

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 \$ 450,679,395

F Name and address of principal officer:
 Rev Kenneth Sicard 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 | 34 | | |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 2,966 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 40 | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 262,785 | | |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 21,325,239 | Current Year | 20,466,943 |
| | 9 Program service revenue (Part VIII, line 2g) | | 273,749,060 | | 274,133,915 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 17,158,711 | | 1,336,322 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 4,378,279 | | 3,363,531 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 316,611,289 | | 299,300,711 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 79,813,842 | |
| 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) | | | 111,939,217 | | 116,446,740 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 181,886 | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,062,759 | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 102,080,431 | | 94,482,826 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 294,015,376 | | 295,190,666 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 22,595,913 | | 4,110,045 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 753,499,934 | End of Year | 748,292,244 |
| | 21 Total liabilities (Part X, line 26) | | 192,566,967 | | 179,457,582 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 560,932,967 | | 568,834,662 |

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: 2021-05-11

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: _____

Check if self-employed PTIN: P00247720

Firm's name ▶ KPMG LLP Firm's EIN ▶ _____

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 \$ 242,273,758 including grants of \$ 84,261,100) (Revenue \$ 275,377,113)
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 ▶ 242,273,758

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | |
|--|-----------------|--|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 2,966 | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | 3b | Yes | |
| 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)? | | | 4a | | No |
| 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). | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| 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? | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | Yes | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| 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. | | | 13a | | |
| 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 | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 14b | | |
| 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. | | | 15 | Yes | |
| 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. | | | 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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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.)

| | | Yes | No |
|------------|--|-----|----|
| 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

- 17** List the states with which a copy of this Form 990 is required to be filed **▶**
 CO , KY , MA , MI , NH , NJ , PA , SC
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours 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 | | | | | | | | | | |
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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 | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 7,680,181 | 0 | 1,009,465 | |

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 ▶ 224

| | 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 | 3 Yes | |
| 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 | 4 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 |
|--|--------------------------------|---------------------|
| SODEXO INC, 9801 Washington Blvd GAITHERSBURG, MD 20878 | FOOD SERVICES | 11,343,995 |
| Farrar Associates Inc, 31A Bridge St NEWPORT, RI 02840 | CONSTRUCTION SERVICE | 7,204,130 |
| UG2 LLC, 116 Huntington Avenue 12th Floor BOSTON, MA 02116 | JANITORIAL SERVICES | 4,700,899 |
| The 02908 Club, 168 Eaton Street PROVIDENCE, RI 02909 | Management Services | 1,451,024 |
| Bond Brothers Inc, 10 Cabot Rd Suite 300 MEDFORD, MA 02155 | Construction Service | 1,420,514 |

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 ▶ 72

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 | 248,550 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 5,040,216 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 15,178,177 | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 2,182,879 | | |
| | h Total. Add lines 1a-1f | | 20,466,943 | | |

| Program Service Revenue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--------|---------------|----------------------|--|---|--|
| | | Business Code | | | | |
| 2a TUITION & FEES | 611600 | 224,919,038 | 224,919,038 | | | |
| b ROOM REVENUE | 721000 | 25,308,518 | 25,308,518 | | | |
| c BOARD REVENUE | 721000 | 13,358,937 | 13,358,937 | | | |
| d ATHLETICS REVENUE | 900099 | 10,439,468 | 10,439,468 | | | |
| e AUXILIARY REVENUE | 721000 | 107,954 | 107,954 | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | 274,133,915 | | | | |

| Other Revenue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|---|----------------|----------------------|--|---|--|
| | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,960,748 | | -44,937 | 2,005,685 |
| 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| 5 Royalties | | | 550,000 | | | 550,000 |
| 6a Gross rents | 6a | (i) Real | 127,350 | | | |
| | | (ii) Personal | | | | |
| | b Less: rental expenses | 6b | 144,315 | | | |
| | c Rental income or (loss) | 6c | -16,965 | 0 | | |
| d Net rental income or (loss) | | | -16,965 | | | -16,965 |
| 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 150,453,008 | | | |
| | | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 151,077,434 | | | |
| | c Gain or (loss) | 7c | -624,426 | | | |
| d Net gain or (loss) | | | -624,426 | | | -624,426 |
| 8a Gross income from fundraising events (not including \$ 248,550 of contributions reported on line 1c). See Part IV, line 18 | 8a | | 126,500 | | | |
| | | 8b | 156,935 | | | |
| | c Net income or (loss) from fundraising events | | | -30,435 | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | 0 | | | |
| | | 9b | 0 | | | |
| | c Net income or (loss) from gaming activities | | | 0 | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 0 | | | |
| | | 10b | 0 | | | |
| | c Net income or (loss) from sales of inventory | | | 0 | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a COMMISSIONS | | 900099 | 728,526 | | | 728,526 |
| b PACT PROGRAM | | 900099 | 379,423 | 379,423 | | |
| c SCHNEIDER ARENA RENTALS | | 900099 | 307,722 | | 307,722 | |
| d All other revenue | | | 1,445,260 | 863,775 | | 581,485 |
| e Total. Add lines 11a-11d | | | 2,860,931 | | | |
| 12 Total revenue. See instructions | | | 299,300,711 | 275,377,113 | 262,785 | 3,193,870 |

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 | 59,741 | 59,741 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 84,201,359 | 84,201,359 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,926,578 | 1,359,009 | 1,201,427 | 366,142 |
| 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 | 88,428,332 | 64,405,400 | 21,210,595 | 2,812,337 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 5,760,282 | 4,165,526 | 1,371,831 | 222,925 |
| 9 Other employee benefits | 13,438,505 | 9,702,672 | 3,195,375 | 540,458 |
| 10 Payroll taxes | 5,893,043 | 4,250,497 | 1,399,814 | 242,732 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 144,760 | | 144,760 | |
| c Accounting | 258,310 | | 258,310 | |
| d Lobbying | 18,000 | 13,541 | 4,459 | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 1,767,523 | | 1,767,523 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 5,572,752 | 4,077,509 | 1,342,844 | 152,399 |
| 12 Advertising and promotion | 721,503 | 542,757 | 178,746 | |
| 13 Office expenses | 2,416,159 | 1,696,744 | 558,788 | 160,627 |
| 14 Information technology | 3,053,196 | 2,296,794 | 756,402 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 4,909,698 | 3,693,364 | 1,216,334 | |
| 17 Travel | 1,349,451 | 903,923 | 297,689 | 147,839 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 5,981,969 | 4,499,990 | 1,481,979 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 22,907,369 | 17,194,384 | 5,662,617 | 50,368 |
| 23 Insurance | 1,203,822 | 905,586 | 298,236 | |
| 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 | 10,513,792 | 10,376,264 | 95,327 | 42,201 |
| b BUILDING & GROUND MAINT. | 8,960,177 | 6,740,374 | 2,219,803 | |
| c ATHLETICS GAMES & SUPPLIES | 5,169,828 | 5,169,828 | | |
| d TUITION PAID TO OTHER SCHOOLS | 6,328,229 | 6,328,229 | | |
| e All other expenses | 13,206,288 | 9,690,267 | 3,191,290 | 324,731 |
| 25 Total functional expenses. Add lines 1 through 24e | 295,190,666 | 242,273,758 | 47,854,149 | 5,062,759 |
| 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 | 11,227,992 | 1 | 22,537,403 | |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 | |
| | 3 Pledges and grants receivable, net | 15,367,448 | 3 | 11,349,252 | |
| | 4 Accounts receivable, net | 7,969,967 | 4 | 7,958,872 | |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 25,714 | 5 | 14,286 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 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 | 959,489 | 9 | 551,610 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 808,907,697 | | | |
| | b Less: accumulated depreciation | 10b 343,398,836 | 474,850,573 | 10c | 465,508,861 |
| | 11 Investments—publicly traded securities | 129,077,902 | 11 | 72,991,948 | |
| | 12 Investments—other securities. See Part IV, line 11 | 108,845,788 | 12 | 162,372,373 | |
| | 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 | 5,175,061 | 15 | 5,007,639 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 753,499,934 | 16 | 748,292,244 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 16,145,364 | 17 | 12,958,939 | |
| | 18 Grants payable | 0 | 18 | 0 | |
| | 19 Deferred revenue | 16,561,724 | 19 | 15,470,315 | |
| | 20 Tax-exempt bond liabilities | 152,177,890 | 20 | 144,746,867 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 947,535 | 23 | 631,692 | |
| | 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 | 6,734,454 | 25 | 5,649,769 | |
| | 26 Total liabilities. Add lines 17 through 25 | 192,566,967 | 26 | 179,457,582 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 371,064,799 | 27 | 379,878,215 | |
| | 28 Net assets with donor restrictions | 189,868,168 | 28 | 188,956,447 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 560,932,967 | 32 | 568,834,662 | | |
| 33 Total liabilities and net assets/fund balances | 753,499,934 | 33 | 748,292,244 | | |

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 | 299,300,711 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 295,190,666 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,110,045 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 560,932,967 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,529,626 |
| 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 | -737,976 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 568,834,662 |

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 (2019)

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 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 | | | |
| Edward Cooley Mens Basketball Coach | 40.0 0.0 | | | | | X | | 3,290,181 | 0 | 160,369 |
| Nathan Leaman Mens Hockey Coach | 40.0 0.0 | | | | | X | | 774,818 | 0 | 105,724 |
| Robert Driscoll VP & Director of Athletics | 40.0 0.0 | | | X | | | | 512,687 | 0 | 103,142 |
| Gregory Waldron SR VP Instit. Advancement | 40.0 0.0 | | | X | | | | 486,870 | 0 | 58,251 |
| James Crowley Women's Basketball Coach | 40.0 0.0 | | | | | X | | 436,802 | 0 | 57,138 |
| Hugh Lena SR VP Academic Affairs/Provos | 40.0 0.0 | | | X | | | | 345,648 | 0 | 49,698 |
| John Sweeney SR VP Finance & Business/CFO | 40.0 0.0 | | | X | | | | 307,590 | 0 | 82,324 |
| Sylvia Maxfield Dean School of Business | 40.0 0.0 | | | | | X | | 299,860 | 0 | 50,335 |
| Kristine Goodwin VP Student Affairs | 40.0 0.0 | | | | X | | | 286,134 | 0 | 56,295 |
| Steven Napolillo Asst VP/SR Assoc Ad Ext Rel. | 40.0 0.0 | | | | | X | | 288,809 | 0 | 48,514 |

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 | | | |
| Marifrances Mcginn VP & Gen Counsel | 40.0 0.0 | | | | | | X | 279,862 | 0 | 49,159 |
| Ann Manchester Molak VP Ext Affairs/MKT/BR | 40.0 0.0 | | | X | | | | 231,586 | 0 | 44,182 |
| Christopher Neronha VP & Gen Counsel AS OF 7.1.19 | 40.0 0.0 | | | X | | | | 139,334 | 0 | 9,488 |
| Rev Brian J Shanley OP PRESIDENT & TRUSTEE | 40.0 0.0 | X | | X | | | | 0 | 0 | 60,240 |
| Rev Kenneth R Sicard OP TREASURER & TRUSTEE | 40.0 0.0 | X | | X | | | | 0 | 0 | 49,673 |
| Rev James Cuddy OP VP Mission & Ministry | 40.0 0.0 | | | X | | | | 0 | 0 | 24,933 |
| 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 |

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 A Cervione TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Robert J Clark TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| William F Concannon TRUSTEE AS OF 7/1/2019 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Thomas P Corcoran TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| John P Dawley TRUSTEE AS OF 7/1/2019 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Sharon T Driscoll TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Colleen M Duffy BOARD SECRETARY | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| Susan M Esper BOARD V CHAIR/AUDIT COMM CHAIR | 2.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| Henry C Foley TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Rev Edward M Gorman TRUSTEE AS OF 7/1/2019 | 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 | | | |
| Richard E Gotham TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| V Rev Acquinas Guilbeau OP TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| John J Houlihan TRUSTEE AS OF 7/1/2019 | 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 |
| 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 |
| V Rev Kenneth R Letoille OP TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| John R McCarthy 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 | | | |
| Meg McCarthy TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Andre E Owens Esq TRUSTEE | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Kevin C Phelan 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 | 2.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| Megan C Smith TRUSTEE | 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 | 4.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Christopher F Virgulak 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 | | | |
| Mark T Voll TRUSTEE AS OF 7/1/2019 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Monica Denise Womack TRUSTEE AS OF 7/1/2019 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

Employer identification number
05-0258932

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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|----------|--|------------|------------|------------|------------|------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 33,286,940 | 21,127,413 | 17,878,764 | 21,325,239 | 20,466,943 | 114,085,299 |
| 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 | 33,286,940 | 21,127,413 | 17,878,764 | 21,325,239 | 20,466,943 | 114,085,299 |
| 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). | | | | | | 9,411,323 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 104,673,976 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------|--|------------|------------|------------|------------|------------|---------------|
| 7 | Amounts from line 4. | 33,286,940 | 21,127,413 | 17,878,764 | 21,325,239 | 20,466,943 | 114,085,299 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,180,014 | 2,272,853 | 3,910,472 | 5,602,290 | 2,683,035 | 16,648,664 |
| 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.). | 4,329,598 | 3,731,093 | 3,709,388 | 3,670,789 | 2,679,709 | 18,120,577 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 148,854,540 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,287,134,852 |

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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 70.320 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 69.510 % |

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| 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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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> | Yes | No |
| 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

- 1** 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 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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
2019
Open to Public Inspection

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

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|--|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000. |

| | | |
|--|--|--|
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| | | |
| | | |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** 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

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f 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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 instructions and the latest information.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 | 234,228,360 | 238,528,635 | 221,071,443 | 198,601,326 | 208,738,341 |
| b Contributions | 4,050,089 | 10,626,654 | 16,959,609 | 12,278,420 | 6,714,308 |
| c Net investment earnings, gains, and losses | 4,083,127 | 8,696,420 | 11,347,583 | 21,684,174 | -5,778,021 |
| d Grants or scholarships | 4,929,874 | 4,757,585 | 4,565,851 | 4,430,927 | 4,235,935 |
| e Other expenditures for facilities and programs | 5,711,448 | 18,865,764 | 6,284,149 | 7,061,550 | 6,837,367 |
| f Administrative expenses | | | | | |
| g End of year balance | 231,720,254 | 234,228,360 | 238,528,635 | 221,071,443 | 198,601,326 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 29.000 %
- b** Permanent endowment ▶ 45.000 %
- c** Temporarily restricted endowment ▶ 26.000 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | Yes | No |
| 3a(ii) | No | No |
| 3b | | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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 | | 708,398,302 | 272,227,022 | 436,171,280 |
| c Leasehold improvements | | | | |
| d Equipment | | 80,177,278 | 64,517,178 | 15,660,100 |
| e Other | | 14,756,462 | 6,654,636 | 8,101,826 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 465,508,861 |

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 | 41,938,625 | F |
| (B) HEDGE FUNDS | 117,928,994 | F |
| (C) OTHER INVESTMENTS | 2,500,000 | F |
| (D) DEPOSITS WITH TRUSTEES | 4,754 | F |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 162,372,373 | |

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.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| (2) ACCRUED INTEREST PAYABLE | 1,069,222 |
| (3) REFUNDABLE ADVANCE-GOVT GRANT | 4,580,547 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 5,649,769 |

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 | 303,247,936 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 4,529,626 |
| b | Donated services and use of facilities | 2b | 1,604,649 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -720,777 |
| e | Add lines 2a through 2d | 2e | 5,413,498 |
| 3 | Subtract line 2e from line 1 | 3 | 297,834,438 |
| 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 | 1,767,523 |
| b | Other (Describe in Part XIII.) | 4b | -301,250 |
| c | Add lines 4a and 4b | 4c | 1,466,273 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 299,300,711 |

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 | 295,346,241 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,604,649 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 318,449 |
| e | Add lines 2a through 2d | 2e | 1,923,098 |
| 3 | Subtract line 2e from line 1 | 3 | 293,423,143 |
| 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 | 1,767,523 |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,767,523 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 295,190,666 |

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 |
|------------------|-------------|
| | |
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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, 2020, 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 Uncollectible Pledges \$ (720,777) |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| OTHER REVENUES INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS | PART XI, LINE 4B FUNDRAISING EXPENSES \$ (156,935) Rental Expenses \$ (144,315) ----- Total \$ (301,250) |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED ON FORM 990 | PART XII, LINE 2D FUNDRAISING EXPENSES \$ 156,935 Rental Expenses \$ 144,315 Post Retirement Benefit Obligation \$ 17,199 ----- Total \$ 318,449 ----- |

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

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 information.**

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

2019

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" on 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** Activites 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 the region | (d) Activities conducted in region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 104,818,952 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 104,818,952 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance | (h) Description of noncash 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" on 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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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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 | | 96,718,238 |
| Europe (Including Iceland and Greenland) | | | Investments | | 1,559,104 |

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 ACTIVITES | 1,905 |
| East Asia and the Pacific | | | Program Services | EDUCATIONAL ACTIVITES | 567,567 |

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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | | | Program Services | EDUCATIONAL ACTIVITES | 5,719,876 |
| Middle East and North Africa | | | Program Services | EDUCATIONAL ACTIVITES | 38,411 |

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 |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Program Services | EDUCATIONAL ACTIVITES | 36,834 |
| South America | | | Program Services | EDUCATIONAL ACTIVITES | 113,244 |

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 |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | | Program Services | EDUCATIONAL ACTIVITES | 63,773 |

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

2019

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 10 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 | | | |
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| | | | | | | |
| Total | | | | ▶ | | |

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

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.

| Revenue | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|--|---|---------------------------------------|----------------------------|---------------------------------|---------|
| | <u>Newport vision</u> (event type) | <u>MIH vision cup</u> (event type) | <u>0</u> (total number) | (add col. (a) through col. (c)) | |
| 1 Gross receipts | 204,500 | 170,550 | 0 | 375,050 | |
| 2 Less: Contributions | 138,500 | 110,050 | 0 | 248,550 | |
| 3 Gross income (line 1 minus line 2) | 66,000 | 60,500 | 0 | 126,500 | |
| Direct Expenses | 4 Cash prizes | 2,000 | 1,500 | 0 | 3,500 |
| | 5 Noncash prizes | | | 0 | 0 |
| | 6 Rent/facility costs | 3,000 | 20,000 | 0 | 23,000 |
| | 7 Food and beverages | 13,615 | 16,560 | 0 | 30,175 |
| | 8 Entertainment | | | 0 | 0 |
| | 9 Other direct expenses | 42,006 | 58,254 | 0 | 100,260 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 156,935 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -30,435 | |

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.

| Revenue | (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 |
|------------------|-------------|
|------------------|-------------|

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

2019

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...
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 5
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 | 2830 | 72,270,859 | | | |
| (2) ATHLETIC SCHOLARSHIPS | 274 | 9,777,686 | | | |
| (3) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT | 238 | 944,300 | | | |
| (4) CARES Act Emergency Student Grants | 1348 | 1,208,514 | | | |
| (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. |
| PART III, LINE 4 | FEDERAL CARES ACT HIGHER EDUCATION EMERGENCY RELIEF FUND EMERGENCY STUDENT AID THE UNIVERSITY RECEIVED CERTAIN FUNDING UNDER THE CARES ACT TO PROVIDE AID TO STUDENTS DURING THE YEAR THAT ENDED JUNE 30, 2020. THE UNIVERSITY WILL RECEIVE \$1,349,783 FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) FOR THIS PURPOSE. THE FUNDS WERE USED FOR EMERGENCY FINANCIAL AID GRANTS TO STUDENTS UNDER THE 18004(A)(1) CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT). THE UNIVERSITY DISBURSED \$1,208,514 TO STUDENTS AS OF JUNE 30, 2020 TO ASSIST THE STUDENTS IN THEIR TRANSITION. |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Providence Community Library PO Box 9267 Providence, RI 02940 | 36-4640304 | 501(C)(3) | 15,000 | | | | General Support |
| Semper Veritas LLC 549 River Ave Providence, RI 02908 | 84-3265910 | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Inspiring Minds 190 Broad Street 2nd Floor West Providence, RI 02903 | 05-0310175 | 501(C)(3) | 10,000 | | | | General Support |
| A Wish Come True Inc 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Youth Pride LLC 743 Westminister Street Providence, RI 02903 | 05-0478645 | 501(C)(3) | 5,250 | | | | General Support |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

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 |
|--|--------|--------|
| <p>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.</p> <p> <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 </p> <p> <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) </p> | | |
| <p>b If any of the boxes on 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</p> | 1b Yes | |
| <p>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 on Line 1a?</p> | 2 Yes | |
| <p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <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 </p> | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a Yes | 4b Yes |
| | 4c | No |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | 5b No |
| | | No |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | 6b No |
| | | No |
| <p>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.</p> | 7 | No |
| <p>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.</p> | 8 | No |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 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 | | | | | | | |
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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 2019. LISTED BENEFITS TO EMPLOYEES CEASE UPON THEIR TERMINATION DATE. THE COLLEGES PRESIDENT, REV. BRIAN J. SHANLEY, OP AND THE COLLEGES EVP/TREASURER, REV. KENNETH R. SICARD, OP WERE PROVIDED WITH ON CAMPUS HOUSING. THE HOUSING WAS EXCLUDED FROM THE INCOME OF REV. BRIAN J. SHANLEY, OP AND REV. KENNETH R. 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, VP/ASSOCIATE ATHLETIC DIRECTOR OF EXTERNAL RELATIONS, 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. PART I, LINE 4A SEVERANCE UNDER THE TERMS OF THE SEPARATION AGREEMENT BETWEEN MARIFRANCES MCGINN AND THE COLLEGE, SALARY CONTINUANCE PAYMENTS WILL BE MADE THROUGH 2/5/20. AS PART OF HER SEPARATION AGREEMENT, MARIFRANCES MCGINN RECEIVED SEVERANCE OF \$238,255, WHICH WAS INCLUDED IN HER W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III). |
| 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 \$ 50,000 ROBERT DRISCOLL \$ 50,000 |

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 | | | | |
| 1Edward Cooley Mens Basketball Coach | (i) | 2,784,336 | 352,000 | 153,845 | 128,000 | 32,369 | 3,450,550 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1Nathan Leaman Mens Hockey Coach | (i) | 486,307 | 266,250 | 22,261 | 78,000 | 27,724 | 880,542 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2Robert Driscoll VP & Director of Athletics | (i) | 401,250 | 68,200 | 43,237 | 78,000 | 25,142 | 615,829 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3Gregory Waldron SR VP Instit. Advancement | (i) | 344,290 | 0 | 142,580 | 28,000 | 30,251 | 545,121 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4James Crowley Women's Basketball Coach | (i) | 348,179 | 68,000 | 20,623 | 28,000 | 29,138 | 493,940 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5Hugh Lena SR VP Academic Affairs/Provos | (i) | 332,444 | 0 | 13,204 | 28,000 | 21,698 | 395,346 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6John Sweeney SR VP Finance & Business/CFO | (i) | 282,412 | 8,150 | 17,028 | 28,000 | 54,324 | 389,914 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7Sylvia Maxfield Dean School of Business | (i) | 296,440 | 0 | 3,420 | 28,000 | 22,335 | 350,195 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8Kristine Goodwin VP Student Affairs | (i) | 235,254 | 0 | 50,880 | 24,610 | 31,685 | 342,429 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9Steven Napolillo Asst VP/SR Assoc Ad Ext Rel. | (i) | 243,250 | 20,000 | 25,559 | 24,500 | 24,014 | 337,323 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10Marifrances Mcginn VP & Gen Counsel | (i) | 24,728 | 0 | 255,134 | 28,000 | 21,159 | 329,021 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11Ann Manchester Molak VP Ext Affairs/MKT/BR | (i) | 220,887 | 0 | 10,699 | 22,508 | 21,674 | 275,768 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 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

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include RI Health & Educational Bldg Corp with various bond issues.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include amounts of bonds retired, legally defeased, total proceeds, and issuance costs. Includes questions 14-17 regarding bond issuance details.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions 1 and 2 regarding private business use of bond-financed property.

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 ▶ | | 0 % | | 0 % | | 0 % | | 0 % |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | 0 % |
| 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. | | 0 % | | 0 % | | 0 % | | 0 % |
| 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 \$337,142. 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 \$50,214. 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 \$550. 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 \$8,249. 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 2012A BONDS QUALIFY UNDER A PRIVATE BUSINESS USE EXCEPTION FOR INCIDENTAL USE. THEREFORE, THESE CONTRACTS DO NOT RESULT IN PRIVATE BUSINESS USE. Part IV, Line 2c The rebate computation date for the series 2012A bond issue was 1/25/2020 The rebate computation date for the series 2012B bond issue was 10/31/2019 The rebate computation date for the series 2015 bond issue was 7/31/2019 The rebate computation date for the series 2017 bond issue was 2/29/20 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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 | 14,286 | | No | Yes | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 14,286 | | | | | |

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 | 2,500 | Tuition | Tuition Scholarship |
| (2) NA | N/A | 1,000 | 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 |
| (1) DANIEL F KILLIAN | Family Member of John Killian, Board Chair | | COMPENSATION | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public 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 | 52 | 2,116,281 | SELLING PRICE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | X | 1 | 9,526 | FMV |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 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 | 46 | 57,072 | 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** 1

| | | | | |
|-----|---|--|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | Yes | No |
| | | | | 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? | | | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | Yes | No |
| | | | | No |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't 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
2019
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, VP EXTERNAL AFFAIRS, MARKETING, & BOARD RELATIONS, VP & DIRECTOR OF ATHLETICS, 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 |
|---|--|
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | PART XI, LINE 9 PART VI, SECTION C, LINE 19 Uncollectible Pledges \$ (720,777) Post Retirement Benefit Obligation \$ (17,199) ----- TOTAL \$ (737,976) |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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.

| (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.

| (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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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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 | |
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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 (5) | INVESTING | RI | PC | Trust | | | | Yes | |
| (2) CHARITABLE PERPETUAL TRUSTS (3) | INVESTING | RI | PC | Trust | | | | Yes | |
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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 | s | 58,000 | CASH |
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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 | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
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