

**A**  Check box if address changed

**B** Exempt under section  
 501(c)  3  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
175,263,879.

Name of organization ( Check box if name changed and see instructions.)  
**SAINT MICHAELS COLLEGE**

Number, street, and room or suite no. if a P.O. box, see page 9 of instructions.  
**PO BOX 274 WINOOSKI PARK**

City or town, state, and ZIP code  
**COLCHESTER, VT 05439**

**F** Group exemption number (See instructions for Block F on page 9.) 0928

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**D** Employer identification number  
 (Employers' trust, see instructions for Block D on page 9.)  
03-0179403

**E** Unrelated business activity codes  
 (See instructions for Block E on page 9.)  
531390

**H** Describe the organization's primary unrelated business activity. **RENTAL OF FACILITIES TO OUTSIDE ORGANIZATIONS.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **SHIRLEY GOODELL-LACKEY** Telephone number **802-654-2586**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>114,429.</u>			
b	Less returns and allowances			
c	Balance <b>▶</b>	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		<u>114,429.</u>
4 a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	<u>-896.</u> STMT 1	<u>-896.</u>
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See page 11 of the instructions; attach schedule.)	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<u>113,533.</u>	<u>113,533.</u>

**Part II Deductions Not Taken Elsewhere** (See page 12 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
15	Salaries and wages	<b>15</b>		<u>29,311.</u>
16	Repairs and maintenance	<b>16</b>		<u>6,164.</u>
17	Bad debts	<b>17</b>		
18	Interest (attach schedule)	<b>18</b>		
19	Taxes and licenses	<b>19</b>		
20	Charitable contributions (See page 14 of the instructions for limitation rules.)	<b>20</b>		
21	Depreciation (attach Form 4562)	<b>21</b>	<u>7,283.</u>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<u>7,283.</u>
23	Depletion	<b>23</b>		
24	Contributions to deferred compensation plans	<b>24</b>		
25	Employee benefit programs	<b>25</b>		<u>8,647.</u>
26	Excess exempt expenses (Schedule I)	<b>26</b>		
27	Excess readership costs (Schedule J)	<b>27</b>		
28	Other deductions (attach schedule) <u>SEE STATEMENT 2</u>	<b>28</b>		<u>46,895.</u>
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		<u>98,300.</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<u>15,233.</u>
31	Net operating loss deduction (limited to the amount on line 30) <u>SEE STATEMENT 3</u>	<b>31</b>		<u>15,230.</u>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		<u>3.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>		<u>1,000.</u>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	<b>34</b>		

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 37 Proxy tax. See page 16 of the instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see page 17 of the instructions) 40c General business credit. Check here and indicate which forms are attached: Form 3800 Form(s) (specify) 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2006 overpayment credited to 2007 44b 2007 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44f 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge. Sign Here: Shirley Gabriel-Rackey, Signature of officer, Date 5-15-09, Title Mgr of Financial Accounting. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No. Paid Preparer's Use Only: Preparer's signature Robert J. Butler, Date 5.14.09, Check if self-employed, Preparer's SSN or PTIN P00037953, Firm's name (and yours if self-employed), address, and ZIP code KPMG LLP, 99 HIGH STREET, BOSTON, MA 02110-2371, EIN 13-5565207, Phone no. 617-988-1000

BOSTON, MA 02110-2371



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions on page 20)

1 Description of property

Table with 1 column: (1) Description of property, (2) Description of property, (3) Description of property, (4) Description of property

Table with 3 columns: 2 Rent received or accrued (a) From personal property, (b) From real and personal property; 3 Deductions directly connected with the income; Total income and Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Table with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
<b>Totals, Part II</b> (lines 1-5) . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 3			%
			%
			%
			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			NONE

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS  
=====

UNRELATED BUSINESS INCOME

-896.

INCOME (LOSS) FROM PARTNERSHIPS

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-896.  
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FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SODEXO CONTRACT	31,327.
EQUIPMENT RENTALS	1,784.
LAUNDRY SERVICES	4,642.
OTHER EXPENSES	9,142.

PART II - LINE 28 - OTHER DEDUCTIONS

46,895.

**Saint Michael's College**  
**For the year ended June 30, 2007**  
**Form 990-T**  
**Net Operating Loss**

EIN: 03-0179403

**Net Operating Loss Carryforward to 6/30/2007:**

<u>Year</u>	<u>Generated</u>	<u>Used</u>	<u>Remaining</u>
6/30/1999	24,673	0	24,673
6/30/2000	40,370	0	40,370
6/30/2001	36,650	0	36,650
6/30/2002	53,028	0	53,028
6/30/2003	92,490	0	92,490
6/30/2004	44,523	0	44,523
6/30/2005	55,812	0	55,812
6/30/2006	70,316	33,299	37,017
Amount available for Carryforward to 6/30/2007			<u>384,563</u>

# Return by a U.S. Transferor of Property to a Foreign Corporation

Department of the Treasury  
Internal Revenue Service

▶ Attach to your income tax return.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>SAINT MICHAEL'S COLLEGE</b>	Identifying number (see instructions) <b>03-0179403</b>
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- 1** If the transferor was a corporation, complete questions 1a, 1b, and 1c.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . . **N/A** . . .  Yes  No
- b** Did the transferor remain in existence after the transfer? . . . . . **N/A** . . .  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . . **N/A** . . .  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>BLACKSTONE PARK AVENUE NON-TAXABLE FUND LP</b>	<b>13-4032108</b>

**Part II Transferee Foreign Corporation Information** (see instructions)

<p><b>3</b> Name of transferee (foreign corporation) <b>BLACKSTONE PARK AVENUE NON-TAXABLE OFFSHORE MASTER FUND LTD</b></p> <p><b>5</b> Address (including country) <b>345 PARK AVENUE, NEW YORK, NY 10154</b></p> <p><b>6</b> Country of incorporation or organization</p>	<p><b>4</b> Identifying number, if any <b>N/A</b></p>
<p><b>7</b> Foreign law characterization (see instructions) <b>CORPORATION</b></p>	
<p><b>8</b> Is the transferee foreign corporation a controlled foreign corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Part III Information Regarding Transfer of Property (see instructions)**

<b>9</b> Date of transfer VARIOUS	<b>10</b> Type of nonrecognition transaction (see instructions) SECTION 351
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**11** Description of property transferred:  
 CASH \$131,960

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**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc.)?  Yes  No

**14 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If yes, describe the nature of the rights to the intangible property that was transferred in the transfer:  
 N/A

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