IRC 457(B) PLAN AND A RETENTION BONUS COLUMN (D) INCLUDES A HOUSING ALLOWANCE OF \$17,285 PATRICK J GALLIVAN - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE VOLUNTARY RETIREMENT INCENTIVE PLAN FORM 990. SCH J. PART I. LINE 4A THE COLLEGE ADOPTED A VOLUNTARY SEPARATION PROGRAM FOR FACULTY AND STAFF IN JANUARY 2017 TO BE ELIGIBLE FOR THE PLAN, THE SUM OF AN EMPLOYEE'S YEARS OF SERVICE PLUS AGE MUST EQUAL OR BE GREATER THAN 70 WITH A MINIMUM OF 10 YEARS OF SERVICE BY JUNE 30, 2017 THE PROGRAM BENEFITS INCLUDE A PAYMENT OF 75% OF BASE PAY WITH A RETIREMENT DATE OF JUNE 30, 2017 OR 60% OF BASE PAY WITH A RETIREMENT DATE OF JUNE 30, 2018 PARTICIPANTS COULD CHOOSE EITHER A LUMP SUM PAYMENT IN THE MONTH FOLLOWING RETIREMENT OR APPROXIMATELY A NINE MONTH CONTINUATION PAYMENT. ALL PARTICIPANTS RECEIVED A ONE-TIME LUMP-SUM PAYMENT IN CONSIDERATION OF FUTURE HEALTHCARE COSTS AND PARTICIPANTS REMAIN ELIGIBLE FOR COBRA COVERAGE THROUGH THE COLLEGE SHIRLEY GOODELL LACKEY, TINA TENNEY, HERBERT KESSELL. AND DOUGLAS SLAYBAUGH RECEIVED A PAYMENT UNDER THIS PROGRAM WHICH IS REPORTED ON SCHEDULE J.

PART II, COLUMN B (III) FORM 990, SCH J, PART I, LINE 7 THE BOARD OF TRUSTEES REVIEWS AND APPROVES SALARY FOR THE PRESIDENT

Software ID:

**Software Version:** 

**EIN:** 03-0179403

Name: Saint Michael's College

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

(A) Name and Title		• • •	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Dr Lorraine Sterntt President/TRUSTEE as of 7/2018	(I) (II)	191,651		18,448	18,500	27,850 	256,449 	
Robert Robinson Treasurer/VP for Finance	(1) (11)	139,969			4,330	30,746	175,045	
Patrick J Gallivan Secretary of the Board/VP GCA	(1) (11)	143,243		2,760	4,380	22,618	173,001	
Karen Talentino Professor Biology (Former VP)	(1) (11)	191,882			5,585	24,218	221,685	
Sarah M Kelly VP Enrollment & Marketing	(1) (11)	177,206			5,472	32,810	215,488	
Dawn M Ellinwood VP for Student Affairs	(I) (II)	178,644			5,436	30,144	214,224	
William O Anderson Chief Information Officer	(I) (II)	146,538			4,335	24,247	175,120	
Jeffery Trumbower Int VP AC AFF As of 7/2018	(I) (II)	145,098			4,393	21,439	170,930	
Shirley Goodell Lackey Contoller Thru 6/2018	(1) (11)	113,011		63,619	3,555	52,035	232,220	
Douglas Slaybaugh Professor History	(1) (11)	119,362		74,810	1,553	6,949	202,674	
Tina Tenney Director of HR	(I) (II)	64,232		75,456	2,008	40,644	182,340	
Ronald B Miller Professor Graduate Psychology	(I) (II)	129,493			3,193	22,369	155,055	
Herbert Kessel Professor Economics	(I) (II)	60,315		80,627	1,704	10,591	153,237	
John J Neuhauser Former President/Trustee	(I) (II)	392,541 	88,235	45,746	36,168	34,061	596,751	50,000
Michael J New Former Advisor to President	(I) (II)	135,662			3,828	2,471	141,961	
Rev David J Theroux SSE Religous Study/Former Trustee	(I) (II)	35,000 				227	35,227	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192001330 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number Saint Michael's College 03-0179403 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financina issuer Yes No Yes No Yes No VT EDU & HEALTH BLDG 05-24-2012 50,990,332 CONSTRUCTION, EQUIPMENT, Χ Χ Х 23-7154467 924166FM8 FINANCE AGY SERIES 2012 REFUNDING 11-10-2015 19,878,706 CONSTRUCTION, EQUIPMENT VT EDU & HEALTH BLDG 23-7154467 924166HA2 Χ Χ Χ FINANCE AGY SERIES 2015 Part  ${
m I\hspace{-.1em}I}$ Proceeds C D 13,640,000 1,130,000 2 50,990,332 19,878,706 319,325 5 6 7 563,023 377.716 8 9 10 27,500,000 19,181,665 11 22,927,309 12 13 2013 2016 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . 15 Χ Χ Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of Х Χ **Private Business Use** Part 🏻 Α C D Yes Nο Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ 

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

Cat No 50193E

Schedule K (Form 990) 2018

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

Rebate not due yet? . . . . . . .

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? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

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

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

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

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Х

Х

No

Χ

Χ

Χ

Χ

Χ

Α

Yes

Χ

Χ

Χ

Х

Yes

Χ

0 %

В

Χ

No

Χ

Χ

Χ

Χ

X

0 %

Χ

0 %

0 %

0 %

0 %

Yes

C

No

Х

Χ

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? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		
ь	Name of provider	0		0			_
	Term of GIC						-

Page 3

d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			
6	Were any gross proceeds invested beyond an available temporary period?	Х	Х	

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

PERIOD AS THE BOND CLOSED IN NOVEMBER 2015 AND ALL FUNDS WERE EXPENSED BY APRIL 2018

Schedule K (Form 990) 2018

Part VI

TEMPORARY PERIOD

Return Reference

FINAL ALLOCATIONS OF PROCEEDS AND INVESTMENT BEYOND A

if self-remediation is not available under applicable regulations?

Were any gross proceeds invested beyond an available temporary period?		Х		×		
Has the organization established written procedures to monitor the requirements of section 148?	X		X			
Part V Procedures To Undertake Corrective Action						

period?		^		^			
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X				
Part V Procedures To Undertake Corrective Action							
			Α		В	С	D

7 Has the organization established written procedures to monitor the requirements of section 148?	X		<						
Part V Procedures To Undertake Corrective Action									
		ı	١	I	3	(	3	l	D
		 Yes	No	Yes	No	Yes	No	Yes	No

Explanation PART II. LINES 16-17 AND PART IV. LINE 5 THE BOND ISSUED IN 2012 WAS USED TO CONSTRUCT A RESIDENCE HALL AND STUDENT UNION THE PROJECT WAS COMPLETED IN DECEMBER 2013 THE 2015 SERIES BONDS WERE USED TO CONSTRUCT AND FURNISH A NEW RESIDENCE HALL. THE PROJECT WAS COMPLETED IN AUGUST 2016 THE COLLEGE MAINTAINS BOOKS AND RECORDS TO SUPPORT ALLOCATION AND TO REQUEST REIMBURSEMENT OF EXPENSES FROM THE BOND

TRUSTEE THE BOND TRUSTEE REVIEWED ALL REQUESTS TO ENSURE THE EXPENSE WAS APPROPRIATE WITHIN THE PURPOSE AS DEFINED IN THE BOND

DOCUMENTS THE COLLEGE'S 2012 SERIES BOND WAS NOT INVESTED BEYOND THE AVAILABLE TEMPORARY PERIOD AS THE BOND CLOSED IN MAY 2012 AND ALL CONSTRUCTION FUNDS WERE EXPENSED BY NOVEMBER 2013 THE COLLEGE'S 2015 SERIES BOND WAS NOT INVESTED BEYOND THE AVAILABLE TEMPORARY

art V Procedures To Undertake Corrective Action								
		Δ.	E	3	C	3	С	)
	Yes	No	Yes	No	Yes	No	Yes	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program	×		Х					

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

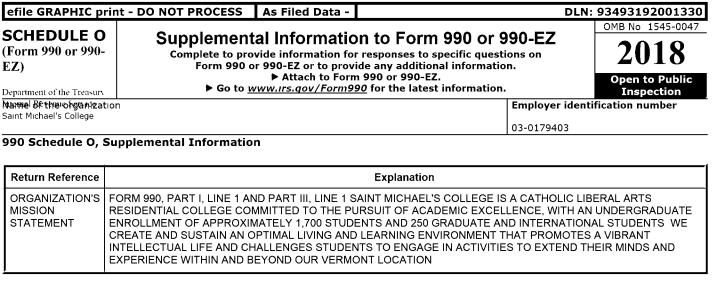
Return Reference	Explanation
ORRECTIVE ACTION	PART V THE COLLEGE'S TAX-EXEMPT DEBT POST-ISSUANCE COMPLIANCE POLICIES AND PROCEDURES IDENTIFY AND ADDRESS ANY VIOLATIONS OF FEDERAL TAX REQUIREMENTS PURSUANT TO A VOLUNTARY CLOSING AGREEMENT PROGRAM WHERE SELF-REMEDIATION MAY BE UNAVAILABLE

DE

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192001330 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Saint Michael's College 03-0179403 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 209,893 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_\_\_\_\_\_) 26 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	PART I, LINE 9 THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RELATED TO EACH TYPE OF PROPERTY THAT WAS RECEIVED DURING FY19
CASH CONTRIBUTIONS	PART 1, LINE 32A THE COLLEGE USES A CUSTODIAN TO HOLD AND PROCESS ALL INVESTMENT TRANSACTIONS INCLUDING ASSET SAFEKEEPING AND COLLECTION OF DIVIDENDS AND INTEREST ALL SECURITY CONTRIBUTIONS ARE DELIVERED TO THE CUSTODIAN WITH THE INSTRUCTION FOR IMMEDIATE SALE
	Schedule M (Form 990) (2018)



990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAMS AND FINANCIAL SUPPORT	Form 990, Part III, Lines 4A The academic program is at the heart of the College's Mission and the reason for Saint Michael's College existence. The College provides education with a social conscience, producing graduates with intellectual tools to lead successful, purp oseful lives that will contribute to peace and justice in our world. Saint Michael's Colle ge students personalize their education through research, internships, and small classes, preparing them for a lifetime, not just for their first job out of college. The academic program is rigorous and calibrated to the appropriate developmental levels of students (fir st-year students through graduate level). The undergraduate academic program offers degree in 23 different majors for the Bachelor of Arts. Degree and 14 majors for the Bachelor of Science Degree. Students may also choose from 39 minor programs. The academic program for graduate students includes 3 programs leading to Master's degrees in Clinical Psychology, Education and Teaching English to Speakers of Other Languages. Saint Michael's College aw arded 516 Bachelor's degrees, 64 Master's degrees, and 5 post Master's certificates during the 2018-2019 academic year, 89 of the Baccalaureate students graduated with double major s for a total of 417 students completing degrees. Our final 12-month enrollment for 2018-2 019 totaled 1794 FTE students enrolled in Baccalaureate degree programs and 183 FTE in Master's degree programs. Our "First Destinations" survey for the baccalaureate class of 2018 (80% knowledge rate) revealed that 78% of respondents were employed, volunteering, or att ending graduate school full-time, with another 25% engaged in similar roles on a part time basis. Sums exceed 100% as respondents are sometimes engaged in more than one category - but most importantly, only 5 1% of our graduates were still seeking employment six months after graduation. Our 4 year average (2010-2013) student-right-to-know completion or graduation rate is 79% based on our most recent federal data sub

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	focus on internships Our recent Saint Michael's College Alumni Study (published by Gallu p (c) 2016) emphasizes the importance of experiential learning as a key driver of students 'lifetime well-being and engagement During the last three summers 2016-2018, an average of 40 students were engaged in independent research with professors applying classroom learning to real-world case studies. The College has a robust honors program which began in the late 1980's, and recognizes high achievement among our students. In 2019, 48 students or 11% of the senior class, graduated in the honors program. In the fall of 2018, 476 student sfrom all four classes, about 28% of the student body, were members of the honors program. The College is part of the nation's oldest and largest liberal arts academic honor society, Phi Beta Kappa. Only about ten percent of institutions of higher education have chap ters. With 290 chapters nationwide, Saint Michael's College is one of only 25 Catholic Colleges in the U.S. and one of four in New England with such a chapter. The College is identified in the 2019 Edition of the Princeton Review's Best 384 Colleges as one of the nation's best institutions for undergraduate education. The College is ranked 124th in national liberal arts colleges by the U.S. News and World Report. Saint Michael's College was included on the list of U.S. colleges and universities that produced the most 2018-2019 Fulbright U.S. students. Saint Michael's College was named to Kiplinger's Personal Finance list of the Top Best College Values of 2018, 2017 and 2016. Forbes magazine's America's Top College se' Edition has ranked Saint Michael's College 186th in the best private colleges' categor y and 98th in liberal arts universities. The College was included in the 2017 edition of The Princeton Review's Guide to Green Colleges, recognized for their commitment to sustaina bility ranking as the 11th most environmentally responsible college among 375 of the "gree nest" campuses in the U.S. The College in its survey of the

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	ms The Vermont Standards Board for Professional Educators also approved a new program in Early Childhood Education. The academic program is supported by many professional and admi nistrative staff including information technology (IT), academic enrichment programs, libr ary and information services (LIS), registrar's office, the Vice President of Academic Aff airs and the Dean. The IT department is committed to creating a robust technology environment for the College's students, faculty and staff. They support administrative applications, instructional technology services, all of which support the mission and goals of the College by providing its constituents with a reliable, secure, and fast campus network, support for the appropriate integration of technology into teaching and research, and technology support for administrative operations. Saint Michael's College is committed to students 'academic success therefore, in addition to academic enrichment programs designed to enhance the learning experience, a variety of services are offered to ensure that our students get the most out of their education including independent studies, Peace and Justice Cent er, Women's Center, service learning, student/faculty research and internships to name a few. These services and activities are designed to assist our students in enhancing their Learning opportunities in order to achieve their fullest intellectual development. Academic enrichment also supports faculty in offering extra-curricular activities that enhance the ir classroom teaching and in designing innovative components to their courses that foster experiential learning. LIS provides students, faculty, and staff with the information reso urces and services they need for study, teaching and research. The library strives to determine community needs and respond to them by shaping its resources and services to provide the best possible support for the academic program. In order to support our students attending Saint Michael's College, a variety of grants and assist

Return Reference	Explanation
AUXILIARY ENTERPRISES	Form 990, Part III, Line 4B As a 100% residential college, we make living on campus just as important a learning experience as the curriculum in the classrooms. Therefore, in addition to expenses associated with on-campus dining services, auxiliary services expenses include residence hall bond interest, depreciation expense and costs related to the bookstore, printing and mailing services, special events, summer playhouse and other auxiliary programs that support our students' living and learning experience. As part of the residential experience, there are unique housing options available on campus based on common interests that students share such as GREAT Housing (Alcohol and Drug Free) with 128 students, honors housing (50 students) and the GEAR (Global Experience Academic Residential) Program housing (124 students) which provides an opportunity for U.S. students to live with international students. Dining on campus provides the social experience essential to a well-rounded campus life.

990 Schedule O, Supplemental Information

Return Reference	Explanation
STUDENT SERVICES	Form 990, Part III, Line 4C Students are at the center of the College's Mission While the academic elements are foremost, supporting the students' personal development is vital as well. The offices of admissions, student life, Edmundite Campus Ministry, Adventure Sport's Center, athletics and many student clubs work to enhance students' personal growth as well as their academic success. To supplement the academic culture on campus and enrich over all quality of the college experience, a variety of weekend programs is offered to student s, along with many outdoor programs such as the ski pass, a variety of ministry programs, and community service opportunities through Move (Mobilization of Volunteer Efforts). Appr oximately 80% of students are involved in some form of intercollegiate, intramural, club, recreation, personal fitness, or Adventure Sports Center offering Approximately 25% of Sa int Michael's College students participate in one of the 21 varsity sports. Our student at hletes have achieved a 97% academic success rate (ASR), a statistic defined by the NCAA as a measurement of graduation within a 6 year cohort time period as of June 2019. Saint Michael's College has again been recognized as a recipient of the Division II Presidents' Awar of for Academic Excellence as a member of the Northeast-10 Conference. SMC achieved the se cond highest ASR in the conference this year, having finished among the league's Top Two for the 13th consecutive year (#1 nine times). It's the 12th straight year that Saint Michael's has ranked among the Top Four (of 325) NCAA Division II colleges and universities in the nation (#1 three times). The office of student activities strives to provide students opportunities to develop as ethical leaders and engaged citizens, and offers a wide variety of programs and activities designed to meet their needs. The College has embraced the You Count program (Community, Ownership, Unity in Diversity, Notice Each Other and Take Care of Self and others) which fosters an inclusive and seamles

990 Schedule O, Supplemental Information

Return

Reference	·
STUDENT	dmundite Campus Ministry is to help students, faculty and staff reflect on and celebrate the spiritual and religious dimensions of
SERVICES	their lives while at Saint Michael's College Pro grams such as retreats, liturgies, spiritual direction, and prayerful reflection meals
	are designed to encourage everyone to step back and experience life at its deepest, most mean ingful level. About 12% of our

990, Part III, Line 4D Other program service expenses include public service and research

Explanation

Return Explanation
Reference

FORM 990
REVIEW
PROCESS
Form 990, Part VI, Section B, Line 11 Form 990 schedules are prepared by College personnel with guidance and review from external tax preparers who sign and file the form Prior to filing with the Internal Revenue Service each member of the Board of Trustees was provided Form 990 and all schedules, except Schedule B, contribution detail, in order to respect our donors confidentiality

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

Return Reference

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

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

REPORTING SPECIFIC TO THE HIGHER EDUCATION INDUSTRY

Explanation

CONSIDERATIONS FOR ALL AREAS OF OUR BUSINESS. INCLUDING EMPLOYMENT AND ADMISSIONS APPLICATIONS.

Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, LINE 15 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, EXCLUDING THE COLLEGE PRESIDENT, IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE EXECUTIVE OFFICERS OF THE COLLEGE THE EXECUTIVE COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY FOR DECISIONS REGARDING COMPENSATION IN ALL ITS CURRENT AND POTENTIAL FORMS FOR THE EXECUTIVE OFFICERS OF THE COLLEGE THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES INDEPENDENT COMPENSATION DATA, E G NACUBO, CUPA, ETC AND ANALYSIS TO THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW SURVEY DATA REGARDING COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS OF THE COLLEGE THE MEETING WAS ON OCTOBER 18, 2017 FOR THE FISCAL YEAR INCLUDED IN THIS RETURN THE COLLEGE COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53 4958-6 (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATIONS

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

ASSETS, RESPECTIVELY

Return

Deference

Reference	
NET ASSET	FORM 990, PART X, LINES 27, 28, AND 29 THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE
PRESENTATION	FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL
	STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS
	WITH DONOR RESTRICTIONS FOR PURPOSES OF FORM 990, PART X, LINES 27, 28, AND 29, THE COLLEGE HAS
	REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS AS UNRESTRICTED NET ASSETS AND NET ASSETS
	WITH DONOR RESTRICTIONS AS PERMANENTLY RESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET

Explanation

Return Explanation

Reference	
Other Changes in	FORM 990, PART XI, LINE 9 SYSTEM CONVERSION COSTS \$(2,348,129) OTHER COSTS \$( 15,000) TOTAL \$(2,363,129)

Net Assets

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

Saint Michael's College

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493192001330**OMB No 1545-0047

Open to Public Inspection

							03-0	179403					
Part I Identification of Disregarded Entities Comple	ete ıf the organ	ızatıon answ	ered "Yes	" on Form !	990, Part	IV, line 3	3.						
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Total ind	come	(e) End-of-year a	ssets	Direct co	(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.			anization				Part I		cause i				
(a) Name, address, and EIN of related organization	Prim	(b) ary activity		(c) omicile (state gn country)	Exempt Co	ode section	Public (if sect	(e) charity status ion 501(c)(3))	Dire	(f) ect controlling entity	Section (13) co ent	ntrolle tity?	
(1)SAINT MICHAEL'S COLLEGE FIRE & RESCUE ONE WINOOSKI PARK	FIRE & RES	CUE		VT	501(C)(3)		7		SMC		Yes	No	
COLCHESTER, VT 05439 20-1120657											<u> </u>	<u> </u>	
(2)MERRILL CEMETERY ASSOCIATION INC ONE WINOOSKI PARK COLCHESTER, VT 05439	CEMETERY			VT	501(C)(13)				SMC		Yes		
01-0868920 (3)GREEN MTN HIGHER EDUCATION CONSORTIUM 84 SOUTH SERVICE ROAD RM 202B	CONSORTIU	ML		VT	501(C)(3)		509(A)(	3)I	NA			No	
MIDDLEBURY, VT 05753 90-1113280													
												$\vdash$	
For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Ca	t No 50135	5Y				Sche	dule R (Form	990) 20	018	

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	d, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?	(k) Percen owner	tage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part 1	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin-	e	(ı) Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled

Schedule R (Form 990) 2018		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

l Performance of services or membership or fundraising solicitations for related organization(s)				- I	NO
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Yes	
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered re	elationships and trai	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt involved	
(1)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE	N	71,852	FMV		
(2)SAINT MICHAEL'S COLLEGE FIRE AND RESCUE	Q	180,561	COST		

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

