

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AQUINAS COLLEGE

Number and street (or P O box if mail is not delivered to street address)

Room/suite

4210 HARDING ROAD

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37205

D Employer identification number

62-0812782

E Telephone number

(615) 297-7545

F Accounting method

☐ Cash ☒ Accrual

☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions )

H(d) Is this a separate return filed by an organization covered by a group ruling?

☐ Yes ☒ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site:

N/A

J Organization type (check only one)

☒ ☐ 501(c) (3) (insert no ) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12

15,681,897

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)											
Revenue	1	Contributions, gifts, grants, and similar amounts received									
	a	Contributions to donor advised funds . . . . .				1a					
	b	Direct public support (not included on line 1a) . . . .				1b		5,519,498			
	c	Indirect public support (not included on line 1a) . . . . .				1c					
	d	Government contributions (grants) (not included on line 1a)				1d					
	e	Total (add lines 1a through 1d) (cash \$ 5,519,498 noncash \$ )						1e	5,519,498		
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .						2	7,434,847		
	3	Membership dues and assessments . . . . .						3			
	4	Interest on savings and temporary cash investments . . . . .						4			
	5	Dividends and interest from securities . . . . .						5	325,752		
	6a	Gross rents . . . . .				6a		25,200			
	b	Less rental expenses . . . . .				6b					
	c	Net rental income or (loss) subtract line 6b from line 6a . . . . .						6c	25,200		
	7	Other investment income (describe ) . . . . .						7			
	8a	Gross amount from sales of assets other than inventory . . . . .		(A) Securities			(B) Other				
				2,359,004		8a					
	b	Less cost or other basis and sales expenses		2,338,689		8b	1,473				
	c	Gain or (loss) (attach schedule) . . . . .		20,315		8c	-1,473				
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) . . . . .						8d	18,842		
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>									
	a	Gross revenue (not including \$ of contributions reported on line 1b) . . . . .				9a					
	b	Less direct expenses other than fundraising expenses . .				9b					
	c	Net income or (loss) from special events Subtract line 9b from line 9a . . . . .						9c			
	10a	Gross sales of inventory, less returns and allowances . . . .				10a					
	b	Less cost of goods sold . . . . .				10b					
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a . . . . .						10c			
	11	Other revenue (from Part VII, line 103) . . . . .						11	17,596		
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .						12	13,341,735		
Expenses	13	Program services (from line 44, column (B)) . . . . .						13	7,725,356		
	14	Management and general (from line 44, column (C)) . . . . .						14	946,767		
	15	Fundraising (from line 44, column (D)) . . . . .						15	543,706		
	16	Payments to affiliates (attach schedule) . . . . .						16			
	17	Total expenses Add lines 16 and 44, column (A) . . . . .						17	9,215,829		
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12 . . . . .						18	4,125,906		
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .						19	12,288,679		
	20	Other changes in net assets or fund balances (attach explanation) . . . . .						20	-695,244		
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20 . . . . .						21	15,719,341		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2007)

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) . . . . .	25a				
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule) . . . . .	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	3,984,394	3,594,719	389,675	
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27				
28	Employee benefits not included on lines 25a - 27 . . . . .	28	368,292	338,829	29,463	
29	Payroll taxes . . . . .	29	255,125	234,715	20,410	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31	23,089		23,089	
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	606,302	588,774	17,528	
34	Telephone . . . . .	34	4,700	4,700		
35	Postage and shipping . . . . .	35	43,201	8,640	34,561	
36	Occupancy . . . . .	36	183,882	156,300	27,582	
37	Equipment rental and maintenance . . . . .	37	66,057	56,148	9,909	
38	Printing and publications . . . . .	38	211,313	190,182	21,131	
39	Travel . . . . .	39	19,105	19,105		
40	Conferences, conventions, and meetings . . . . .	40	86,683	86,683		
41	Interest . . . . .	41	5,277	5,277		
42	Depreciation, depletion, etc. (attach schedule)	42	247,339	234,972	12,367	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	9,215,829	7,725,356	946,767	543,706

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ \_\_\_\_\_, **(ii)** the amount allocated to Program services \$ \_\_\_\_\_, **(iii)** the amount allocated to Management and general \$ \_\_\_\_\_, and **(iv)** the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>EDUCATION</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b> DONATED SERVICES OF THE MEMBERS OF THE DOMINICAN CONGREGATION (RELIGIOUS ORDER) VALUE AT \$631,532		
(Grants and allocations \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b</b> AQUINAS COLLEGE IS A TENNESSEE NONPROFIT CORPORATION CHARTERED JUNE 24, 1970. IT OPERATES A PRIVATE CATHOLIC INSTITUTION OF HIGHER EDUCATION.		
(Grants and allocations \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	7,725,356
<b>c</b>		
(Grants and allocations \$ )		
If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ )		
If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>e</b> Other program services (attach schedule)		
(Grants and allocations \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		7,725,356

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing . . . . .		45	
	46	Savings and temporary cash investments . . . . .	214,274	46	682,120
	47a	Accounts receivable . . . . .	47a213,744		
	b	Less allowance for doubtful accounts	47b25,401	188,473	47c188,343
	48a	Pledges receivable . . . . .	48a3,959,015		
	b	Less allowance for doubtful accounts	48b62,892	290,369	48c3,896,123
	49	Grants receivable . . . . .		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .	125	50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .	125	50b	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use . . . . .	73,347	52	99,832
	53	Prepaid expenses and deferred charges . . . . .	11,202	53	11,202
	54a	Investments—publicly-traded securities . <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,009,543	54a	9,018,345
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments—land, buildings, and equipment basis . . . . .	55a		
	b	Less accumulated depreciation (attach schedule) . . . . .	55b		55c
	56	Investments—other (attach schedule) . . . . .		56	
57a	Land, buildings, and equipment basis	57a5,795,616			
b	Less accumulated depreciation (attach schedule) . . . . .	57b3,417,578	2,121,605	57c2,378,038	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	12,908,938	59	16,274,003	
Liabilities	60	Accounts payable and accrued expenses . . . . .	113,915	60	152,626
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .	379,059	62	358,541
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	90,025	63	30,289
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .	11,036	64b	3,198
	65	Other liabilities (describe <input type="checkbox"/> _____ )	26,224	65	10,008
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .	620,259	66	554,662
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted . . . . .	8,374,085	67	7,500,242
	68	Temporarily restricted . . . . .	1,246,715	68	5,506,113
	69	Permanently restricted . . . . .	2,667,879	69	2,712,986
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	12,288,679	73	15,719,341
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	12,908,938	74	16,274,003

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> (See the instructions.)						
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	13,278,123			
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12					
<b>1</b>	Net unrealized gains on investments . . . . .				<b>b1</b>	-695,244
<b>2</b>	Donated services and use of facilities . . . . .				<b>b2</b>	631,632
<b>3</b>	Recoveries of prior year grants . . . . .				<b>b3</b>	
<b>4</b>	Other (specify) _____				<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-63,612			
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	13,341,735			
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :					
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .				<b>d1</b>	
<b>2</b>	Other (specify) _____				<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-63,612			
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	13,341,735			

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>						
<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	9,847,461			
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17					
<b>1</b>	Donated services and use of facilities . . . . .				<b>b1</b>	631,632
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .				<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .				<b>b3</b>	
<b>4</b>	Other (specify) _____				<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	631,632			
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	9,215,829			
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :					
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .				<b>d1</b>	
<b>2</b>	Other (specify) _____				<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>				
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	9,215,829			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	16			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	75c	Yes		
d	Does the organization have a written conflict of interest policy? . . . . .	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	80a			No
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . <b>81a</b> _____				
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	81b			No

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

631,632

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

No

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

No

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI

88b

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction

89b

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed

b

Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)

90b

168

91a

The books are in care of ROGER MUEHE CFO Telephone no (615) 383-3230

4210 HARDING ROAD

Located at NASHVILLE, TN ZIP + 4 37205

b

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)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b>	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <span>▶</span> <span>☐</span>			
and enter the amount of tax-exempt interest received or accrued during the tax year <span>▶</span> <span>92</span>			

**Part VII** Analysis of Income-Producing Activities *(See the instructions.)*

<b>Note:</b> Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
	<b>(A)</b> Business code	<b>(B)</b> Amount	<b>(C)</b> Exclusion code	<b>(D)</b> Amount	
<b>93</b> Program service revenue					
<b>a</b> TUITION AND FEES					6,140,559
<b>b</b> GRANTS-FINANCIAL AID					773,907
<b>c</b> BOOKSTORE SALES					520,381
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . .			14	325,752	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	25,200	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	20,315	-1,473
<b>101</b> Net income or (loss) from special events . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> WORKSHOP,SUPPLY, OTHER					17,596
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . .				371,267	7,450,970
<b>105</b> Total (add line 104, columns (B), (D), and (E)) <span>▶</span>					7,822,237

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

<b>Line No.</b> ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

<b>(A)</b> Name, address, and EIN of corporation, partnership, or disregarded entity	<b>(B)</b> Percentage of ownership interest	<b>(C)</b> Nature of activities	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets
	%			
	%			
	%			
	%			

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

<b>(a)</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<span>☐</span> Yes <span>☑</span> No
<b>(b)</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<span>☐</span> Yes <span>☑</span> No
<b>NOTE:</b> If "Yes" to <b>(b)</b> , file Form 8870 <b>and</b> Form 4720 (see instructions).	



Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	*****			2008-12-30	
	Signature of officer Date				
	Sr Mary Meuhlenkamp President Type or print name and title				

Paid Preparer's Use Only	Preparer's signature Jay Grannis		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANNIS & ASSOCIATES PC				EIN
	515 W BURTON STREET MURFREESBORO, TN 37130				Phone no (615) 895-1040

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AQUINAS COLLEGE

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047  
  
**2007**

Name of the organization  
AQUINAS COLLEGE

Employer identification number  
  
62-0812782

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Linda Watlington 407 Wandering Trail Franklin, TN 37067	BSN Director 35 00	64,097	1,709	0
MARGARET DANIEL 6219 HARDING ROAD NASH, TN 37205	ASN DIRECTOR 35 00	69,498	2,085	0
Robert Burlbaugh 2309 Erin Lane Nash, TN 37221	VP Admin Affa 35 00	70,890	2,126	0
WILLIAM SMART 300 Center Ave Dickson, TN 37055	Biology Inst 35 00	67,807	2,305	0
PETER PAGAN 6816 Old Clarksville Pike Joelton, TN 37080	Philosophy Inst 35 00	67,199	2,016	0
Total number of other employees paid over \$50,000 ▶	13			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BARGE CAUTHEN & ASSOCIATES 95 WHITE BRIDGE ROAD NASHVILLE, TN 37205	CIVIL ENGINEERING	59,044
COMMUNITY COUNSELING SERVICE COMPANY PO BOX 27462 NEW YORK, NY 10087	FUNDRAISING CONSULT	129,825
INFOWORKS INC 28 WHITE BRIDGE RD NASHVILLE, TN 37205	COMPUTER	56,478
CROSSGATE SERVICES INC 1730 GENERAL GEORGE PATTON DR BRENTWOOD, TN 37027	JANITORIAL	51,179
BAA W JJCA 1615 16TH AVENUE SOUTH NASHVILLE, TN 37212	ARCHITECTURAL SER	206,291
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1		No
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) 📎	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6

☒

A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12

☐

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	0
d Add Amounts from column (e) for lines 18 19 22 26b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
		29	Yes	
		30	Yes	
30	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?			
		30	Yes	
		31	Yes	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) POLICY OF NONDISCRIMINATION IS STATED IN ALL PUBLIC ADVERTISING AND BROCHURES			
		31	Yes	
		32a	Yes	
32	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
		32a	Yes	
		32b	Yes	
		32c	Yes	
32				
		32d	Yes	
33	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
		33a		No
		33b		No
		33c		No
33				
		33d		No
		33e		No
		33f		No
33				
		33g		No
		33h		No
34a	Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
		34a	Yes	
		34b		No
35	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," attach an explanation	35	Yes	

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group

Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities  
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

**Exempt Organizations** (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |               |  |    |
|---------------|--|----|
| <b>51a(i)</b> |  | No |
| <b>a(ii)</b>  |  | No |
| <b>b(i)</b>   |  | No |
| <b>b(ii)</b>  |  | No |
| <b>b(iii)</b> |  | No |
| <b>b(iv)</b>  |  | No |
| <b>b(v)</b>   |  | No |
| <b>b(vi)</b>  |  | No |
| <b>c</b>      |  | No |

<b>C</b>		No
----------	--	----

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**▶** ☐ **Yes** ☒ **No**

**b** If "Yes," complete the following schedule

[illegible]



Additional Data

Software ID: 07000211  
Software Version: 2007v2.4  
EIN: 62-0812782  
Name: AQUINAS COLLEGE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> RECRUITING	<b>43a</b>	23,258	23,258		
<b>b</b> RECOGNITION DINNERS	<b>43b</b>	4,202	4,202		
<b>c</b> OFFICE RENT	<b>43c</b>	387,729	349,529	38,200	
<b>d</b> MISCELLANEOUS	<b>43d</b>	44,956	22,480	22,476	
<b>e</b> MGMT FEES - ADULT STUDIES	<b>43e</b>	889,104	889,104		
<b>f</b> MEMBERSHIP DUES	<b>43f</b>	45,059	45,059		
<b>g</b> INSURANCE	<b>43g</b>	29,835	29,835		
<b>h</b> GIFTS	<b>43h</b>	9,634	9,634		
<b>i</b> FUNDRAISING	<b>43i</b>	185,052			185,052
<b>j</b> CONTRACTED SERVICES	<b>43j</b>	1,318,060	659,030	300,376	358,654
<b>k</b> BAD DEBT EXPENSE	<b>43k</b>	107,743	107,743		
<b>l</b> ADVERTISING	<b>43l</b>	66,438	66,438		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
REVEREND MR MARK FAULKNER 305 WILLIAMS AVE MADISON,TN 37115	BOARD MEMBER 1 00	0		
MR CLARK BAKER 1600 LOUISIANA STREET HOUSTON,TX 77002	BOARD MEMBER 1 00	0		
MR PATRICK SHARBEL 101 IROQUOIS COURT NASHVILLE,TN 37205	BOARD MEMBER 1 00	0		
MR JAMES H CLAYTON III 28 WHITE BRIDGE RD STE 316 NASHVILLE,TN 37205	BOARD MEMBER 1 00	0		
MR ROY CLAVERIE 6107 HICKORY VALLEY ROAD NASHVILLE,TN 37205	BOARD MEMBER 1 00	0		
MR RON SZEJNER 4404 HARDING ROAD SUITE 204 NASHVILLE,TN 37205	BOARD MEMBER 1 00	0		
SISTER CATHERINE HOPKINS OP 4210 HARDING RD NASHVILLE,TN 37205	BOARD MEMBER 1 00	0		
SR MARY CATHERINE TITUS OP 801 DOMINICAN DRIVE NASHVILLE,TN 37228	BOARD MEMBER 1 00	0		
SR MARY GEORGE BARRETT OP 801 DOMINICAN DRIVE NASHVILLE,TN 37228	BOARD MEMBER 1 00	0		
MR G MICHAEL YOPP 511 Union St 27th Floor 2100 NASHVILLE,TN 37219	BOARD MEMBER 1 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SR MARY LOUIS BALTZ OP 801 DOMINICAN DRIVE NASHVILLE,TN 37228	BOARD MEMBER 1 00	0		
SR MARY HESSION OP 801 DOMINICAN DRIVE NASHVILLE,TN 372281909	BOARD MEMBER 1 00	0		
MR RICHARD SAPPENFIELD 9204 SAWYER BROWN RD NASHVILLE,TN 37221	BOARD MEMBER 1 00	0		
MR EMANUEL J EADS 2401 21ST AVE S NASHVILLE,TN 37212	BOARD MEMBER 1 00	0		
SR MARY PETER MUEHLENKAMPOP 4210 HARDING ROAD NASHVILLE,TN 37205	President 1 00	0		
MOTHER ANN MARIE KARLOVIC OP 801 DOMINICAN DRIVE NASHVILLE,TN 37228	Chairman 1 00	0		

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
97B	Rented Athletic Fields to another college that is currently expanding and renovating its athletic fields No services beyond maintenance services were performed for the rent The rent is Exempt per IRC Section 512(b)
103	VARIOUS COLLECTIONS FROM STUDENT PROGRAMS AND OPERATION OF VENDING MACHINES
93C	CHARGES TO STUDENTS ATTENDING COLLEGE
93B	STUDENT FINANCIAL AID PROGRAM
93A	INCOME FROM OPERATION OF BOOKSTORE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation  
Schedule

Name: AQUINAS COLLEGE

EIN: 62-0812782

Software ID: 07000211

Software Version: 2007v2.4

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
INFO WORKS - JAMES CLAYTON	ST CECILIA ACADEMY	62-1666121	It is a private, nonprofit, Catholic, secondary school for young women, controled and administered by the Dominican Sisters of the St Cecilia Congregation The St Cecilia Congregation also controls and administers Aquinas College	18,614			INFO WORKS PROVIDES COMPUTER AND NETWORK SERVICES ON A CONTRACT BASIS BASED ON AN HOURLY RATE
INFO WORKS - JAMES CLAYTON	OVERBROOK SCHOOL	62-0476817	This organization is a private, nonprofit, Catholic, co-educational elementary school, preschool through eighth grade, controlled and administered by the Dominican Sisters of the St Cecilia Congregation The St Cecilia Congregation also controls and administers Aquinas College	16,937			INFO WORKS PROVIDES COMPUTER AND NETWORK SERVICES ON A CONTRACT BASIS BASED ON AN HOURLY RATE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: AQUINAS COLLEGE

EIN: 62-0812782

Software ID: 07000211

Software Version: 2007v2.4

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
COMPUTER EQUIPMENT	2000-01	Purchase	2008-01			12,962	Cost		-130	12,832
LIBRARY BOOKS	1992-12	Purchase	2008-06			12,009	Cost			12,009
VARIOUS EQUIPMENT	2000-01	Purchase	2008-01			13,397	Cost		-1,343	12,054

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 2,359,004**Basis:** 2,338,689**Sales Expenses:****Total (net):**

**TY 2007 Investments - Securities Schedule****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
MUTUAL FUNDS	8,502,606	F
CASH	515,739	F
BONDS		F



**TY 2007 Land etc. Schedule****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	742,329	286,278	456,051
Improvements	948,816	451,831	496,985
Buildings	2,758,300	1,641,082	1,117,218
Machinery and Equipment	1,346,171	1,038,387	307,784

**TY 2007 Loans from Officers Schedule****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4

<b>Item No.</b>	1
<b>Lender's Name</b>	ST CECILIA CONGREGATION
<b>Lender's Title</b>	MAJORITY OF BOARD MEMBERS
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	30289
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	5.1000
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	ENERGY CONSERVATION
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2007 Mortgages and Notes Payable Schedule****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4**Total Mortgage Amount:**

<b>Item No.</b>	<b>1</b>
<b>Lender's Name</b>	FIRST AMERICAN
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	15501
<b>Balance Due</b>	3198
<b>Date of Note</b>	2006-11
<b>Maturity Date</b>	2009-04
<b>Repayment Terms</b>	Quarterly pymts of \$2,105.73
<b>Interest Rate</b>	7.1810
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	PURCHASE COMPUTER EQUIPMENT
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

TY 2007 Other Changes in Net Assets Schedule

**Name:** AQUINAS COLLEGE

**EIN:** 62-0812782

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Amount
UNREALIZED LOSS FROM INVESTMENTS	-695,244

TY 2007 Other Liabilities Schedule

**Name:** AQUINAS COLLEGE

**EIN:** 62-0812782

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
DUE TO DOMINICAN CAMPUS	26,224	10,008

**TY 2007 Contractor Compensation Explanation****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4

Contractor	Explanation
INFOWORKS INC	
CROSSGATE SERVICES INC	
COMMUNITY COUNSELING SERVICE COMPANY	
BARGE CAUTHEN & ASSOCIATES	
BAA W JJCA	

**TY 2007 Employee Compensation Explanation****Name:** AQUINAS COLLEGE**EIN:** 62-0812782**Software ID:** 07000211**Software Version:** 2007v2.4

Employee	Explanation
Linda Watlington	
MARGARET DANIEL	
Robert Burlbaugh	
WILLIAM SMART	
PETER PAGAN	

## TY 2007 Scholarship Award Statement

**Name:** AQUINAS COLLEGE

**EIN:** 62-0812782

**Software ID:** 07000211

**Software Version:** 2007v2.4

**Statement:** ASSISTANCE TO STUDENTS CONSISTS OF SCHOLARSHIPS TO STUDENTS. RECIPIENTS ARE CHOSEN BASED UPON PRIOR ACADEMIC ACHIEVEMENTS, FINANCIAL NEED, OR A COMBINATION OF BOTH.



TY 2007 Self Dealing Statement

**Name:** AQUINAS COLLEGE

**EIN:** 62-0812782

**Software ID:** 07000211

**Software Version:** 2007v2.4

Line Number	Explanation
	BOARD MEMBER OWNS COMPANY THAT PROVIDED COMPUTER SERVICES TO THE COLLEGE IN THE AMOUNT OF \$56,478.