

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: PROVIDENCE COLLEGE
 % JOHN SWEENEY SVP FINANCE/CF
 Doing business as

D Employer identification number: 05-0258932

E Telephone number: (401) 865-1000

G Gross receipts \$ 395,655,521

F Name and address of principal officer:
 REV BRIAN J SHANLEY OP
 ONE CUNNINGHAM SQUARE
 PROVIDENCE, RI 02918

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.PROVIDENCE.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1917 **M** State of legal domicile: RI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDENCE COLLEGE IS A CATHOLIC, DOMINICAN, LIBERAL ARTS INSTITUTION OF HIGHER EDUCATION AND A COMMUNITY COMMITTED TO ACADEMIC EXCELLENCE.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3,032		
	6 Total number of volunteers (estimate if necessary)	6	42		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	260,115		
7b Net unrelated business taxable income from Form 990-T, line 34	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	17,878,764	Current Year	21,325,239
	9 Program service revenue (Part VIII, line 2g)		257,881,051		273,749,060
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,885,292		17,158,711
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,218,522		4,378,279
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		304,863,629		316,611,289
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,312,411	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			108,213,399		111,939,217
16a Professional fundraising fees (Part IX, column (A), line 11e)			114,382		181,886
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,940,284					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			92,795,142		102,080,431
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		276,435,334		294,015,376	
19 Revenue less expenses. Subtract line 18 from line 12		28,428,295		22,595,913	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	745,242,649	End of Year	753,499,934
	21 Total liabilities (Part X, line 26)		200,904,104		192,566,967
	22 Net assets or fund balances. Subtract line 21 from line 20		544,338,545		560,932,967

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: ***** Date: 2020-07-13

JOHN M SWEENEY SR VP FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-07-10

Firm's name ▶ KPMG LLP Check if self-employed PTIN: P01244578

Firm's address ▶ 60 South Street Phone no. (617) 988-1000
Boston, MA 02111

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDENCE COLLEGE IS A CATHOLIC, DOMINICAN, LIBERAL ARTS INSTITUTION OF HIGHER EDUCATION AND A COMMUNITY COMMITTED TO ACADEMIC EXCELLENCE IN PURSUIT OF THE TRUTH, GROWTH IN VIRTUE, AND SERVICE OF GOD AND NEIGHBOR, SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 246,673,618 including grants of \$ 79,813,842) (Revenue \$ 275,760,088)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 246,673,618

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

<p>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</p>	2a	3,032		
<p>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)</p>	2b		Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c			
<p>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?</p>	6a			No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a 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?</p>	7a		Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g			
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h			
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8			
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a			
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b			
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a			
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b			
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		Yes	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (35); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN SWEENEY SVP FINANCECF ONE CUNNINGHAM SQUARE PROVIDENCE, RI 02918 (401) 865-2281

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 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 organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							7,532,587	0	1,027,628	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 202

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DIMEO CONSTRUCTION COMPANY, 75 CHAPMAN STREET PROVIDENCE, RI 02905	CONSTRUCTION SERVICE	23,922,097
BOND BROTHERS INC, 10 CABOT ROAD SUITE 300 MEDFORD, MA 02155	CONSTRUCTION SERVICE	16,373,459
SODEXO INC, PO BOX 360170 PITTSBURGH, PA 15251	FOOD SERVICES	10,927,173
UG2 LLC, 116 HUNTINGTON AVENUE BOSTON, MA 02116	JANITORIAL SERVICES	3,620,200
ADVENT LLC, 2310 KLINE AVENUE NASHVILLE, TN 37211	DESIGN SERVICES	3,096,953

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 ▶ 71

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	521,484		
	d Related organizations	1d			
	e Government grants (contributions)	1e	2,558,453		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,245,302		
	g Noncash contributions included in lines 1a - 1f: \$ _____		1,361,418		
	h Total. Add lines 1a-1f		21,325,239		

Program Service Revenue			Business Code			
	2a TUITION & FEES		611600	215,537,809	215,537,809	
b ROOM REVENUE		721000	31,954,704	31,954,704		
c BOARD REVENUE		721000	16,873,934	16,873,934		
d ATHLETICS REVENUE		900099	9,353,077	9,353,077		
e AUXILIARY REVENUE		721000	29,536	29,536		
f All other program service revenue.						
g Total. Add lines 2a-2f			273,749,060			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,774,766		-84,420	4,859,186
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			542,000			542,000
	6a Gross rents	(i) Real	(ii) Personal				
		201,104					
	b Less: rental expenses	117,227					
	c Rental income or (loss)	83,877	0				
	d Net rental income or (loss)			83,877			83,877
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		91,048,028					
	b Less: cost or other basis and sales expenses	78,664,083					
	c Gain or (loss)	12,383,945					
	d Net gain or (loss)			12,383,945			12,383,945
	8a Gross income from fundraising events (not including \$ 521,484 of contributions reported on line 1c). See Part IV, line 18	a	206,521				
	b Less: direct expenses	b	262,922				
c Net income or (loss) from fundraising events			-56,401			-56,401	
9a Gross income from gaming activities. See Part IV, line 19	a	0					
b Less: direct expenses	b	0					
c Net income or (loss) from gaming activities			0			0	
10a Gross sales of inventory, less returns and allowances	a	0					
b Less: cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0			0	
Miscellaneous Revenue	Business Code						
11a COMMISSIONS	900099		807,426			807,426	
b PACT PROGRAM	900099		522,858	522,858			
c SCHNEIDER ARENA RENTALS	900099		344,535		344,535		
d All other revenue			2,133,984	1,488,170		645,814	
e Total. Add lines 11a-11d			3,808,803				
12 Total revenue. See Instructions.			316,611,289	275,760,088	260,115	19,265,847	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	45,005	45,005		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	79,768,837	79,768,837		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,778,223	1,414,632	1,004,890	358,701
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	84,330,022	64,019,348	17,418,859	2,891,815
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,003,475	4,522,828	1,230,604	250,043
9 Other employee benefits	13,103,779	9,862,650	2,683,503	557,626
10 Payroll taxes	5,723,718	4,300,670	1,170,158	252,890
11 Fees for services (non-employees):				
a Management	0			
b Legal	125,164		125,164	
c Accounting	232,430		232,430	
d Lobbying	18,000	14,150	3,850	
e Professional fundraising services. See Part IV, line 17	181,886			181,886
f Investment management fees	1,615,110		1,615,110	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,270,746	3,989,781	1,085,569	195,396
12 Advertising and promotion	741,973	583,272	158,701	
13 Office expenses	2,869,296	2,105,754	572,949	190,593
14 Information technology	3,456,826	2,717,444	739,382	
15 Royalties	0			
16 Occupancy	5,786,767	4,549,033	1,237,734	
17 Travel	2,170,503	1,533,084	417,133	220,286
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	6,109,856	4,803,016	1,306,840	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,771,901	17,842,180	4,854,633	75,088
23 Insurance	1,163,695	914,792	248,903	
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 FOOD SERVICE	13,019,273	12,839,916	113,134	66,223
b BUILDING & GROUND MAINT.	10,221,393	8,035,134	2,186,259	
c ATHLETICS GAMES & SUPPLIES	5,871,377	5,871,377		
d TUITION PAID TO OTHER SCHOOLS	5,930,765	5,930,765		
e All other expenses	14,705,356	11,009,950	2,995,669	699,737
25 Total functional expenses. Add lines 1 through 24e	294,015,376	246,673,618	41,401,474	5,940,284
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,725,832	1	11,227,992
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	15,490,218	3	15,367,448
	4 Accounts receivable, net	8,841,487	4	7,969,967
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	37,143	5	25,714
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,472,322	9	959,489
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	795,814,714		
	b Less: accumulated depreciation	320,964,141		
		457,587,064	10c	474,850,573
	11 Investments—publicly traded securities	156,509,702	11	129,077,902
	12 Investments—other securities. See Part IV, line 11	86,065,452	12	108,845,788
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	4,513,429	15	5,175,061	
16 Total assets. Add lines 1 through 15 (must equal line 34)	745,242,649	16	753,499,934	
Liabilities	17 Accounts payable and accrued expenses	22,919,990	17	16,145,364
	18 Grants payable	0	18	0
	19 Deferred revenue	10,459,202	19	16,561,724
	20 Tax-exempt bond liabilities	159,467,299	20	152,177,890
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,263,380	23	947,535
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,794,233	25	6,734,454
	26 Total liabilities. Add lines 17 through 25	200,904,104	26	192,566,967
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	355,307,224	27	371,064,799
	28 Temporarily restricted net assets	89,319,343	28	85,083,658
	29 Permanently restricted net assets	99,711,978	29	104,784,510
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	544,338,545	33	560,932,967	
34 Total liabilities and net assets/fund balances	745,242,649	34	753,499,934	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	316,611,289
2	Total expenses (must equal Part IX, column (A), line 25)	2	294,015,376
3	Revenue less expenses. Subtract line 2 from line 1	3	22,595,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	544,338,545
5	Net unrealized gains (losses) on investments	5	-6,733,082
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	731,591
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	560,932,967

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 05-0258932

Name: PROVIDENCE COLLEGE

Form 990 (2018)

Form 990, Part III, Line 4a:

Providence College offers Undergraduate Degrees, Graduate Degrees, and Certificate Programs. Committed to academic excellence, the college's core curriculum addresses key questions of human existence, including life's meaning and purpose, and stresses the importance of moral and ethical reasoning, aesthetic appreciation, and understanding the natural world, other cultures, and diverse traditions. Providence College honors academic freedom, promotes critical thinking and engaged learning, and encourages a pedagogy of disputed questions. The college offers approximately 50 major fields of study. The student/faculty ratio is 12:1 and the average class size is 20. The college is accredited by the New England Association of Schools and Colleges and the AACSB International, among other accrediting bodies. Approximately 4,800 students were enrolled in the Undergraduate, Graduate and Continuing Education Programs.

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REVEREND BRIAN J SHANLEY OP PRESIDENT & TRUSTEE	40.0 0.0	X		X				0	0	58,964
REVEREND KENNETH R SICARD OP TREASURER & TRUSTEE	40.0 0.0	X		X				0	0	48,517
DAVID J ALDRICH TRUSTEE	2.0 0.0	X						0	0	0
KARL W ANDERSON TRUSTEE	2.0 0.0	X						0	0	0
DUANE M BOULIGNY TRUSTEE	2.0 0.0	X						0	0	0
JOSEPH M CALABRIA JR TRUSTEE	2.0 0.0	X						0	0	0
JOHN A CERVIONE TRUSTEE	2.0 0.0	X						0	0	0
ROBERT J CLARK TRUSTEE	2.0 0.0	X						0	0	0
THOMAS P CORCORAN TRUSTEE	2.0 0.0	X						0	0	0
SHARON T DRISCOLL TRUSTEE	2.0 0.0	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COLLEEN M DUFFY BOARD SECRETARY	2.0 0.0	X						0	0	0
SUSAN M ESPER BOARD VC/AUDIT COMM CHAIR	3.0 0.0	X						0	0	0
HENRY C FOLEY TRUSTEE	2.0 0.0	X						0	0	0
PAUL R GALIETTO TRUSTEE	2.0 0.0	X						0	0	0
ROBERT T GORMAN TRUSTEE	2.0 0.0	X						0	0	0
RICHARD E GOTHAM TRUSTEE	2.0 0.0	X						0	0	0
V REV ACQUINAS GUILBEAU OP Trustee (AS OF 7//1/18)	2.0 0.0	X						0	0	0
FR ANDREW HOFER OP TRUSTEE	2.0 0.0	X						0	0	0
MICHAEL J JOYCE TRUSTEE	2.0 0.0	X						0	0	0
HEIDI M KENNY TRUSTEE	2.0 0.0	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS A KINGSLEY TRUSTEE	2.0 0.0	X						0	0	0
REV JOHN A LANGLOIS OP TRUSTEE	2.0 0.0	X						0	0	0
DENNIS J LANGWELL TRUSTEE	2.0 0.0	X						0	0	0
HONORABLE WILLIAM C LEARY TRUSTEE	2.0 0.0	X						0	0	0
V REV KENNETH R LETOILLE OP TRUSTEE	2.0 0.0	X						0	0	0
JOHN R MCCARTHY TRUSTEE (AS OF 7//1/18)	2.0 0.0	X						0	0	0
MEG MCCARTHY TRUSTEE	2.0 0.0	X						0	0	0
JOHN G O'HURLEY TRUSTEE	2.0 0.0	X						0	0	0
ANDRE E OWENS ESQ TRUSTEE	2.0 0.0	X						0	0	0
MONICA W PETERSON Trustee (AS OF 7//1/18)	2.0 0.0	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN C PHEALAN TRUSTEE	2.0 0.0	X						0	0	0
JOHN J POWERS TRUSTEE	2.0 0.0	X						0	0	0
KEVIN P QUIRK TRUSTEE	2.0 0.0	X						0	0	0
CHRISTOPHER K REILLY BOARD CHAIR	4.0 0.0	X						0	0	0
MEGAN C SMITH TRUSTEE (AS OF 7//1/18)	2.0 0.0	X						0	0	0
PETER Q THOMPSON TRUSTEE	2.0 0.0	X						0	0	0
MOST REV THOMAS J TOBIN DD TRUSTEE	2.0 0.0	X						0	0	0
CHRISTOPHER F VIRGULAK TRUSTEE (AS OF 7//1/18)	2.0 0.0	X						0	0	0
ROBERT DRISCOLL VP&DIR OF ATHLTCS (BEG 2/1/19)	40.0 0.0			X				657,289	0	100,877
GREGORY WALDRON SR VP INSTIT. ADVANCEMENT	40.0 0.0			X				443,593	0	54,850

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SWEENEY SR VP FINANCE & BUSINESS/CFO	40.0 0.0			X				328,494	0	103,657
HUGH LENA SR VP ACADEMIC AFFAIRS/PROVOS	40.0 0.0			X				339,495	0	47,664
KRISTINE GOODWIN VP STUDENT AFFAIRS	40.0 0.0			X				299,083	0	54,578
MARIFRANCES MCGINN VP&GEN COUNSEL (THRU 2/5/19)	40.0 0.0			X				265,439	0	48,185
ANN MANCHESTER-MOLAK VP EXT AFFAIRS/MKT/BR (1/1/19)	40.0 0.0			X				173,918	0	34,533
REV R GABRIEL PIVARNIK OP VP MSN/MNSTRY (THRU 7/31/18)	40.0 0.0			X				0	0	13,765
REVEREND JAMES CUDDY OP VP MSN/MNSTRY (AS OF 8/1/18)	40.0 0.0			X				0	0	10,365
EDWARD COOLEY MENS BASKETBALL COACH	40.0 0.0					X		3,245,468	0	168,822
NATHAN LEAMAN HOCKEY COACH	40.0 0.0					X		800,267	0	131,971
JAMES CROWLEY WOMAN'S BASKETBALL COACH	40.0 0.0					X		390,009	0	61,973

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SYLVIA MAXFIELD DEAN SCHOOL OF BUSINESS	40.0 0.0					X		303,262	0	52,993
STEVEN NAPOLILLO ASST VP/SR ASSOC AD EXT REL.	40.0 0.0					X		286,270	0	35,914

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 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 exempt 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	28,225,384	33,286,940	21,127,413	17,878,764	21,325,239	121,843,740
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	28,225,384	33,286,940	21,127,413	17,878,764	21,325,239	121,843,740
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						12,552,521
6 Public support. Subtract line 5 from line 4.						109,291,219

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4.	28,225,384	33,286,940	21,127,413	17,878,764	21,325,239	121,843,740
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,496,531	2,180,014	2,272,853	3,910,472	5,602,290	16,462,160
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	3,481,901	4,329,598	3,731,093	3,709,388	3,670,789	18,922,769
11 Total support. Add lines 7 through 10						157,228,669

12 Gross receipts from related activities, etc. (see instructions) **12** 1,237,416,812

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14** 69.511 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15** 71.152 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
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 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b. . . .						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI 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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>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.</i>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 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 Part VI). 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 Part VI). See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 05-0258932

Name: PROVIDENCE COLLEGE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶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.

OMB No. 1545-0047

2018
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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 PROVIDENCE COLLEGE	Employer identification number 05-0258932
------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 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)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 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..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check [] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check [] if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
1b Total lobbying expenditures to influence a legislative body (direct lobbying)
1c Total lobbying expenditures (add lines 1a and 1b)
1d Other exempt purpose expenditures
1e Total exempt purpose expenditures (add lines 1c and 1d)
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

Table with 2 columns: 'If the amount on line 1e, column (a) or (b) is:' and 'The lobbying nontaxable amount is:'. Rows include categories like 'Not over \$500,000' and 'Over \$500,000 but not over \$1,000,000'.

- 1g Grassroots nontaxable amount (enter 25% of line 1f)
1h Subtract line 1g from line 1a. If zero or less, enter -0-.
1i Subtract line 1f from line 1c. If zero or less, enter -0-.
1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) Total. Rows include 2a Lobbying nontaxable amount, 2b Lobbying ceiling amount, 2c Total lobbying expenditures, 2d Grassroots nontaxable amount, 2e Grassroots ceiling amount, 2f Grassroots lobbying expenditures.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		18,000
j Total. Add lines 1c through 1i			18,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 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	
5 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	Explanation
Form Sch C Part II-B Line 1i	Lobbying Activities PROVIDENCE COLLEGE PAYS ADVOCACY SOLUTIONS TO SUPPORT INITIATIVES OF THE COLLEGE WHICH INCLUDE LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	238,528,635	221,071,443	198,601,326	208,738,341	213,757,202
b Contributions	10,626,654	16,959,609	12,278,420	6,714,308	4,182,544
c Net investment earnings, gains, and losses	8,696,420	11,347,583	21,684,174	-5,778,021	1,221,430
d Grants or scholarships	4,757,585	4,565,851	4,430,927	4,235,935	3,699,685
e Other expenditures for facilities and programs	18,865,764	6,284,149	7,061,550	6,837,367	6,723,150
f Administrative expenses					
g End of year balance	234,228,360	238,528,635	221,071,443	198,601,326	208,738,341

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 30.000 %
 - b** Permanent endowment ▶ 43.000 %
 - c** Temporarily restricted endowment ▶ 27.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--------------------------------------------------------------------------------------------------------|------------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,575,655		5,575,655
b Buildings		695,620,078	254,142,941	441,477,137
c Leasehold improvements				
d Equipment		77,612,759	60,274,615	17,338,144
e Other		17,006,222	6,546,585	10,459,637
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				474,850,573

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) LIMITED PARTNERSHIPS	42,791,562	F
(B) HEDGE FUNDS	63,545,542	F
(C) OTHER INVESTMENTS	2,500,000	F
(D) DEPOSITS WITH TRUSTEES	8,684	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	108,845,788	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED INTEREST PAYABLE	1,118,105
REFUNDABLE ADVANCE-GOVT GRANT	5,616,349
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,734,454

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	310,869,020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-6,733,082
b	Donated services and use of facilities	2b	1,494,183
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	731,591
e	Add lines 2a through 2d	2e	-4,507,308
3	Subtract line 2e from line 1	3	315,376,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,615,110
b	Other (Describe in Part XIII.)	4b	-380,149
c	Add lines 4a and 4b	4c	1,234,961
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	316,611,289

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

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

1	Total expenses and losses per audited financial statements	1	294,274,598
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,494,183
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	380,149
e	Add lines 2a through 2d	2e	1,874,332
3	Subtract line 2e from line 1	3	292,400,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,615,110
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,615,110
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	294,015,376

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part 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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 05-0258932

Name: PROVIDENCE COLLEGE

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4 THE INTENDED USE OF THE COLLEGE'S ENDOWMENT IS TO FUND STUDENT SCHOLARSHIPS AND PROJECTS.

Supplemental Information

Return Reference	Explanation
Form Sch D, Part X, Line 2	<p>The College is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is generally exempt from income taxes pursuant to Section 501(a) of the Code, as amended. Accordingly, it is generally not subject to income taxes except to the extent it has taxable income from activities that are not related to its exempt purpose. The College has generated unrelated business income for the year ended June 30, 2019, but it is not significant to the financial statements. The College believes it has taken no significant uncertain tax positions.</p>

Supplemental Information

Return Reference	Explanation
OTHER REVENUES INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED ON FORM 990	PART XI, LINE 2D PROVISION FOR DOUBTFUL PLEDGES \$ (210,392) POST RETIREMENT BENEFIT OBLIGATION \$ 941,983 ----- TOTAL \$ 731,591

Supplemental Information

Return Reference	Explanation
OTHER REVENUES INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS	PART XI, LINE 4B FUNDRAISING EXPENSES \$ (262,922) RENTAL EXPENSES \$ (117,227) ----- TOTAL \$ (380,149)

Supplemental Information

Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED ON FORM 990	PART XII, LINE 2D FUNDRAISING EXPENSES \$ 262,922 RENTAL EXPENSES \$ 117,227 ----- TOTAL \$ 380,149

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **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.**
▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury
Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I

	YES	NO
1 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	
2 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	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
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, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
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.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
NONDISCRIMINATORY POLICY	LINE 3 The college annually publishes a notice of its racially nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community. Also, the College's nondiscrimination policy is available on the College's website.
GOVERNMENT AID OR ASSISTANCE	LINE 6A The College participates in various Governmental assistance programs including the Federal Supplemental Educational Opportunity Grants and Federal Work Study Program

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					70,484,429
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					70,484,429

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part 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)* 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 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)* 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)* 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)* 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).* 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	Explanation
EXPENDITURES	PART I, LINE 3, COLUMN (F) EXPENDITURES IN COLUMN (F) ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.

Additional Data

Software ID:

Software Version:

EIN: 05-0258932

Name: PROVIDENCE COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) 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		63,771,482
Europe (Including Iceland and Greenland)			Investments		247,748

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) 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			Program Services	EDUCATIONAL ACTIVITIES	77,619
Europe (Including Iceland and Greenland)			Program Services	EDUCATIONAL ACTIVITIES	5,746,531

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	EDUCATIONAL ACTIVITIES	41,400
North America			Program Services	EDUCATIONAL ACTIVITIES	44,890

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	EDUCATIONAL ACTIVITIES	598
South America			Program Services	EDUCATIONAL ACTIVITIES	60,932

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	EDUCATIONAL ACTIVITIES	23,880
Sub-Saharan Africa			Program Services	EDUCATIONAL ACTIVITIES	34,925

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	EDUCATIONAL ACTIVITIES	434,424

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EAB PO BOX 603519 CHARLOTTE, NC 28260	MAIL SOLICIT.		No	548,495	181,886	366,609
Total				548,495	181,886	366,609

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		VISION CUP (event type)	GOLF TOURNAMENT (event type)	7 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	197,359	186,918	343,728	728,005
	2 Less: Contributions	129,459	142,918	249,107	521,484
	3 Gross income (line 1 minus line 2)	67,900	44,000	94,621	206,521
Direct Expenses	4 Cash prizes	2,000	1,000	3,048	6,048
	5 Noncash prizes				
	6 Rent/facility costs	3,000	5,000	9,671	17,671
	7 Food and beverages	12,623	17,775	28,969	59,367
	8 Entertainment				
	9 Other direct expenses	49,580	38,237	92,019	179,836
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				262,922
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-56,401	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Fundraising Activities	Part I, Line 2 Providence College had a written contract for the period 07/01/17 through 06/30/2019 with EAB (previously named Royall & Company and its subsidiary Advancement Services, Inc.), a professional fundraiser, whereby EAB provided mailing & emailing services. The agreement called for a monthly payment of an agreed upon fee, plus reimbursement of costs such as printing, postage, supplies etc. EAB billed Providence College separately for these costs. Providence College paid EAB \$181,886.

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization PROVIDENCE COLLEGE

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 05-0258932

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT SCHLORSHIPS & FINANCIAL AID	2843	68,644,248			
(2) ATHLETIC SCHOLARSHIPS	275	10,178,589			
(3) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	237	946,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
MONITOR THE USE OF GRANT FUNDS IN THE U.S.	PART I, LINE 2 The college monitors the use of grant funds in various ways including obtaining reports from the organizations outlining the activities supported by grants, meeting regularly with the organizations, and visiting organizations to observe activities on a first hand basis. The office of Financial Aid monitors Federal grant funds using Banner reporting tools to track the level of amounts paid for all Title IV grants and institutional grants. Amounts are reconciled to the student account system to ensure funds are properly disbursed.

Additional Data

Software ID:
Software Version:
EIN: 05-0258932
Name: PROVIDENCE COLLEGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CAPITAL GOOD FUND 22 A STREET PROVIDENCE, RI 02907	80-0348382	501(C)(3)	10,000				GENERAL SUPPORT
A WISH COME TRUE 1010 WARWICK AVE WARWICK, RI 02888	05-0398808	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	7,500				GENERAL SUPPORT
YOUNG VOICES 150 MILLER AVE PROVIDENCE, RI 02905	43-2103674	501(C)(3)	6,830				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
HOUSING ALLOWANCE AND HEALTH OR SOCIAL CLUB DUES	PART I, LINE 1A THE FOLLOWING LISTED BENEFITS WERE PROVIDED BY THE COLLEGE DURING CALENDAR YEAR 2018. LISTED BENEFITS TO EMPLOYEES CEASE UPON THEIR TERMINATION DATE. THE COLLEGES PRESIDENT, REV. BRIAN J. SHANLEY, OP AND THE COLLEGES EVP/TREASURER, REV. KENNETH J. SICARD, OP WERE PROVIDED WITH ON CAMPUS HOUSING. THE HOUSING WAS EXCLUDED FROM THE INCOME OF REV. BRIAN J. SHANLEY, OP AND REV. KENNETH J. SICARD, OP AS IT MEETS THE EXCEPTION UNDER INTERNAL REVENUE CODE SECTION 119(D). THE SR VP OF FINANCE/CFO WAS PROVIDED WITH OCCASIONAL HOUSING IN COLLEGE OWNED PROPERTY. THE HOUSING WAS TAXABLE AND INCLUDED IN HIS FORM W-2. THE COLLEGES PRESIDENT, REV. BRIAN J. SHANLEY, OP, NATHAN LEAMAN, HOCKEY COACH, GREGORY WALDRON, SR VP OF INSTITUTIONAL ADVANCEMENT, STEVEN NAPOLILLO ASST VP/SR ASSOC AD EXT REL, AND EDWARD COOLEY, BASKETBALL COACH, WERE PROVIDED WITH SOCIAL CLUB MEMBERSHIPS PAID BY THE COLLEGE. THE MEMBERSHIP DUES PAID BY THE COLLEGE FOR REV. BRIAN J. SHANLEY, OP WAS EXCLUDED FROM HIS INCOME AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE UNDER INTERNAL REVENUE CODE SECTION 162. THE MEMBERSHIP DUES PAID BY THE COLLEGE FOR NATHAN LEAMAN, GREGORY WALDRON, STEVEN NAPOLILLO, AND EDWARD COOLEY ARE TAXABLE TO THE INDIVIDUALS AND INCLUDED IN THEIR FORM W-2. THESE AMOUNTS HAVE BEEN REPORTED IN FORM 990, PART VII AND ON SCHEDULE J.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B CERTAIN HIGHLY COMPENSATED EMPLOYEES PARTICIPATE IN A NONQUALIFIED 457(F) PLAN: CONTRIBUTIONS MADE: EDWARD COOLEY \$ 100,000 NATHAN LEAMAN \$ 75,000 ROBERT DRISCOLL \$ 50,000

2019 Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 05-0258932
Name: PROVIDENCE COLLEGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT DRISCOLL VP&DIR OF ATHLTCS (BEG 2/1/19)	(i)	358,770	62,700	235,819	77,500	23,377	758,166	
	(ii)	-----	-----	-----	-----	-----	-----	-----
GREGORY WALDRON SR VP INSTIT. ADVANCEMENT	(i)	335,792		107,801	27,500	27,350	498,443	
	(ii)	-----	-----	-----	-----	-----	-----	-----
JOHN SWEENEY SR VP FINANCE & BUSINESS/CFO	(i)	274,780	45,000	8,714	27,500	76,157	432,151	
	(ii)	-----	-----	-----	-----	-----	-----	-----
HUGH LENA SR VP ACADEMIC AFFAIRS/PROVOS	(i)	319,493		20,002	27,500	20,164	387,159	
	(ii)	-----	-----	-----	-----	-----	-----	-----
KRISTINE GOODWIN VP STUDENT AFFAIRS	(i)	233,085		65,998	24,000	30,578	353,661	
	(ii)	-----	-----	-----	-----	-----	-----	-----
MARIFRANCES MCGINN VP&GEN COUNSEL (THRU 2/5/19)	(i)	236,353		29,086	26,029	22,156	313,624	
	(ii)	-----	-----	-----	-----	-----	-----	-----
ANN MANCHESTER-MOLAK VP EXT AFFAIRS/MKT/BR (1/1/19)	(i)	170,962		2,956	14,492	20,041	208,451	
	(ii)	-----	-----	-----	-----	-----	-----	-----
EDWARD COOLEY MENS BASKETBALL COACH	(i)	2,251,541	436,000	557,927	127,500	41,322	3,414,290	
	(ii)	-----	-----	-----	0	0	0	-----
NATHAN LEAMAN HOCKEY COACH	(i)	457,957	112,500	229,810	102,500	29,471	932,238	
	(ii)	-----	-----	-----	0	0	0	-----
JAMES CROWLEY WOMAN'S BASKETBALL COACH	(i)	328,681	48,000	13,328	27,500	34,473	451,982	
	(ii)	-----	-----	-----	0	0	0	-----
SYLVIA MAXFIELD DEAN SCHOOL OF BUSINESS	(i)	294,842	5,000	3,420	27,500	25,493	356,255	
	(ii)	-----	-----	-----	0	0	0	-----
STEVEN NAPOLILLO ASST VP/SR ASSOC AD EXT REL.	(i)	231,360	30,000	24,910	23,500	12,414	322,184	
	(ii)	-----	-----	-----	0	0	0	-----

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE COLLEGE

Employer identification number

05-0258932

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 behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RI Health & Educational Bldg Corp SERIES 2015	52-1300173	762197RZ6	07-16-2015	51,061,015	REFUNDING OF BONDS & CONSTRUCTION		X		X		X
B	RI Health & Educational Bldg Corp SERIES 2012B	52-1300173	762197LS8	11-20-2012	40,616,916	Advance Refunding of 2003A Bonds		X		X		X
C	RI Health & Educational Bldg Corp SERIES 2012A	52-1300173	762197JH5	01-25-2012	40,337,074	Construction		X		X		X
D	RI Health & Educational Bldg Corp SERIES 2017	52-1300173	762197UW9	03-29-2017	50,394,917	CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	6,560,000		12,830,000		5,595,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	51,111,229		40,617,466		40,345,323		50,732,059	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	375,619		234,178		335,840		376,819	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	35,253,587		0		40,009,483		50,355,240	
11	Other spent proceeds	15,482,023		40,383,288		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2017		2014		2015		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 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 ▶		0 %		0 %		0 %		0 %
5 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) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
BOND PROCEEDS	PART II, LINE 3, BOND ISSUE A The difference between total proceeds in Part II, Line 3 and the issue price of the bond issue is investment earnings of \$50,214. PART II, LINE 3, BOND ISSUE B The difference between total proceeds in Part II, Line 3 and the issue price of the bond issue is investment earnings of \$550. PART II, LINE 3, BOND ISSUE C THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND THE ISSUE PRICE OF THE BOND ISSUE IS INVESTMENT EARNINGS OF \$8,249. PART II, LINE 3, BOND ISSUE D The difference between total proceeds in Part II, Line 3 and the issue price of the bond issue is investment earnings of \$337,142.

Return Reference	Explanation
PART III, LINE 3A	PROVIDENCE HAS SERVICE CONTRACTS FOR JANITORIAL SERVICES IN ALL BUILDINGS. THE JANITORIAL CONTRACTS IN SPACE FINANCED BY THE SERIES 2017, 2015, 2012B AND 2012 BONDS QUALIFY UNDER A PRIVATE BUSINESS USE EXCEPTION FOR INCIDENTAL USE. THEREFORE, THESE CONTRACTS DO NOT RESULT IN PRIVATE BUSINESS USE. SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATION DATE FOR THE SERIES 2015 BOND ISSUE WAS 7/31/18. THE REBATE COMPUTATION DATE FOR THE SERIES 2012B BOND ISSUE WAS 10/31/18. THE REBATE COMPUTATION DATE FOR THE SERIES 2012A BOND ISSUE WAS 1/25/19. THE REBATE COMPUTATION DATE FOR THE SERIES 2017 BOND ISSUE WAS 3/31/19.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) GREGORY T WALDRON	OFFICER	PERSONAL		X	80,000	25,714		No	Yes		Yes	
Total						25,714						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NA	N/A	6,000	TUITION	TUITION SCHOLARSHIP

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	40	961,518	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	63,139	FMV
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	275,000	FMV
16 Real estate—Commercial				
17 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 ▶ (MISCELLANEOUS)	X	45	61,761	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
CONTRIBUTIONS	PART I, COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2018
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
PROVIDENCE COLLEGE

Employer identification number
05-0258932

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	<p>PART III, LINE 1 PROVIDENCE COLLEGE IS A CATHOLIC, DOMINICAN, LIBERAL ARTS INSTITUTION OF HIGHER EDUCATION AND A COMMUNITY COMMITTED TO ACADEMIC EXCELLENCE IN PURSUIT OF THE TRUTH, GROWTH IN VIRTUE, AND SERVICE OF GOD AND NEIGHBOR. HISTORY PROVIDENCE COLLEGE WAS FOUNDED IN 1917 BY THE DOMINICAN FRIARS AT THE INVITATION OF BISHOP HARKINS TO PROVIDE A CATHOLIC EDUCATION IN THE ARTS AND SCIENCES. FAITH AND REASON PROVIDENCE COLLEGE IS CONFIDENT IN THE APPEAL OF REASON, BELIEVES THAT HUMAN BEINGS ARE DISPOSED TO KNOW THE TRUTH, AND TRUSTS IN THE POWER OF GRACE TO ENLIGHTEN MINDS, OPEN HEARTS, AND TRANSFORM LIVES. PROVIDENCE COLLEGE MAINTAINS THAT THE PURSUIT OF TRUTH HAS INTRINSIC VALUE, THAT FAITH AND REASON ARE COMPATIBLE AND COMPLEMENTARY MEANS TO ITS DISCOVERY, AND THAT THE SEARCH FOR TRUTH IS THE BASIS FOR DIALOGUE WITH OTHERS AND CRITICAL ENGAGEMENT WITH THE WORLD. ACADEMIC EXCELLENCE PROVIDENCE COLLEGE IS COMMITTED TO ACADEMIC EXCELLENCE, AND HOLDS ITSELF TO THE HIGHEST STANDARDS IN TEACHING, LEARNING, AND SCHOLARSHIP. ITS CORE CURRICULUM ADDRESSES KEY QUESTIONS OF HUMAN EXISTENCE, INCLUDING LIFE'S MEANING AND PURPOSE, AND STRESSES THE IMPORTANCE OF MORAL AND ETHICAL REASONING, AESTHETIC APPRECIATION, AND UNDERSTANDING THE NATURAL WORLD, OTHER CULTURES, AND DIVERSE TRADITIONS. PROVIDENCE COLLEGE HONORS ACADEMIC FREEDOM, PROMOTES CRITICAL THINKING AND ENGAGED LEARNING, AND ENCOURAGES A PEDAGOGY OF DISPUTED QUESTIONS. COMMUNITY AND DIVERSITY PROVIDENCE COLLEGE SEEKS TO REFLECT THE RICH DIVERSITY OF THE HUMAN FAMILY. FOLLOWING THE EXAMPLE OF ST. DOMINIC, WHO EXTENDED A LOVING EMBRACE TO ALL, IT WELCOMES QUALIFIED MEN AND WOMEN OF EVERY BACKGROUND AND AFFIRMS THE GOD-GIVEN DIGNITY, FREEDOM, AND EQUALITY OF EACH PERSON. PROVIDENCE COLLEGE PROMOTES THE COMMON GOOD, THE HUMAN FLOURISHING OF EACH MEMBER OF THE CAMPUS COMMUNITY, AND SERVICE OF NEIGHBORS NEAR AND FAR. VERITAS AND PROVIDENCE PROVIDENCE COLLEGE BRINGS THE EIGHT-HUNDRED-YEAR-OLD DOMINICAN IDEAL OF VERITAS TO THE ISSUES AND CHALLENGES OF TODAY. IT SEEKS TO SHARE THE FRUITS OF CONTEMPLATION IN AN INCREASINGLY GLOBAL AND DIVERSE SOCIETY, AND TO PRAISE AND BLESS ALL THAT IS GOOD AND VITAL IN HUMAN ENDEAVORS. PROVIDENCE COLLEGE SUPPORTS THE DOMINICAN MISSION OF PREACHING THE GOSPEL OF JESUS CHRIST TO A NEW GENERATION OF STUDENTS AND HELPING THEM DISCOVER GOD'S PROVIDENCE IN THEIR LIVES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
12-MEMBER CORPORATION	PART VI, SECTION A, LINES 6-7B PROVIDENCE COLLEGE'S GOVERNING BODY IS A TWO-TIER STRUCTURE : A CORPORATION AND A BOARD OF TRUSTEES. THE 12-MEMBER CORPORATION IS THE BODY THAT HAS THE ULTIMATE AUTHORITY TO EXERCISE CONTROL OVER OWNERSHIP OF PROPERTY, TO PROMULGATE AND AMEND THE BY-LAWS, TO ACCEPT OR REJECT THE RECOMMENDATION FOR ELECTION TO THE PRESIDENCY OF THE COLLEGE BY THE BOARD OF TRUSTEES, AND TO ELECT MEMBERS OF THE CORPORATION AND OF THE BOARD OF TRUSTEES. THE CORPORATION IS COMPRISED OF FOUR EX OFFICIO MEMBERS AND EIGHT OTHER INDIVIDUALS ELECTED BY THE CORPORATION, FOUR DOMINICAN FRIARS AND FOUR LAY PERSONS. THE EX OFFICIO MEMBERS ARE: THE PROVINCIAL OF THE PROVINCE OF ST. JOSEPH, THE ELECTED LEADER OF THE DOMINICAN ORDER FOR THE EASTERN REGION OF THE UNITED STATES; THE ROMAN CATHOLIC BISHOP OF THE DIOCESE OF PROVIDENCE; THE PRESIDENT OF THE COLLEGE; AND THE CHAIRMAN OF THE BOARD OF TRUSTEES. THE TERMS OF OFFICE OF THE BISHOP, THE PRESIDENT, THE PROVINCIAL AND THE CHAIRMAN OF THE BOARD OF TRUSTEES ARE CO-TERMINUS WITH THE RESPECTIVE INCUMBENCY OF EACH. THE TERM OF ALL OTHER MEMBERS IS THREE YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11A THE FORM 990 WILL BE COMPLETED ANNUALLY. MEMBERS OF THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 WITH THE COLLEGE'S PRESIDENT, EXECUTIVE VICE PRESIDENT /TREASURER, SR. VICE PRESIDENT FOR FINANCE & BUSINESS/CFO, AND CONTROLLER. AT THE DISCRETION OF THE AUDIT COMMITTEE CHAIR, THE THIRD PARTY PREPARER OF THE FORM 990 MAY BE ASKED TO ATTEND. ANY NECESSARY CHANGE, IDENTIFIED THROUGH THE REVIEW PROCESS, WILL BE MADE TO THE ORIGINALLY SUBMITTED FORM 990. THIS UPDATED VERSION OF THE FORM 990 WILL BE CONSIDERED APPROVED FOR FILING. IT WILL BE SIGNED BY THE SR. VICE PRESIDENT FOR FINANCE & BUSINESS/CFO, DATED, AND SUBMITTED BY THE FILING DEADLINE. A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED, VIA POSTING ON THE TRUSTEES ONLY AREA OF THE COLLEGE WEBSITE, TO ALL OF THE OFFICERS AND TRUSTEES BEFORE THE RETURN IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE REVIEWED BY THE COLLEGE'S GENERAL COUNSEL, THE CHAIRMEN OF THE AUDIT COMMITTEE, AND A DESIGNEE OF THE CORPORATION. ISSUES ARISING UNDER THE APPLICATION OF THIS POLICY SHALL BE RESOLVED BY THE BOARD OF TRUSTEES OR THE EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION POLICY	<p>PART VI, SECTION B, LINE 15 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS THE POLICIES, PROGRAMS, AND TOTAL COMPENSATION FOR EXECUTIVES TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS CONCERNING EXECUTIVE COMPENSATION IN NON-PROFIT ORGANIZATIONS. COMPETITIVE SURVEY DATA IS COLLECTED, ANALYZED, AND SUMMARIZED BY THE ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES AND IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. SALARIES ARE BASED UPON THE EXECUTIVE'S SCOPE, SIZE, AND COMPLEXITY OF RESPONSIBILITIES AS WELL AS PERFORMANCE AGAINST GOALS AND OBJECTIVES. THIS PROCESS IS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING: PRESIDENT, EVP/TREASURER, VP FOR STUDENT AFFAIRS, SR VP OF ACADEMIC AFFAIRS/PROVOST, VP AND GENERAL COUNSEL, SR VP FOR FINANCE/CFO, SR VP FOR INSTITUTIONAL ADVANCEMENT AND VP FOR MISSION AND MINISTRY. THIS PROCESS IS DONE ANNUALLY. PROVIDENCE COLLEGE'S PRESIDENT AND EVP/TREASURER ARE MEMBERS OF THE DOMINICAN FRIARS, A CATHOLIC RELIGIOUS ORDER. THEY ARE PROVIDED ON CAMPUS HOUSING AND HEALTHCARE BENEFITS BY THE COLLEGE. THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS SET BY THE PRESIDENT OF THE COLLEGE. INDEPENDENT COMPENSATION COMPARABILITY SURVEYS ARE USED PERIODICALLY IN SETTING COMPENSATION. 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE POLICY	PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE WEBSITE. THE COLLEGE COMMUNITY (FACULTY, STAFF, AND STUDENTS) HAVE ACCESS TO THE CONFLICT OF INTEREST POLICY THROUGH THE COLLEGE'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE TO ANYONE UPON REQUEST. THE FORM 990 IS POSTED ON THE INTERNET AT WWW.GUIDESTARR.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
NET ASSETS REPORTING	PART X, LINES 27, 28, AND 29 PROVIDENCE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF FORM 990, PART X, LINES 27, 28, AND 29, PROVIDENCE COLLEGE HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS PERMANENTLY RESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET ASSETS, RESPECTIVELY. OTHER CHANGES IN NET ASSETS OR FUND BALANCES PART XI, LINE 9 PART VI, SECTION C, LINE 19 PROVISION FOR DOUBTFUL PLEDGES \$ (210,392) POST RETIREMENT BENEFIT OBLIGATION \$ 941,983 TOTAL \$ 731,591

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization PROVIDENCE COLLEGE

Employer identification number

05-0258932

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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 organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS RI (5)	INVESTING	RI	PC	Trust				Yes	
(2) CHARITABLE PERPETUAL TRUSTS RI (3)	INVESTING	RI	PC	Trust				Yes	

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 Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	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)	1l	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	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

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 transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Charitable Perpetual Trust RI (1)	S	62,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation