For Paperwork Reduction Act Notice, see the separate instructions.

# DLN: 93493130019301

2019

# OMB No. 1545-0047

Form **990** 

Department of the

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.

**Return of Organization Exempt From Income Tax** 

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service	<u> </u>						
			alendar year, or tax year beg C Name of organization	jinning 07-01-2019 , and end	ling 06-30	)-2020	D.F		
		pplicable: change	SAINT MICHAEL'S COLLEGE						ication number
☐ Nai		-	% Melissa Tourville				03-0179	403	
□ Init	tial ret	turn	Doing business as						
		n/terminated	Number and street (or D.O. hov if	i wail in wat daliyayad ta atwaat addusaa	)   Daam (aui	+-	E Telephone	number	
		d return on pending	ONE WINOOSKI PARK BOX 274	mail is not delivered to street address	i) Room/sui	te	(802) 65	4-2015	
<b>—</b> Арі	Jiicacio	on pending	City or town, state or province, co	ountry, and ZIP or foreign postal code			(802) 63	4-2313	
			COLCHESTER, VT 05439	- a , , aa			<b>G</b> Gross rece	oints \$ 1∠	10 954 891
			<b>F</b> Name and address of princi	ipal officer:		H(a) T	this a group retu		
			ROBERT S ROBINSON	·			ubordinates?	arii ioi	□Yes <b>☑</b> No
			ONE WINOOSKI PARK BOX 27 COLCHESTER, VT 05439	74			re all subordinate	s	
[ Tax	k-exen	npt status:		<b>4</b>	П		ncluded?		Yes No
			▼ 501(c)(3)	◀ (insert no.)	LJ 527		"No," attach a lis roup exemption r	•	•
, w	ebsit	:e:▶ ww	W.SMCVT.EDU			(0) G	roup exemption i	lullibei	0928
<i>.</i>			✓ Corporation ☐ Trust ☐ A			L Year of	formation: 1913	M State	of legal domicile: VT
Forn	n or or	rganization:	Corporation Li Trust Li A	ssociation					J
Pa	ırt I	Sumi	mary				L		
			cribe the organization's mission						
യ			IBUTE THROUGH HIGHER EDUC IN THE LIGHT OF THE CATHOLI	CATION TO THE ENHANCEMENT C	OF THE HUI	MAN PERS	SON AND THE AD	VANCEM	ENT OF HUMAN
Š	_	COLIONE.	in the eloni of the other	C 17/4111.					
E	-								
Activities & Governance	_								
5				discontinued its operations or dispining body (Part VI, line 1a)				sets. <b>3</b>	25
<b>ජ</b> ග				of the governing body (Part VI, Ii				4	23
i i			,	calendar year 2019 (Part V, line 2	•			5	1,618
			, ,	necessary)	•			6	844
AC			·	art VIII, column (C), line 12			• •	7a	-78,568
				om Form 990-T, line 39			•	7a 7b	-85,268
	ь	Net uniei	ated business taxable income in	om Form 990-1, line 39	• • •	<del></del>	Prior Year	/	Current Year
	۰	Contribut	ions and grants (Part VIII, line 1	h)				27	
ĕ			service revenue (Part VIII, line 2		5,736,99	_	5,119,606 95,624,168		
Rəvenue		_	•	), lines 3, 4, and 7d )			3,967,69	_	5,456,356
æ			renue (Part VIII, column (A), line	, , ,	•		1,306,68	_	803,673
				nust equal Part VIII, column (A), I	ino 12)		112,060,3		107,003,803
	_		nd similar amounts paid (Part IX		1110 12)		39,412,18	_	39,691,161
			paid to or for members (Part IX,		•		33,412,10	n -	35,051,101
			•	benefits (Part IX, column (A), line	· ·		38,694,18	30	35,720,657
Sec		-		lumn (A), line 11e)	,		30,034,10	0	33,720,037
Expenses			raising expenses (Part IX, column (D	, , ,				1	
ጟ				es 11a-11d, 11f-24e)			34,057,98	20	32,390,122
		•	, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column (A), line 25)			112,164,36	_	107,801,940
			less expenses. Subtract line 18				-103,99	-	-798,137
ي	19	Revenue	less expenses. Subtract file 10	Trom me 12	•	Begin	ning of Current Ye	_	End of Year
Net Assets or Fund Balances									
SS 8 Bala	20	Total asse	ets (Part X, line 16)				205,844,39	95	191,827,572
Z Z	21	Total liab	ilities (Part X, line 26)				72,712,9	43	68,856,620
ŽΞ	22	Net asset	s or fund balances. Subtract lin	e 21 from line 20	•		133,131,4	52	122,970,952
Pa	rt II	Signa	ature Block					•	
				amined this return, including acco ete. Declaration of preparer (other					
any ki			i, it is true, correct, and comple	te. Declaration of preparer (other	i tilali oliic	er) is bas	ed on an informa-	LIOIT OF V	mich preparer has
		T.k							
		****** Signatu	re of officer				2021-05-10 Date		
Sign		, "							
Here			T ROBINSON TREASURER/VP OF FIN r print name and title	<u> </u>					
		<b>           </b>	·	Proparor's signature	In	ate		ΠN	
Dair			rint/Type preparer's name	Preparer's signature		021-05-03	Check 📙 if Po	11N 01880207	,
Paid		,	irm's name <b>F</b> KPMG LLP				self-employed Firm's EIN ►		
Prep		;;   .b./							
Use	Un	' <b>'Y</b>   F	irm's address ▶ 60 South Street				Phone no. (617) 9	88-1000	
			Boston, MA 02111						
May t	he IR	S discuss	this return with the preparer sh	nown above? (see instructions)				V	'es □No

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					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	organization's mission:		•		
					EDUCATION TO THE ENHANCEME	ENT OF THE HUMAN
PERS	SON AND TO THE ADVA	ANCEMENT OF HUMAN	CULTURE IN TH	E LIGHT OF THE CATHO	DLIC FAITH.	
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code:	) (Expenses \$	64,921,157	including grants of \$	39,691,161 ) (Revenue \$	76,558,983 )
	See Additional Data					
4b	(Code:	) (Expenses \$	16,634,676	including grants of \$	) (Revenue \$	19,065,185 )
	See Additional Data					
4c	(Code:	) (Expenses \$	13,644,065	including grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	95,199,8	98		

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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 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? <i>If "Yes," complete Schedule D</i> ,Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	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	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
	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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21	Yes	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			<b>0</b> (2019)

rm '	990 (2019)			Page •
Par	Checklist of Required Schedules (continued)			
	Dillian and the second and the secon		Yes	No
	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	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	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
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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):			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
•	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
:	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	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
	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	
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	Enter the number reported in Roy 3 of Form 1096. Enter -0- if not applicable 1.3 2.563		Yes	No

1b

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

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

**1**c

Yes

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:   CJ	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a h	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C 14a	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	-75		
	parachute payment(s) during the year?	15 16		No No
	If "Yes," complete Form 4720, Schedule O.			140

rorm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines
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 25			
	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 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► VT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Melissa Tourville One Winooski Park Box 274 Colchester, VT 05439 (802) 654-2915			

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  For related organizations below dotted line)  List all of the organization organizations organiz	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII

,									•		<u> </u>		
<b>(A)</b> Name and title	Name and title  Average hours per week (list any hours for related for the form of the compensation or gan for related form the form of the compensation or gan for related form the form of the compensation or gan for related form the compensation or gan for related form the compensation or gan the compensation or gan form the compens						(E) Reportable compensation from related organizations	5	Estima amount c compen from	ated of other sation the			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(/1099- ISC)	(W-2/1099- MISC)		organizat relat organiza	ed
See Additional Data Table													
1b Sub-Total				•		•							
c Total from continuation sheets to P d Total (add lines 1b and 1c)	art VII, Section			•		•		2,	597,384		0		414,037
2 Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rec	eived mo	ore than \$1	00,000			
												Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule.						oyee,		-	mpensated • • •	employee on	3	Yes	
4 For any individual listed on line 1a, is										n the		1	
organization and related organization individual	s greater than \$	150,00	0? <i>If</i> •	"Yes •	," c	omplet	te Sc	hedule J	for such		4	Yes	
5 Did any person listed on line 1a recei									tion or ind	ividual for	-	1	
services rendered to the organization		ete Sch	edule	J fo	or su	ıch pei	rson	• •			5		No
Section B. Independent Contract  Complete this table for your five high from the organization. Report competed	est compensate										mpens	sation	
	(A) and business addre		ycui	Cild	9	WICH O	1 7710	in the c		(B)		(0	
HotChalk Inc, 2 Third St Ste 250 Troy, NY 12180	and pusiness addre	:55							Education C	ription of services onsulting		Comper	712,872
EAB Global, PO Box 603519									Recruiting				595,866
Charlotte, NC 28260 Competitive Computing, 354 Mountain View Drive Suite 400									IT Consulta	nts			506,526

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

354 Mountain View Drive Suite 400 Colchester, VT 05446 186,046 Marketing Consultant

Ologie LLC, 447 East Main Street

Audit/Tax

Columbus, OH 43215 KPMG LLP,

148,015 356 Mountain View Drive Colchester, VT 05446

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

compensation from the organization ▶ 34 Form **990** (2019)

Part										Page <b>9</b>
		Check if Sched	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	· .	<b>1</b> a			revenue		512 - 514
ants	Ŀ	<b>b</b> Membership due:	s.	· į	<b>1</b> b					
€ €	(	c Fundraising even	nts .	. [	1c					
ifts, ar A		d Related organiza		L	<b>1</b> d					
s, G mil		Government grants		·	1e	1,552,420				
Contributions, Gifts, Grants and Other Similar Amounts		All other contribution     and similar amounts     above	s not	included	<b>1</b> f	3,567,186				
ig 5	٩	Noncash contribution lines 1a - 1f:\$	ons in	iciuaea in	<b>1</b> g	238,780				
	ı	<b>h Total.</b> Add lines	1a-1	f		>	5,119,606			
						Business Code				
	2a	TUITION AND FEES				611710	76,558,983	76,558,983		
Program Service Revenue	b	RESIDENCE AND DIN	NINC	<u> </u>		721310	16,015,531	16,015,531		
e Pa	С	BOOK STORE				451211	773,179			773,179
Servic	d	SMC PLAYHOUSE				711190	253,602	253,602		
ogram	e	CHILD CARE CENTER	ι			624410	408,351	408,351		
Ě	f	All other program	con	ico rovenue		-	1,614,522	832,395		782,127
		Total. Add lines 2				95,624,168				
		Investment income					T			I
	s	imilar amounts). Income from invest			•	•		0	-107,155	2,047,662
				it of tax-exe	-			0		
		•		(i) Rea		(ii) Personal	<u> </u>			
	6a	Gross rents	6a		234,513	3				
		Less: rental					1			
	_	expenses Rental income	6b				4			
		or (loss)	6с	2	234,513	3	0			
	d	Net rental income	e or		• •		234,51	3		234,513
	7-	Gross amount		(i) Securi	ties	(ii) Other	-			
	, .	from sales of assets other than inventory	7a	34,6	532,80 <del>6</del>	2,834,13	1			
	b	Less: cost or other basis and sales expenses	7b	33,:	102,709	848,37	9			
	С	Gain or (loss)	7c	1,!	30,097	1,985,75	2			
	d	Net gain or (loss)					3,515,84	9	28,587	3,487,262
Other Revenue		Gross income from fu (not including \$ contributions reporte	d on	of						
le Ve		See Part IV, line 18			8a	C				
er F		Less: direct expen Net income or (los			8b	ents		0		
ot l	Ī	(100				ents •				
		Gross income from See <b>Part</b> IV, line 19			9a	C	,			
	b	Less: direct expen	ises		9b	C	_			
	C	Net income or (los	ss) fr	om gaming	activit	ies		0		
	10=	aGross sales of inve	ento	ry less						
		returns and allowa			10a	c				
	b	Less: cost of good	ls so	ld	<b>10</b> b	C				
	С	Net income or (los Miscellaneo	_		invent	Business Code	1	0		
-	11	aOTHER OPERATIN				90009	9 569,16	0		569,160
	b	,								
	C									
	-	All other revenue   <b>Total.</b> Add lines 1	-			▶				
		Total revenue. S					569,16	0		
		. otal revenue. 5	ee II	1361 40610115	• •	• • • •	107,003,80	94,068,862	-78,568	7,893,903

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to		_		. ìí. 🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,200	100,200		<u> </u>
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	38,874,039	38,874,039		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	716,922	716,922		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,857,514	602,226	793,746	461,542
<b>6</b> Compensation not included above, to disqualified persons (a defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0 O			
<b>7</b> Other salaries and wages	25,993,693	22,010,754	2,929,815	1,053,124
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	614,207	527,880	56,084	30,243
9 Other employee benefits	5,275,546	4,432,883	663,524	179,139
<b>10</b> Payroll taxes	1,979,697	1,616,412	259,791	103,494
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	86,674		86,674	
c Accounting	240,847		240,847	
<b>d</b> Lobbying	1,618		1,618	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	224,840		224,840	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	1,388,318	1,165,895	221,306	1,117
13 Office expenses	5,329,152	3,513,728	1,701,329	114,095
14 Information technology	1,975,980	1,012,750	943,012	20,218
15 Royalties	0			
<b>16</b> Occupancy	4,010,514	3,649,964	360,550	
<b>17</b> Travel	1,591,690	1,477,959	85,999	27,732
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
<b>20</b> Interest	2,139,588	2,114,416	25,172	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,139,415	7,425,127	714,288	
23 Insurance	661,401	605,136	55,880	385
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Catering, Lecturer, Other	6,600,085	5,353,607	1,082,524	163,954
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	107,801,940	95,199,898	10,446,999	2,155,043
<b>26 Joint costs.</b> 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).				

Form 990 (2019)

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 219.663,329

130,752,428

1.349.103

1,272,836

4.852.748

338.232

1,691,674

96,429,647

45,432,882

47.143.907

228,499

205,844,395

4,385,731

3,651,328

53.214.955

2,124,000

9,336,929

72,712,943

76,873,126

56.258.326

133,131,452

205,844,395

0 5

0 6

3

4

7

9

10c

11

12 0 13

14

15

16

17 0 18

19

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22 23

24

25

26

27

28

29

30

31

32

33

0

0 21 Page **11** 

1,092,181

1,936,093

4.809.100

380,393

1,404,827

88,910,901

42,522,781

38.545.393

243,030

191,827,572

4,870,436

2,942,290

93,000

10,215,445

68.856.620

71,161,626

51,809,326

122,970,952

191,827,572

Form 990 (2019)

50.735.449

0

0

	Check if Schedule O contains a response or note to any line in this Part IX .			🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	7,104,867	1	11,982,873

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net

10a

10b

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Investments—other securities. See Part IV, line 11 . . .

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

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

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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.

3a

3b

Yes

Yes Form 990 (2019)

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

Audit Act and OMB Circular A-133?

### **Additional Data**

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

Name: SAINT MICHAEL'S COLLEGE

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a:

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

	famous lates	unu	u un			45000,	<u>'</u>	(14/ 2/1000	(14/ 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Dr Lorraine Sterritt PhD President/TRUSTEE	40.0	Х		x				403,962	0	67,870	
John J Neuhauser Former President/Trustee	0.0						x	279,703	0	15,440	
Dawn M Ellinwood VP for Student Affairs	40.0				х			174,486	0	37,634	
Jeffery Trumbower	40.0				Х			178,922	0	28,872	

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188,615

165,281

159,364

145,448

148,583

155,612

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16,420

37,634

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Dawn M Ellinwood
VP for Student Affairs
Jeffery Trumbower
Interim VP Academic Affairs
Patrick J Gallivan

Former VP Gov & Comm Affairs

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VP INSTITUTIONAL Advancement

Eileen O'Rourke

Robert Robinson

Karen TalEntino

Professor Biology

John Kenney

VP Human Resources

Treasurer/VP for finance

Krystyna Davenport Brown

Professor Religious Studies

and Independent Contractors

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

	for related				,	(N/ 2/1000	(W 2/1000	overnientien and		
	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
William O Anderson Chief Information Officer	40.0				х			142,027	0	27,491
Jeffrey Ayers Professor Political Science	40.0					х		125,835	0	31,231
John Hughes Professor Political Science	40.0					х		130,738	0	17,162
Zsuzsanna Kadas Professor Mathematics	40.0					х		121,895	0	13,727

45,436

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Professor Political Science
Zsuzsanna Kadas
Professor Mathematics
Rev Marcel R Rainville SSE
Chair of The Board

Helen Donahev

Trustee

Trustee

Trustee

Trustee

Dr Jose C Blanco

Secretary to the Board

Rev Richard Berube SSE

Rev Raymond J Doherty SSE

Rev Msgr Bernard W Bourgeois

and Independent Contractors

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

	any hours	iny 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	
Sr Lindora Cabral RMS Trustee	0.0	Х						o	0	0	
Ms Patricia A Casey Trustee	0.0	х						o	0	0	
Rev David G Cray SSE Trustee	5.0	Х						O	0	0	
Mr Mark S Dalton Trustee	0.0	Х						o	0	0	
Mr Donald R Dion Jr	1.0						П		0	0	

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Trustee
Mr Mark S Dalton
Trustee
Mr Donald R Dion Jr

Trustee

Trustee

Trustee

Trustee

Trustee

Mr Craig Duffy

Rev Patrick J Forman

Mr Joseph P Garrity

Bro Francis Hagerty SSE

Mr George C Keady III

and Independent Contractors

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

	any hours	and	a dir	recto	•	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Brian Lacey	2.0	х						0	0	0
Trustee	0.0								-	_
Mr Anthony J Maginnis	3.0	Х						0	0	0
Trustee	0.0									
Colina Paguetta EdD	2.0		1							1

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	0.0					
Mr Anthony J Maginnis	3.0					
		Х			0	
Trustee	0.0					
Celine Paquette EdD	2.0					
·	•••••	Х			0	
Trustee	0.0					
Sr Marianne Read RSM	1.0					
		X			n l	

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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Mr Steven J Renehan

Tracy Romano PhD

Mr Michael L Seaver

Dr Robert F Tobin MD

Ms Maureen K Usifer

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	- DO NOT PROCESS As Filed Data - D							
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the o	Public Charity Status and Public Support  Complete if the organization is a section 501(c)(3) organization or a section  4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.							
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nte Service he organiza AEL'S COLLEGE					Employer identific	ation number			
SAINI	MICHA	CLL 5 COLLEGE					03-0179403				
	rt I		for Public Charity State				See instructions.				
1 1	rganiz		a private foundation because	•	•		(A)(:)				
		•	onvention of churches, or as								
2	<b>✓</b>		scribed in section 170(b)(		,						
3		·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>			
6			tate, or local government or	-							
7		_	ation that normally receives ( ' <b>0(b)(1)(A)(vi).</b> (Complete	· ·	s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).				
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a				
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su		r '	anization listed		T			
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No					
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9				

	If the organization failed							naci rait iii.
<u>S</u>	Section A. Public Support							
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	5,125,109	6,044,910	5,486,108	5,736,997	(-)	5,119,606	27,512,73
2	include any "unusual grant.") Tax revenues levied for the						-+	
	organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	1
4	<b>Total.</b> Add lines 1 through 3	5,125,109	6,044,910	5,486,108	5,736,997		5.119.606	27,512,73
	The portion of total contributions by	-,,	-,,	-,,	-,,		-,,	
•	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							131,21
6	<b>Public support.</b> Subtract line 5 from line 4.							27,381,51
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7		5,125,109	6,044,910	5,486,108	5,736,997		5,119,606	27,512,730
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	dends, payments received on 1,807,716 1,552,987 2,844,853		3,331,140		2,282,175	11,818,87	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	ţ
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,037,700	767,462	681,565	1,051,984		569,160	4,107,87
11	<b>Total support.</b> Add lines 7 through 10							43,439,47
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		515,475,32
13	First five years. If the Form 990 is for	or the organization	's first second thi	rd fourth or fifth	tax vear as a sect	ion 501	(c)(3) orga	nization
		_			(d) 2018 (e) 2019 ( 5,486,108 5,736,997 5,119,606  0 0 0  0 0  5,486,108 5,736,997 5,119,606  5,486,108 5,736,997 5,119,606  2,844,853 3,331,140 2,282,175  0 0 0  681,565 1,051,984 569,160  10 (f))	•		
							<u></u>	
	ection C. Computation of Publi							
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		63.034 %
15								63.600 %
16a	33 1/3% support test—2019. If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more,	heck this b	ох
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				. 🕨 🗹
<b>17</b> a	10%-facts-and-circumstances test is 10% or more, and if the organization	t— <b>2019.</b> If the org	ganization did not o -and-circumstance	check a box on line es" test, check this	e 13, 16a, or 16b, box and <b>stop he</b>	and line	e 14 ain	. ▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz	st— <b>2018.</b> If the or zation meets the "f	ganization did not acts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, o this box and <b>stop</b>	r 17a, a <b>here.</b>	ind line	▶□
18	supported organization							▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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.

3a 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.

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

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Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

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

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," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

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1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<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		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

sive (provide	
(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Underdistributions	Distributable
-	ive (provide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

# **Additional Data**

#### Software ID: Software Version:

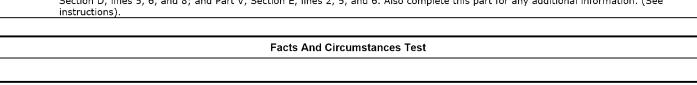
**EIN:** 03-0179403

Name: SAINT MICHAEL'S COLLEGE

Schedule A (Form 990 or 990-EZ) 2019

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).



# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

DLN: 93493130019301

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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

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 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes ☐ No 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). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? 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 committe	ee (PAC). If additional space is needed, p	provide informatio	n in Part IV.	
(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
5				
or Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat.	No. 500845 Schedule C (	Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ....... No Media advertisements? Nο C Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? ..... Yes 1,618 Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Nο Other activities? Nο Total. Add lines 1c through 1i 1,618 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ..... 2a Nο 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 Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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 ..... 2b h C Total ..... 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) ...... 5 Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list): Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference

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 \$17,796. APPROXIMATELY \$1,618 OF THIS AMOUNT WAS ALLOCATED TO LOBBYING.

Explanation GRANTS TO OTHER ORGANIZATIONS

**SCHEDULE D** 

DLN: 93493130019301

OMB No. 1545-0047

# **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.

Department of the Tre Int

(Form 990)

	nal Revenue Service	► Go to <u>www.irs.gov/For</u> n	<u>n990</u> for instruction	s a	nd the latest info	rmatio	on.	In	spection
	me of the organ					Emp	oloyer identifi	cation	number
SAI	INT MICHAEL'S COLLE	EGE				03-0	179403		
Pā	art I Organi:	zations Maintaining Donor Advi	sed Funds or Oth	er	Similar Funds o	r Acc	ounts.		
	Complet	te if the organization answered "Ye			· ·				
	T-t-1		(a) Donor a	idvi	sed funds		(b) Funds and	other	accounts
1		end of year							
2		of contributions to (during year) of grants from (during year)							
4	22 2	at end of year							
		ation inform all donors and donor adviso	Les in writing that the			luinnel	firmala ava tha		
5		ation inform all donors and donor advisor property, subject to the organization's ex					runds are the		Yes 🗌 No
6	charitable purpo private benefit?	ation inform all grantees, donors, and donors and donors and not for the benefit of the donor	r or donor advisor, or t	for .	any other purpose (				Yes 🗆 No
Pa		vation Easements. te if the organization answered "Ye	os" on Form 990 Da	r+	TV line 7				
1		onservation easements held by the orga							
-		on of land for public use (e.g., recreatio	`		Preservation of an	histor	ically important	· land :	area
		of natural habitat	rior educación) E	_	Preservation of a				ai ea
	_			_	Preservation of a c	erune	a nistoric struct	ure	
_		on of open space	liefe i						
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation	ı co	ntribution in the foi	m of a	Held at the	End o	of the Year
а		conservation easements				2a	neid de the	Liid	or the rear
b	Total acreage re	stricted by conservation easements				2b			
С	Number of conse	ervation easements on a certified histor	ic structure included ir	า (a	)	2c			
d		ervation easements included in (c) acqu	ired after 7/25/06, an	d n	ot on a historic	2d			
_		n the National Register							
3	tax year <b>&gt;</b>	ervation easements modified, transferre 	ed, released, extinguis	inec	i, or terminated by	tne or	ganization durir	ig the	
4	Number of state	es where property subject to conservation	on easement is located	l ►			_		
5		zation have a written policy regarding t at of the conservation easements it hold				of viola		Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of viola	atio	ns, and enforcing co	onserv	ation easement	s durir	ng the year
7	Amount of expe ▶ \$	nses incurred in monitoring, inspecting,	handling of violations	s, ar	nd enforcing conser	vation	easements dur	ing the	e year
8		ervation easement reported on line 2(d (h)(4)(B)(ii)?				70(h)(	4)(B)(i)	Yes	□ No
9	In Part XIII, des balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	servation easements in e footnote to the organ	n its niza	revenue and expe tion's financial state	nse sta ements	atement, and		
-		n's accounting for conservation easemer		<b>T</b>		Ci-			
Pal		zations Maintaining Collections te if the organization answered "Ye				er Sii	milar Assets	•	
1a	If the organizati art, historical tre	ion elected, as permitted under SFAS 1: easures, or other similar assets held for XIII, the text of the footnote to its final	L6 (ASC 958), not to r public exhibition, edu	epo cat	rt in its revenue sta ion, or research in f				
b	If the organizati historical treasu	ion elected, as permitted under SFAS 1: ires, or other similar assets held for pub	L6 (ASC 958), to repor	rt ir	its revenue statem				
	-	nts relating to these items: led on Form 990, Part VIII, line $1 \ldots $					▶ ¢		
		in Form 990, Part X							
2	following amour	ion received or held works of art, histori nts required to be reported under SFAS	116 (ASC 958) relatin	g to	these items:			3	
a		ed on Form 990, Part VIII, line 1							-
b	Assets included	in Form 990, Part X					. ▶\$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

d Equipment .

Sche	edule D (Form 990) 2019					Page <b>2</b>
Pai	t III Organizations Maintaining Col	lections of Art, I	listorical Treas	sures, or Other	Similar Assets (	continued)
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records,	check any of the	following that are a	significant use of its	s collection
а	Public exhibition		d Loa	an or exchange prog	ırams	
b	Scholarly research		e 🗌 Oth	ner		
С	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	llections and explain	how they further t	:he organization's e:	xempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					es 🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, Part IV,	line 9, or reporte	ed an amount on I	Form 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?					es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	I and complete the fo	llowing table:		Amount	
C	, , <del>,</del>	,	<del>-</del>	1c	Amount	
d	• •			·		
е						
f	Ending balance			· · ·		
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial account lia	ability? 🗌 <b>Y</b> e	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation has bee	en provided in Part I	×III П	
Pa	ert V Endowment Funds.					
	Complete if the organization answ	wered "Yes" on For (a) Current year	m 990, Part IV, (b) Prior year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	89,060,683	89,921,136			88,508,483
	Contributions	712,607	1,704,960			564,890
	Net investment earnings, gains, and losses	-4,968,011	2,319,380		' '	-2,284,722
	Grants or scholarships	2,986,829	2,856,453	2,840,483	2,314,061	2,331,552
	Other expenditures for facilities and programs	3,938,672	1,708,745			1,205,490
f	Administrative expenses	224,840	319,595	249,003	265,786	229,555
g	End of year balance	77,654,938	89,060,683	89,921,136	87,442,239	83,022,054
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a, column t	(a)) held as:		_
а	Board designated or quasi-endowment >	37.400 %	, 3,	( ),		
b	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
c	Temporarily restricted endowment ► 16.	300 %				
Ī	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
3a	Are there endowment funds not in the posses organization by:	ssion of the organizat	ion that are held a	and administered fo	r the	Yes No
	(i) unrelated organizations				3	a(i) No
	(ii) related organizations					a(ii) No
b	. ,,					3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answ		-m 000 Part IV	lino 11a Soo For	rm 990 Part V lie	20.10
	Description of property (a) Cost or oti		or other basis (other			(d) Book value
	(investme		•			
1.		i i		1	1	
10	Land		1,980,05	56		1,980,056
	Land Buildings		1,980,05 179,921,60	_	102,505,038	1,980,056 77,416,571

34,742,575

3,019,089

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

8,214,389

1,299,885

88,910,901

26,528,186

1,719,204

Part VII	Complete if the organization answered "Yes" on F	orm 990, Part IV, line :	11b.See Form 990, Pari	t X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	f valuation:
(1) Financial			Cost of end-or-yea	ar market value
	held equity interests			
(A) CASH EQ	UIVALENTS	7,126,536	F	
(B) INTERNA	TIONAL EQUITIES	3,361,495	F	
(C) RELATIV	E VALUE STRATEGIES	4,805,599	F	
(D) PRIVATE	EQUITY	1,694,411	F	
E) GLOBAL	FIXED INCOME COMPOSITE	5,615,493	F	
(F) REAL ASS	SET COMPOSITE	13,237,470	F	
(G) DEPOSIT (H)	S WITH BOND TRUSTEES	2,704,389	F	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	38,545,393		
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on F  (a) Description of investment	orm 990, Part IV, line :	(b) Book value	t X, line 13.  (c) Method of valuation: lost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>•</b>	
	Complete if the organization answered 'Yes' on Fo  (a) Description		1d. See Form 990, Part X	, line 15.  (b) Book value
(1)	(a) Description			(B) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Fo		1e or 11f.See Form 99	0, Part X, line 25.
1.	(a) Description of li-			<b>b)</b> Book value
	income taxes			0
(2) OTHER L (3) AMTS HE	IABILITIES ELD ON BEHALF OF OTHERS			,340,597 ,277,358
	ABLE ADVANCES			,395,428
	OBLIGATION LEASE ORLIGATION			75,505 126,557
(7)	LEASE OBLIGATION			126,557
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		<b>▶</b> 10	,215,445
<b>2.</b> Liability fo	or uncertain tax positions. In Part XIII, provide the text of		ization's financial statemer	
uncertain tax	x positions under FIN 48 (ASC 740). Check here if the tex	t of the footnote has been	provided in Part XIII 🗹	

2

а

b

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Page 4

#### 2c d Other (Describe in Part XIII.) 2d 2e е

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

Donated services and use of facilities . . . . .

Donated services and use of facilities . .

3

2a

2b

2a

-8,170,376

-8,170,376 3 67,188,002 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 224,840 4b 39,590,961 b

Add lines **4a** and **4b** . . . . . . . 4c 39,815,801 C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 107,003,803 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 69,178,126

5 Part XII Total expenses and losses per audited financial statements . . . . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

2b Prior year adjustments . . . . . 2c C Other (Describe in Part XIII.) . . . 2d 1,191,987 d Add lines 2a through 2d . 2e 1,191,987 е 3 Subtract line 2e from line 1 . . . . . . . . 3 67,986,139 4 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 . . . 4a 224,840 4b 39.590.961 b Add lines **4a** and **4b** . . . . . . . . . . . . 4c 39,815,801

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 107.801.940 Supplemental Information

5 Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019		
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

# **Additional Data**

# Software ID: Software Version:

**EIN:** 03-0179403

Name: SAINT MICHAEL'S COLLEGE

Supplemental Information

Return Reference	Explanation
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, 2020 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 CONSIST OF APPROXIMATELY 226 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A VARIETY OF PURPOSES IN ACCORDANCE WITH APPLICABLE LAW AND DONOR INTENT AND FUNDS DESIGNATED BY THE COLLEGE'S BOAR  D 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, B UT ARE NOT LIMITED TO, PROVIDING STUDY ABROAD AND RESEARCH OPPORTUNITIES, CREATION AND FUN DING 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 AN NUALIZED TOTAL RETURN, NET OF FEES, THROUGH APPRECIATION AND INCOME, EQUAL TO OR GREATER T HAN THE RATE OF INFLATION PLUS ANY SPENDING AND ADMINISTRATIVE EXPENSES THUS, AT A MINIMUM 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, AN D CAUTION WHILE BEING APPLIED TO INVESTMENTS NOT IN ISOLATION, DIT IN THE CONTEXT OF THE PORTFOLIO AS A WHOLE AND AS A PART OF AN OVERALL STRATEGY HAVING RISK AND RETURN OBJECTIVES REASONABLY SUITED TO THE PORTFOLIO. SINCE SHORT TERM MARKET FLUCTUATION MAY CAUSE VARIATI ONS IN INVESTMENT PERFORMANCE, IT IS INTENDED THAT THE OBJECTIVES WILL BE ACHIEVED OVER A FULL MARKET CYCLE.

Supplemental Information	
Return Reference	Explanation
	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.

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Supplemental Information	
Return Reference	Explanation
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B STUDENT FINANCIAL AID \$ 39,590,961

Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D SYSTEM CONVERSION COSTS \$ 1,191,987

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Supplemental Information	
Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B Student Financial Aid \$ 39,590,961

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130019301 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, 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 information. Inspection Department of the Treasury Namel Retherosganization **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, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	Schedule E (Form 990 or 990EZ) (2019)				
<b>Supplemental Information.</b> 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 COLLEGE'S 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) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130019301 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SAINT MICHAEL'S COLLEGE 03-0179403 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the for and investments employees, agents, region (by type) (such as, program service, describe region and independent fundraising, program specific type of in the region service(s) in the region contractors in the services, investments, grants to recipients located in the region region) See Add'l Data 4,765,592 **3a** Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 4,766,251

Cat. No. 50082W

Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page <b>4</b>
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

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 Reference

ACTIVITIES PART I, LINE 3: STUDY PROGRAMS SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM STUDY PROGRAMS ARE AN IMPORTANT

Return Reference	Explanation
ACTIVITIES OUTSIDE THE UNITED STATES	PART I, LINE 3: STUDY PROGRAMS SAINT MICHAEL'S COLLEGE INTERNATIONAL SHORT-TERM STUDY PROGRAMS ARE AN IMPORTANT AND CREATIVE WAY FOR FACULTY AND STUDENTS TO EXPAND THE BOUNDARIES OF THE SAINT MICHAEL'S CAMPUS. SHORT-TERM STUDY PROGRAMS ARE ACADEMIC COURSES DEVELOPED BY FACULTY. TYPICALLY LASTING TWO WEEKS, THESE PROGRAMS INVOLVE STUDY ABROAD, MAY INCLUDE DIRECT INVOLVEMENT IN ISSUES COVERED IN AN ON-CAMPUS COURSE AND PROVIDE DIRECT EXPERIENCE ON A PARTICULAR TOPIC IN A PARTICULAR LOCALE. DUE TO THE GLOBAL PANDEMIC MOST OF OUR STUDY PROGRAMS WERE CANCELED IN FY20. 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. DUE TO THE GLOBAL PANDEMIC OUR SERVICE TRIPS WERE CANCELED IN FY20.

## 990 Schedule F, Supplemental Information

Return

Reference	
GRANTS TO	PART II OUR MOBILIZATION OF VOLUNTEER EFFORTS DEPARTMENT, KNOWN AS MOVE, PROMOTES ONE PRINCIPLE OF THE
ENTITIES	CATHOLIC FAITH - CHARITY. MOVE PROVIDES OPPORTUNITIES FOR THE COLLEGE'S STUDENTS TO PERFORM COMMUNITY SERVICE
OUTSIDE THE	WORK DURING THE ACADEMIC YEAR AND DURING SEMESTER AND SUMMER BREAKS AT BOTH DOMESTIC AND INTERNATIONAL
UNITED	SERVICES SITES. SEE SCHEDULE O UNDER PART III STUDENT SERVICES FOR MORE DETAILS. THE PAYMENT REPRESENTS FUNDS
STATES	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. DUE TO THE GLOBAL PANDEMIC, OUR SERVICE TRIPS WERE CANCELED IN FY20.

Explanation

990 Schedule F, Supplemental Information

Return

Reference	·
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.

Explanation

### **Additional Data**

Central America and the

Caribbean

# Software ID: Software Version:

**EIN:** 03-0179403

Name: SAINT MICHAEL'S COLLEGE

Study Abroad

37,955

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

(a) Kegion	offices in the region	employees or agents in region	(d) ACTIVITIES conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		3,361,495

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 region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific Program Services Study Abroad 248.885 Europe (Including Iceland and Program Services Study Abroad 845,574 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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Study Abroad 19,496 IProgram Services South America Program Services Study Abroad 60,845

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Study Abroad 42,521 IProgram Services Sub-Saharan Africa Program Services Study Abroad 80,758

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 37,745 lAaent East Asia and the Pacific Program Services Recruiting 5,235

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 region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services 15.329 Recruitina Greenland) North America 349 Program Services Recruitina

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Recruiting 654 IProgram Services Middle East and North Africa Program Services Recruiting 189

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 region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services Conference 1.094 Greenland) Conference 436 East Asia and the Pacific 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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Conference/Athl Train 7.032 IProgram Services Sub-Saharan Africa Program Services Conference 659

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 (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) STUDENT 42.744 Wire Central America SCHOLARSHIP and the Caribbean STUDENT 111.894 Wire East Asia and SCHOLARSHIP Ithe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 47 422,212 Wire lEurope SCHOLARSHIP (Includina Iceland and Greenland) STUDENT 24,694 Wire Middle East and SCHOLARSHIP North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) STUDENT 34,750 Wire INA South America SCHOLARSHIP STUDENT 20,500 Wire INA South Asia SCHOLARSHIP

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT 60,128 Wire INA Sub-Saharan SCHOLARSHIP Africa

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Note: To capture the full co	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.				
Schedule I (Form 990) Grants and Other Assistance to Organizations,							OMB No. 1545-0047  2019  Open to Public		
Governments and Individuals in the United States									
	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	f the ► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information.								
Name of the organization							Employer identific	ation number	
SAINT MICHAEL'S COLLEGE							03-0179403		
Part I General Informa	ation on Grants	and Assistance							
<ol> <li>Does the organization main the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ol>	o award the grants anization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.		·	m 000 Part IV line	✓ Yes □ No	
		can be duplicated if add		nts. Complete if the of	rganization answered fes	on For	n 990, Part IV, line	e 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)		Description of cash assistance	(h) Purpose of grant or assistance	
(1) SSE DBA SAINT ANNE'S SHRINE PO BOX 280 ISLE LA MOTTE, VT 05463	03-0195115	501(C)(3)	90,200					SEE PART IV	
(2) NORTHEAST DISABLED ATHLETIC ASSOCIATION INC 82 KILLARNEY BURLINGTON, VT 05408	55-0834205	501(C)(3)	10,000					Financial Aid SEE PART IV	
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>	. , . ,	-						2	
For Paperwork Reduction Act Notice				Cat. No. 50055				edule I (Form 990) 2019	

OPPORTUNITY GRANTS

(1) STUDENT SCHOLARSHIPS

(a) Type of grant or assistance

Schedule I (Form 990) 2019

Page 2

(2) UNDERGRADUATE ENDOWMENT FUNDED AID	253	2,986,829		
(3) UNDERGRADUATE ATHLETIC GRANTS	53	2,092,192		
(4)	261	356,825		

(c) Amount of

cash grant

33,408,803

FED SUPPLEMENTAL EDUCATION (5) GRADUATE STUDENT GRANTS 16 29,390

1470

(b) Number of

recipients



(e) Method of valuation (book.

FMV, appraisal, other)





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

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

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

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

BETWEEN THE COST OF ATTENDANCE AND FAMILY RESOURCES USING A VARIETY OF SOURCES, INCLUDING FEDERAL, STATE AND INSTITUTIONAL (COLLEGE) FUNDING. THE THREE TYPES OF FINANCIAL ASSISTANCE WE EMPLOY INCLUDES GRANTS AND SCHOLARSHIPS, LOANS, AND STUDENT EMPLOYMENT. IN 2019-2020,

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 - NORTHEAST DISABLED ATHLETIC ASSOCIATION - THE CONTRIBUTION TO NORTHEAST DISABLED ATHLETIC ASSOCIATION (NDAA) WAS MADE TO SUPPORT THEIR MISSION TO PROVIDE RECREATIONAL AND COMPETITIVE ATHLETIC OPPORTUNITIES FOR PEOPLE WITH PHYSICAL DISABILITIES AND TO SUPPORT DISABLED ATHLETES IN THEIR PURSUIT OF EXCELLENCE. 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. THE ORGANIZATIONS ARE REQUIRED TO COME BACK TO THE STUDENT ASSOCIATION IN TWO YEARS TO PRESENT 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

(d) Amount of

noncash assistance

Schedule I (Form 990) 2019

(5)

(6)

#### THE COLLEGE ADMINISTERED OVER \$56 MILLION IN ASSISTANCE, OF WHICH APPROXIMATELY \$36 MILLION WAS PRIMARILY COLLEGE FUNDED AID, SCHOLARSHIPS OR GRANTS. THE COLLEGE'S PRACTICE HAS BEEN TO AWARD AID BASED ON MERIT AND/OR NEED TO ALL STUDENTS ACCEPTED FOR ADMISSION. THE AMOUNT OF AID A STUDENT RECEIVES UPON INITIAL ENROLLMENT GENERALLY IS AWARDED FOR EACH YEAR HE/SHE ATTENDS SAINT MICHAEL'S COLLEGE.

IMPACT OF THE AWARD.

TO INDIVIDUALS IN THE U.S.

GRANTS AND OTHER ASSISTANCE

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19313	30019	301		
Schedule J		Co	40	OMB No. 1545-0047						
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest								
	Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						2019			
Depar	▶ Attach to Form 990.							olic		
Interna	al Revenue Service					Insp	ectio	n		
	me of the organiza NT MICHAEL'S COLLI			En	mployer identificat	ion nu	ımber			
		- " - "		03	3-0179403					
Pa	rt I Questi	ons Regarding Compensati	on				Yes	No		
1a				the following to or for a person listed o y relevant information regarding these i			165	NO		
	☐ First-class	s or charter travel	$\checkmark$	Housing allowance or residence for per	sonal use					
	Travel for	companions		Payments for business use of personal	residence					
		nification and gross-up payments	닏	Health or social club dues or initiation f						
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeu	ır, chef)					
b				follow a written policy regarding paymer ve? If "No," complete Part III to explain		1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Line 1	la?					
3		if any, of the following the filing o EO/Executive Director. Check all t		d to establish the compensation of the not check any boxes for methods						
	used by a relate	ed organization to establish compe	ensation of the	CEO/Executive Director, but explain in P	art III.					
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract						
	☐ Independe	ent compensation consultant	<b>✓</b>	Compensation survey or study						
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensation	n committee					
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filing	g organization or a					
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a	Yes			
b						4b		No		
c				nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part III	I.					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9						
5			-	the organization pay or accrue any						
	compensation co	ontingent on the revenues of:								
а	The organization	1?				5a		No		
b		anization?				5b		No		
6	•	·	A, line 1a, did	the organization pay or accrue any						
		ontingent on the net earnings of:	, ,	,						
а	-	1?				6a		No		
b						6b		No_		
_	•	6a or 6b, describe in Part III.	A 10 4 1933							
7	payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,'	A, line 1a, did i " describe in Pa	the organization provide any nonfixed rt III		7	Yes			
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desci						
	in Part III .     .					8		No		
9				presumption procedure described in Rec		9				
For F	Panerwork Redu	iction Act Notice, see the Insti	uctions for Fo	orm 990. Cat. No. 500.	53T Schedule J	(Forn	1 990)	2019		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.								
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	<b>(B)</b> B	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in	
c		e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table				1				

Page 3

Schedule 1 (Form 990) 2019

RETIREMENT DATE OF JUNE 30, 2019. 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. JOHN KENNEY, JOHN HUGHES, AND ZSUZSANNA KADAS 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. COMPENSATION INFORMATION FORM 990, SCH J, PART II FOR ELIGIBLE EMPLOYEES, COLUMN (D) NONTAXABLE BENEFITS PRIMARILY CONSISTS OF HEALTH CARE AND DENTAL BENEFITS, DETAILS FOR AMOUNTS REPORTED IN (C) DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO THE COLLEGE'S IRC 457(B) PLAN. COLUMN (D) INCLUDES A HOUSING ALLOWANCE OF \$35,496.

Schedule J (Form 990) 2019

COLUMNS B (III) AND COLUMN (D) ARE LISTED BELOW: DR. LORRAINE STERRITT - COLUMN B (III) INCLUDES PERSONAL USE OF A COLLEGE VEHICLE. COLUMN

(ii) (i)

(i)

(ii)

(i)

(i)

(i)

(ii)

(i)

(i)

(ii)

174,486

178,922

101,962

165,281

159,364

145,448

148,583

65,560

142,027

125,835

2Dawn M Ellinwood

3Jeffery Trumbower

4Patrick J Gallivan

5Eileen O'Rourke

6Robert Robinson

VP INSTITUTIONAL Advancement

8Karen TalEntino

Professor Biology

9John Kenney

11Jeffrey Ayers

VP Human Resources

Treasurer/VP for finance

7Krystyna Davenport Brown

Professor Religious Studies

10William O Anderson

Chief Information Officer

Professor Political Science

Affairs

Former VP Gov & Comm

Interim VP Academic Affairs

VP for Student Affairs

Software ID:

**Software Version:** 

**EIN:** 03-0179403

Name: SAINT MICHAEL'S COLLEGE

orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	er reportable compensation		(B)(i)-(D)		
1Dr Lorraine Sterritt PhD President/TRUSTEE	(i)	400,637	0	3,325	13,048	54,822	471,832	0	
	(ii)	0	0	0	0	0	0	0	
1John J Neuhauser Former President/Trustee	(i)	231,173	0	48,530	0	15,440	295,143	0	

86,653

90,052

5,332

5,250

3,121

5,332

4,950

4,500

4,500

1,973

4,335

2,880

32,302

23,622

13,299

32,302

33,664

31,887

25,228

12,306

23,156

28,351

212,120

207,794

205,035

202,915

197,978

181,835

178,311

169,891

169,518

157,066

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130019301 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. Department of the Treasury Open to Public ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** SAINT MICHAEL'S COLLEGE 03-0179403 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No VT EDU & HEALTH BLDG 50,990,332 CONSTRUCTION, EQUIPMENT, Χ 23-7154467 924166FM8 05-24-2012 Χ FINANCE AGY SERIES 2012 REFUNDING VT EDU & HEALTH BLDG 23-7154467 924166HA2 11-10-2015 19,878,406 CONSTRUCTION, EQUIPMENT Χ Χ FINANCE AGY SERIES 2015 Part  ${f II}$ **Proceeds** В C D 15,470,000 1,535,000 2 3 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 of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х

D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Х Χ Cat. No. 50193E Schedule K (Form 990) 2019

**Private Business Use** 

Part III

2

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

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

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

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

Exception to rebate? . . . . . . . . .

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

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

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

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

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х Х

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

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

0 %

Х

Х

Yes

Χ

В

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

0 %

Х

Χ

Yes

C

No

Page 3

	(GIC)?					
b	Name of provider	0	0			
_	Term of GIC					

Χ

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary

Schedule K (Form 990) 2019

Return Reference

FINAL ALLOCATIONS OF PROCEEDS AND INVESTMENT BEYOND A

TEMPORARY PERIOD

Were gross proceeds invested in a guaranteed investment contract

period?

Has the organization established written procedures to monitor the Χ Χ requirements of section 148? . . . **Procedures To Undertake Corrective Action** Part V

R C

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

Yes No Yes No Yes Nο Yes

Has the organization established written procedures to ensure that violations of federal tax

D No requirements are timely identified and corrected through the voluntary closing agreement program Χ

if self-remediation is not available under applicable regulations?

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

> 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

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
CORRECTIVE 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.

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: 93493130019301 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 13 238,780 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 ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	PART I, LINE 9 THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RELATED TO EACH TYPE OF PROPERTY THAT WAS RECEIVED DURING FY20.
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) (2019)

efile GRAPHIC p	int - DO NOT PROCESS As Filed Data -	DLN: 93493130019301
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.	
Namel Betherofgamiza SAINT MICHAEL'S COLLE 990 Schedule O,	GE '	ployer identification number 0179403
Return Reference	Explanation	
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1 Saint Michael's College is catholic libe committed to the pursuit of academic excellence, with an undergraduate enrollment of appropriate and international students. We create and sustain an optimal living and learning vibrant intellectual life and challenges students to engage in activities to extend their mind beyond our Vermont location.	proximately 1,600 students and 300 environment that promotes a

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	FORM 990, PART III, LINES 4A The academic program is at the heart of the College's Mission and the reason for Saint Michael's College's existence. The College provides education with a social conscience, producing graduates with intellectual tools to lead successful, pur poseful lives that will contribute to peace and justice in our world. Saint Michael's College students personalize their education through research, internships, and small classes , preparing them for a lifetime, not just for their first job out of college. The academic program is rigorous and calibrated to the appropriate developmental levels of students (f irst-year students through graduate level). The undergraduate academic program offers degrees in 24 different majors for the Bachelor of Arts Degree and 16 majors for the Bachelor of Science Degree. Students may also choose from 39 minor programs. The academic program f or 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 awarded 487 Bachelor's degrees, 91 Master's degrees, and 1 post Master's certificate duri ng the 2019-2020 academic year; 92 of the Baccalaureate students graduated with double maj ors for a total of 395 students completing degrees. Our final 12-month enrollment for 2019-2020 totaled 1680 FTE students enrolled in Baccalaureate degree programs and 189 FTE in M aster's degree programs. Our "First Destinations" survey for the baccalaureate class of 20 19 (83% knowledge rate) revealed that 87% of respondents were employed, volunteering, or a ttending graduate school full-time, with another 7% engaged in similar roles on a part-time basis. Most importantly, only 7% of our graduates were still seeking employment six mont hs after graduation. Our 4-year average (2011-2014) student-right-to-know completion or graduation rate is 79% based on our most recent federal data submissions (Winter 2020-2021). For comparison, the most current National Center for Ed

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	a key driver of students' lifetime well-being and engagement. During the last three summe rs 2017-2019, an average of 46 students were engaged in independent research with professor s applying classroom learning to real-world case studies. The College has a robust honors program which began in the late 1980s and recognizes high achievement among our students. In 2020, 66 students or 17% of the senior class, graduated in the honors program. In the fall of 2019, 435 students from all four classes, about 28% of the student body, were memb ers 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 chapters. With 290 chapters nationwide, Saint Michael's College is one of the at least 25 Catholic Colleges in the U.S. and one of four in New England with such a chapter. The College is identified in the 2020 Edition of the Princeton Review's Best 38 6 Colleges as one of the nation's best institutions for undergraduate education. The Colle ge is ranked 120th in national liberal arts colleges by the U.S. News and World Report. Sa int Michael's College was included on the list of US colleges and universities that produce of the most 2018-2019 Fulbright U.S. students. Peace Corps announced the college ranked 16 th among small schools on the agency's list of top 25 volunteer-producing colleges and universities in 2020 and has appeared on Peace Corps' top rankings of small schools three of the past five years. Saint Michael's College was named to Kiplinger's Personal Finance is t of the Top Best College Values of 2018, 2017, and 2016. The college was included in Forb es magazine's 2019 America's Top Colleges' Edition has ranked Saint Michael's College 186t h in the best private colleges' category and 98th in liberal arts universities. The College was included in the 2018 Fiske Guide to Colleges, a highly selective guide to noteworthy schools in the U.S. The College was featured in the 201

Return Reference	Explanation
ACADEMIC PROGRAMS AND FINANCIAL SUPPORT	In 2019 the board reviewed and voted to accept Saint Michael's two-year report and grante d full approval for all licensure programs. The Vermont Standards Board for Professional E ducators also approved a new program in Early Childhood Education. The academic program is supported by many professional and administrative staff including information technology (IT), academic enrichment programs, library and information services (LIS), registrar's of fice, the Vice President of Academic Affairs, and the Dean. The IT department is committed to creating a robust technology environment for the College's students, faculty, and staf f. They support administrative applications, instructional technology services, all of whi ch support the mission and goals of the College by providing its constituents with a relia ble, 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 aca demic enrichment programs designed to enhance the learning experience, a variety of service sare offered to ensure that our students get the most out of their education including i ndependent studies, Peace and Justice Center, Women's Center, service learning, student/fa culty 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 e xtra-curricular activities that enhance their classroom teaching and in designing innovati ve components to their courses that foster experiential learning. LIS provides students, f aculty, and staff with the information resources and services they need for study, teachin g, and research. The library strives to determine community needs and respond to them by s haping its resources and services to provide the best

Return

Reference	
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.

Explanation

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 ove rall quality of the college experience, a variety of weekend programs is offered to studen ts, 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). Ove r 80% of students are involved in some form of intercollegiate, intramural, club, recreati on, personal fitness, or Adventure Sports Center offering. Approximately 25% of Saint Mich ael's College students participate in one of the 21 varsity sports. Our student-athletes h ave achieved a 97% academic success rate (ASR); a statistic defined by the NCAA as a measu rement of graduation within a 6 year cohort time period as of June 2020. Saint Michael's College has again been recognized as a recipient of the Division II Presidents' Award for A cademic Excellence as a member of the Northeast-10 Conference. SMC achieved the second-hig hest Academic Success Rate in the conference once again this year, having finished 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 seamless learning environment that enhances engagement, awareness, and personal development. Educational pro grams off

Return Explanation Reference

STUDENT	amental objective of Edmundite Campus Ministry is to help students, faculty and staff reflect on and celebrate the spiritual and
SERVICES	religious dimensions of their lives while at Saint Michael's College. Programs such as retreats, liturgies, spiritual direction, and
	hyproperty I reflection mode are designed to encourage expenses to stop book and experience life at its despect most magniful

prayertu i reflection meals are designed to encourage everyone to step back and experience life at its deepest, most meaningful level. About 9% of our student population is involved in week ly or daily worship as well as attendance in these programs.

990 Schedule O, Supplemental Information

Return

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

Explanation

Return

Reference	
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.

Explanation

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

Explanation

UTILIZED BY THE COLLEGE IS "RECORD RETENTION AND DISPOSAL: A MANUAL FOR COLLEGE DECISION MAKERS", WHICH PROVIDES THE COLLEGE WITH A GUIDE TO THE APPLICABLE LAWS, REGULATIONS AND OTHER CONSIDERATIONS FOR ALL AREAS OF OUR BUSINESS, INCLUDING EMPLOYMENT AND ADMISSIONS APPLICATIONS, PAYROLL, STUDENT RECORDS, FINANCIAL, TAX, AND CONTRIBUTIONS RECORDS AS WELL AS FEDERAL

REPORTING SPECIFIC TO THE HIGHER EDUCATION INDUSTRY.

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 17, 2019 FOR THE FISCAL YEAR INCLUDED IN THIS RETURN. THE COLLEGE COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53.4958-6: (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATIONS.

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

Return Explanation
Reference

Net Assets

Reference	
Other Changes in	FORM 990, PART XI, LINE 9 SYSTEM CONVERSION COSTS \$(1,191,987) TOTAL \$(1,191,987)

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

Colchester, VT 05439 01-0868920

Middlebury, VT 05753 90-1113280

84 South Service Road RM202B

(3) Green Mtn Higher Education Consortium

#### **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.

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493130019301

Open to Public Inspection

**Employer identification number** 

SAINT MICHAEL'S COLLEGE							03-0	179403						
Part I Identification of Disregarded Entities. Complete	if the organ	ization answ	ered "Yes	s" on Form	990, Part	IV, line 3	_	179403						
(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activ		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)			come (e) End-of-year a		ssets	Direct con	trolling	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organization during the tax year.    A   Name, address, and EIN of related organization   Primary activity   Legal domicle (state or foreign country)   Total income   End-of-year assets   Direct controlling entity		more												
(a)			Legal dor	nicile (state			Public c	harity status	Dir	rect controlling	Section (13) cor entil	512(b) trolled		
One Winooski Park  Colchester, VT 05439	Fire & Resc	ue		VT	501(c)(3)		7		SMC		Yes			
(2)Merrill Cemetary Association INC	Cemetary			VT	501(c)(13)				SMC		Yes			

Consortium

VT

501(c)(3)

509(A)(3)I

NA

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(rel- unrelate excluded f tax und- sections 5	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage ynership	
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	-

nedule R (Form 990) 2019						
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)	<b>1</b> b		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)	<b>1</b> f		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			

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	
	Ш		
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	

i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
f k Lease of facilities, equipment, or other assets from related organization(s)				1k	$\dashv$	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> 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
<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
$oldsymbol{s}$ 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	e, including covered r	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount inv	volved	
(1)Saint Michael's College Fire & rescue	n	66,953	FMV			
(2)Saint Michael's College Fire & rescue	q	167,328	Cost			

<b>m</b> Performance of services of membership of fundraising solicitations by related organization(s)					110
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				1p	No
q Reimbursement paid by related organization(s) for expenses				1q Yes	
${f r}$ 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	relationships and tr	ansaction thresholds.	,	<u> </u>
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	g amount involved	
(1)Saint Michael's College Fire & rescue	n	66,953	FMV		
(2)Saint Michael's College Fire & rescue	q	167,328	Cost		
			Schedule R	(Form 990) 20	019

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.

<b>(a)</b> 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)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General ( managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	1990	0) 2019

Part VII Supplemental Information						
Part VII	Supplemental Info	ormation				
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).				
Retu	ırn Reference	Explanation				