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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 са	lendar yea	r, or tax year begi		and ending 06-30	0-2009			
B Ch	eck if ap	pplicable	Please	C Name of organizat ST VINCENT COLLE					D Employer ide	entification number
☐ Add	fress ch	ange	use IRS label or						25-096412	
П Na	me char	nge	print or	Doing Business As					E Telephone n	umber
┌ Init	al retur	rn	type. See Specific	Number and street	(or P.O. hox if mail is	not delivered to street	address)	Room/suite	(724) 532-	
Гте	mınatıo	n	Instruc- tions.	300 FRASER PURC		not delivered to street	dudicssy	Room, saite	G Gross receip	ts \$ 79,692,622
_	ended r		cionsi	City or town state	or country, and ZIP +	1			l	
_				LATROBE, PA 1565		7				
J Api	olication	pending								
				ne and address of	Principal Officer				s a group returr	
				ES TO WEY ASER PURCHASI	ROAD			affilia	tes?	ΓYes Γ Nο
			LATRO	BE,PA 15650			,	H(b) Are all	l affiliates includ	ed?
I Ta	x-exem	pt status	▽ 501(c)) (3) ◀ (ınsert no)	4947(a)(1) or	527				: See instructions)
J W	eb site	e: ► WW	/W STVINC	ENT EDU			i	H(c) Grou	p Exemption Nu	ımber 🟲
								•		
К Тур	e of org	anization	 ✓ Corporat	ion	ation other -		I	L Year of Fo	rmation 1846 M	State of legal domicile PA
Da	rt I	Sum	marv							
Га				e organization's m	ission or most sig	nificant activities				
01		•		-	_	ADUATE EDUCAT	ION FO	RMENAN	D WOMEN	
ĕ										
Ē										
Governance	2	Check	this box 🖵	ıf the organızatıon	discontinued its o	perations or dispo	sed of m	nore than 2	5% of its asset	s
Ĭ	3	Number	r of voting r	nembers of the go	verning body (Part	:VI, line 1a)			3 _	45
2 6	4	Numbei	r of ındepen	ident voting memb	ers of the governi	ng body (Part VI, lı	ne 1b)		. 4 _	31
Activities &				nployees (Part V,						1,533
1				lunteers (estimate					6	12
AC						[, line 12, column (c) .		7a	433,222
				ness taxable ınco		- 7Ь	-66,087			
	_				Pric	or Year	Current Year			
	8	Contri	butions and	d grants (Part VII)	[.line 1h)				23,643,449	15,649,799
≘	9			revenue (Part VII					55,936,544	60,313,311
Revent	10	Invest	tment incor	ne (Part VIII, colu	ımn (A), lınes 3, 4			4,918,812	2,970,652	
æ	11					, 9c, 10c, and 11e			415,551	430,948
	12		-			art VIII, column (A	-			,
		12)							84,914,356	79,364,710
	13			ar amounts paid (P	, , ,	,			18,711,727	21,034,818
	14	Benefi	ts paid to o	r for members (Pa	rt IX, column (A),	line 4)				0
Ø	15		es, other co	ompensation, emp	oyee benefits (Pa	rt IX, column (A), lı	ınes 5–		22,964,395	26,125,310
386	16a	10)	sional fund	raising fees (Part	IV column (A.) lur	10 110)			22,304,333	20,123,310
Expenses	١.									
五	ь	•		penses, Part IX, colum		<u> </u>			22 221 215	24 624 757
	17			(Part IX, column (A			(4.))		22,991,315	21,694,757
	18					X, line 25, column (-	(A))		64,667,437	68,854,885
<u></u>	19	Reven	ue less exp	enses Subtract I	ne 18 from line 12	2			20,246,919	10,509,825
Not Assets or Fund Balances									ng of Year	End of Year
28 e	20	Total	assets (Par	t X, line 16)					183,590,767	175,315,286
A B	21	Totall	liabilities (F	Part X, line 26)					41,531,518	39,758,191
	22	Netas	sets or fun	d balances Subtra	act line 21 from lir	ne 20			142,059,249	135,557,095
Pai	rt II	Sign	ature Blo	ock						
						eturn, including accompa er (other than officer) is				the best of my knowledge
Plea	se	****		oon oon, and oomprove		. (1	-04-19	
Sign			ature of office	er				Date	-04-19	
Here	е	L DEN	NIS THIMONS	TREASURER/VP OF F	INANCE					
			e or print nam							
		Preparer				Date	Che	eck if	Preparer's PTIN	(See Gen Inst)
Paid		signatur		R Lenart			self			,,
	arer's	Epper/s -		- L DADENTEDEADE	10		emi	polyed 🕨 🦳	1	
Use		ıf self-er	ame (or yours nployed),	P					EIN 🕨	
J 35 (y	address,	and ZIP + 4	444 LIBERTY AVE	NUE SUITE 1800				Dhone ::- * /:	113) 607 6400
				PITTSBURGH, PA					Phone no 🕨 (4	<u> </u>
May	the IR	Sdiscus	s this retu	rn with the prepare	er shown above? (See instructions)				▼ Yes

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

1 See A	Briefly describe the organi dditional Data Table	zation's mission			
2	Did the organization un the prior Form 990 or 9		ogram services during the year w		es 🔽 No
	If "Yes," describe these	e new services on Schedul	le O		
3	services?		ıgnıficant changes ın how it cond		es 🔽 No
	If "Yes," describe these	e changes on Schedule O			
4	Section 501(c)(3) and	(4) organizations and 494	each of the organization's three la 17 (a)(1) trusts are required to rep or each program service reported	port the amount of grants and al	
4a	IS "TO PROVIDE QUALITY LETHE BROADER PURPOSES OF STUDENTS WITH A BROADMATHEMATICS EACH OF COSTUDENT'S GENERAL BODY AN ECONOMIC, ENVIRONMALLEGHENY AND WESTMOF PROGRAMS ALSO HAVE HALENVIRONMENTAL AND HEALEGHEIC AND PASTORAL	VINCENT COLLEGE IS A PRIVATE INDERGRADUATE AND GRADUATE OF HUMAN LIFE "SAINT VINCEN" -BASED EDUCATION THE CORE OUR PROGRAMS OF STUDY INCO OF KNOWLEDGE THROUGHOUTENTAL AND CULTURAL RESOUND AN INSTRUMENTAL ROLE IN FUTCHER IN FUTCHER ISSUES SAINT VINCEN PREPARATION OF CANDIDATES	D,992,327 Including grants of \$ E, CATHOLIC, BENEDICTINE LIBERAL ART TE EDUCATION FOR MEN AND WOMEN TO COLLEGE'S APPROACH TO EDUCATION CURRICULUM IS FOUNDED IN THE HUM DRPORATES AN INTERDISCIPLINARY VIEW THEIR LIVES IN ADDITION TO ITS ROLE CE FOR THE LOCAL AREA APPROXIMATE O CONTRIBUTE TO THE REGION'S ECONO COSTERING BUSINESS DEVELOPMENT, PRIT COLLEGE SEMINARY IS A CENTER FOR THE PRIESTHOOD THE SEMINARY FIED MEN AND WOMEN SEEKING A THEO	O ENABLE THEM TO INTEGRATE THEIR IS ROOTED IN A CORE CURRICULUM MANITIES, SOCIAL SCIENCES, NATURAL WOF KNOWLEDGE AND EMPHASIZES TE AS A KEY EDUCATIONAL PROVIDER, SELY 40% OF ALL GRADUATES FROM THIS MIC GROWTH THE COLLEGE'S ACADEN COMOTING CULTURAL ENRICHMENT AND THE SPIRITUAL FORMATION, HUMAN ALSO PROVIDES PROGRAMS FOR PERM	PROFESSIONAL AIMS WITH IHAT PROVIDES ALL SCIENCES AND HE SKILLS TO INCREASE A IAINT VINCENT SERVES AS E COLLEGE RESIDE IN MIC AND OUTREACH D ADDRESSING REGIONAL DEVELOPMENT AND
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program service	es (Describe in Schedule	0)		
	(Expenses \$	·	grants of \$) (Revenue \$)
4e	Total program service	expenses \$ 60),992,327 Must equal Part IX, Li	ine 25, column (B).	

art IV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Part	V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
0	of U.S. Information Returns. Enter -0- if not applicable					
		1a	168			
b E	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	40			
	Old the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
_	gaming (gambling) winnings to prize winners?			1c	Yes	
5	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 eturn	2a	1,533			
b I	f at least one is reported in 2a, did the organization file all required federal employn Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent ta	ax returns?	2b	Yes	
3a D	Old the organization have unrelated business gross income of \$1,000 or more during the turn?				Yes	
	f "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>	• • edule i		3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a si			- 55	163	
0	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
Ь,	f "Yes," enter the name of the foreign country ^{CJ}					
S	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Refinancial Accounts</i> .	port o	f Foreign Bank and			
5a V		na the	tax year?	5a		N o
	Old any taxable party notify the organization that it was or is a party to a prohibited		·	5b		Νο
	f "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			30		
	Tax Shelter Transaction?	•	• • •	5c		
6a D	Old the organization solicit any contributions that were not tax deductible?			6a		Νο
	f "Yes," did the organization include with every solicitation an express statement the vere not tax deductible?	at su	ch contributions or gifts	6b		
7 (Organizations that may receive deductible contributions under section 170(c).					
	Old the organization provide goods or services in exchange for any quid pro quo con nore?	trıbutı	on of \$75 or	7a	Yes	
b I	f "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c [Old the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	ile Form 8282?	•		7c		N o
d I	f "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Old the organization, during the year, receive any funds, directly or indirectly, to pay			7e		Νο
f D	Old the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
r	equired?			7h		
s	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a s excess business holdings at any time during the			•		
	rear?			8		
9 5	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a [Old the organization make any taxable distributions under section 4966?			9a		
b 0	Old the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10 S	Section 501(c)(7) organizations. Enter		•			
	nitiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities	10b				
11 S	Section 501(c)(12) organizations Enter					
	Gross Income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a 5	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu d	of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governina	Body and	Management

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 45			
Ь	Enter the number of voting members that are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or 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	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BUSINESS OFFICE ST VINCENT COLLEGE LATROBE, PA 15650 (724) 532-6600

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
							<u> </u>			
			-				_			
1b Total							•	1,115,401	ı (223,319
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e tha	n \$1	00.000 in reportabl	e	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►12

			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		Νo				
4	For any individual listed online 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							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DGGP ARCHITECTURE 4 SMITHFIELD STREET 6TH FLOOR PITTSBURGH, PA 15222	ARCHITECTURE	179,473
VIDIPAX 30-00 47TH AVENUE LONG ISLAND CITY, NY 11101	DIGITIZATION	150,350
Total number of independent contractors (including those in 1) who received more than	\$100,000 in compensation	2

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	1a		Revenue		512, 513, or 514
इ इ	ь	Membership dues					
풀	"	Membership dues	1b ———				
Contributions, gifts, grants and other similar amounts	С	Fundraising events	. 57,686 1c				
# <u>a</u>	d	Related organizations	. 1d 1,745,336				
£,	e	Government grants (contributions)	1e 3,040,509				
ntion er s	f	All other contributions, gifts, grants, a similar amounts not included above	10,806,268	j	j		j
き			1f				
TE DE	g	Noncash contributions include	d in 035				
० व	h	lines 1a-1f \$		15,649,799			
			Business Code				
an	2a	TUITION AND FEES	611,600	46,421,034	46,421,034		
ven	ь	RESIDENCE HALL REVENUE	611,600	· · ·	5,972,070		
윤	С	DINING SERVICE REVENUE	611,600	, ,	5,041,330		
МСЄ	d	OTHER AUXILIARY SERVIC	611,600	-,,	1,626,607		
33	e	BOOKSTORE REVENUE	611,600		1,252,270		
ā	f	All other program service reve		_,,_,	_, Z,_ . 0		
Program Service Revenue							
Δ	g	Total. Add lines 2a-2f ► \$ 60,313,311					
	3	Investment income (including	dıvıdends, ınterest				
		other similar amounts)		2,111,941	Ţ		2,111,941
	4	Income from investment of tax-exen	npt bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 171,	849				
	ь	Less rental 286, expenses	112				
	С	Rental income -114, or (loss)	263				
	d	Net rental income or (loss) .		-114,263		7,410	-121,673
		(ı) Securities	(II) O ther				
	7a	Gross amount 858,					
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	с	Gain or (loss) 858,	711				
	d	Net gain or (loss)		858,711			858,711
	8a	Gross income from fundraising					
		events (not including \$ 35,606					
ne		\$35,606 of contributions reported on lir	ne				
듄		1c) See Part IV, line 18 Attach Schedule G if total exceed	10				
Re		\$15,000					
ie.	ь	Less direct expenses	·				
Other Revenue	с	Net income or (loss) from fund	raising events	-6,194	-6,194		
_	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	_		а				
	Ь	Less direct expenses Net income or (loss) from gam					
	С		Ing activities				
	10a	Gross sales of inventory, less returns and allowances					
		and anomunees	а				
	b	Less cost of goods sold .	. ь				
	С	Net income or (loss) from sale					
		Miscellaneous Revenue	Business Code 721,000	425 042		425,812	
	11a	PITTSBURGH STEELERS	721,000	·		425,812	
	b	MISCELLANEOUS INCOME	900,099	125,593			125,593
	С						
	d	All other revenue	_				
	е	Total. Add lines 11a-11d	 \$ 551,405				
	12	Total Revenue. Add lines 1h, 2		79,364,710	60,307,117	433,222	2,974,572
		8c, 9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				•
Do r	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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,017,576	21,017,576		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	17,242	17,242		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,338,720	1,118,946	200,182	19,592
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	18,376,163	15,359,384		268,937
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	880,655	736,080	131,687	12,888
9	Other employee benefits	4,216,215	3,524,048	630,463	61,704
10	Payroll taxes	1,313,557	1,097,913	196,420	19,224
11	Fees for services (non-employees)				
а	Management				
b	Legal	30,947	25,866	4,628	453
С	Accounting	57,950	48,437	8,665	848
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	961,019	803,250	143,704	14,065
12	Advertising and promotion	111,377	93,092	16,655	1,630
13	Office expenses	1,868,005	1,561,339	279,328	27,338
14	Information technology				
15	Royalties				
16	Occupancy	1,699,472	1,373,503	296,910	29,059
17	Travel	1,420,911	1,187,643	212,473	20,795
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				_
19	Conferences, conventions and meetings				
20	Interest	1,782,001	1,515,533	266,468	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,546,162	3,015,894	530,268	
23	Insurance	300,350	251,042	44,912	4,396
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES AND EQUIPMENT	4,434,870	3,706,806	663,159	64,905
ь	STUDENT LABOR	1,302,634	1,088,783	194,787	19,064
c	PURCHASES	892,040	745,596	133,389	13,055
d	FOOD SERVICE	663,805	554,829	99,261	9,715
e	EDUCATIONAL SUPPLIES	452,374	378,108	67,645	6,621
f	All other expenses	2,170,840	1,771,417	330,863	68,560
25	Total functional expenses. Add lines 1 through 24f	68,854,885	60,992,327	7,199,709	662,849
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

						(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing				1,131,099	1	Liid Oi	101,677
	2	Savings and temporary cash investments	431,888	2		2,331,247			
	3	Pledges and grants receivable, net				19,253,865	3	1:	5,252,629
	4	Accounts receivable, net				2,736,570	4		2,377,196
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		or		5		· ·
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	sectio	n 4958(f)(1))	and		6		
	7	Notes and loans receivable, net				2,169,484	7	:	2,540,255
	8	Inventories for sale or use				345,665	8		352,441
S	9	Prepaid expenses and deferred charges			_	435,073	9		403,045
ŧ,	10a	The para expenses and determed enarges 1 1 1 1 1 1				,			,
Assets	100	Land, buildings, and equipment cost basis	10a	125,58	84,182				
	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	47,9	52,193	74,124,721	10c	7	7,631,989
	11	Investments—publicly traded securities				75,736,453	11	6	8,610,655
	12	Investments—other securities See Part IV, line 11 $\it Complete B \it Schedule D$	Part VI	I of		6,538,544	12		4,578,619
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.			13				
	14	Intangible assets					14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•			687,405	15		1,135,533
	16	Total assets. Add lines 1 through 15 (must equal line 34)				183,590,767	16	17:	5,315,286
	17	Accounts payable and accrued expenses .				5,589,573	17		5,471,218
	18	Grants payable			18				
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities		33,769,642	20	3:	2,483,306		
ΘS	21	Escrow account liability Complete Part IV of Schedule D					21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
<u></u>		persons Complete Part II of Schedule L					22		
	23	Secured mortgages and notes payable to unrelated third partie	s .				23		
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D				2,172,303	25		1,803,667
	26	Total liabilities. Add lines 17 through 25				41,531,518	26	3:	9,758,191
ري طا		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e	lines 27					
űĆ	27	through 29, and lines 33 and 34. Unrestricted net assets				34,002,641	27	21	5,086,849
Balance	27					65,907,437	28		7,218,918
<u>—</u>	28 29	Temporarily restricted net assets				42,149,171	28		3,251,328
Fund	29	•				42,143,171	29	7	3,231,320
or Fi		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	na cor	прієте					
	30	Capital stock or trust principal, or current funds					30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
	32	Retained earnings, endowment, accumulated income, or other f	unds				32		
Net	33	Total net assets or fund balances				142,059,249	33	13	5,557,095
_	34	Total liabilities and net assets/fund balances	•			183,590,767	34	179	5,315,286
Pa	rt XI	Financial Statements and Reporting							
								Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	c If "Yes" to lines 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?			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

IIV Tõ	NCENT (COLLEGE CORP	ORATION								
		Reason for Public Charity Status (to be completed by all organizations)							-0964126		
	rt I								Instruct	ions)	
	organı:	nization is not a private foundation because it is (Please check only one organization)									
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	•	·	e hospital service organizati			-		• •		•
4	ı	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
			name, city, and								
5	Г	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in Se	ct ion 170((b)(1)(A)	(v).		
7	Γ	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gover	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170()(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Part	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exception	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)
11	Г	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	arry out t	he purposes of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza			nes 11e ti nally Integ		_		III - Other
_	_	•	• •	rtify that the organization is					d		
e	,	•		agers and other than one or			•			•	· ·
		section 50				,					
f		If the orgar	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organizatio <u>n,</u>
		check this						6.11			
g		following pe		as the organization accepted	d any gift (or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_	•		. ,	11g	
				erson described in (i) above	_					11g(
			•	ty of a person described in (oove?				11g(
h		• •		nation about the organizatio			supports				
			J	ž	•						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supp	Supported (described on lines 1-9 organization in the organiza		nızatıon	organiz	atıon ın	support?				
	Organ	nization		above or IRC section	col (i)) of your	col (i) o		
				(See Instructions))	your go docur	_	supp	ort?	In the	US?	
					Yes	No	Yes	No	Yes	No	-
					1 62	140	162	110	162	140	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization

Employer identification number ST VINCENT COLLEGE CORPORATION 25-0964126

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 /	Aggregate Contributions to (during year)		
3 /	Aggregate Grants from (durıng year)		
4 /	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?	5 5	•
Part	Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quadon the last day of the tax year	tion or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure of a conservation easement
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified I		2c
d	Number of conservation easements included in (c)	. ,	2d
	Number of conservation easements modified, transi	•	
	the taxable year 🕨	terreu, releaseu, extiliguistieu, or terrililate	ed by the organization during
4	Number of states where property subject to conserv	vation easement is located 🕨	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	year F
,	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the ye	ear ► \$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial	
Part	Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	ch in furtherance of public service,
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research i	· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA	·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		F \$
b	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Part	* * * *	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Othe	r Similar	Asse	ts (co	ntınued)
3		ng the organization's accession and other ns (check all that apply)	records, check any	of th	e foll	owing that a	re a sıgnıfıcant ι	ise of its col	lection	1	
а	▽	Public exhibition		d	\sqcap	Loan or exc	hange programs				
b	Γ	Scholarly research		e	Γ	Other					
С	굣	Preservation for future generations									
4		vide a description of the organization's co : XIV	llections and explair	n how	v they	further the	organization's ex	cempt purpo	se in		
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t						nılar	_	Yes	√ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon answ	rered "Yes'	' to Fo	rm 9	90,
1a		he organization an agent, trustee, custod uded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	_	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	1							
									A mou	nt	
С	Beg	inning balance					1c				
d	Add	litions during the year					1d				
e	Dist	tributions during the year					1e				
f	End	ing balance					1f				
2a	Dıd	the organization include an amount on Fo	rm 990, Part X, line	21?					Γ.	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete i									
1a	Bog	inning of year balance	(a)Current Year 68,757,053	(b) Prior	Year (c)	wo Years Back (d)	Three Years B	ack (e))Four Ye	ears Back
ь		itributions	1,514,235								
c		estment earnings or losses	-13,333,868								
d		nts or scholarships	-2,987,342								
e		er expenditures for facilities	<u> </u>								
		programs									
f	Adn	ninistrative expenses									
g	End	of year balance	53,950,078								
2	Prov	ride the estimated percentage of the year	r end balance held as	;							
а	Boa	rd designated or quasi-endowment 🕨	9 860 %								
b	Perr	manent endowment 🕨 77 340 %									
c	Terr	m endowment 🕨 12 800 %									
3a		there endowment funds not in the posses	sion of the organizat	ion t	hat a	re held and	admınıstered for	the			NI -
	-	inization by inrelated organizations						[3a(i)	Yes	No No
		related organizations							3a(ii)		No
Ь	٠,	'es" to 3a(II), are the related organization							3b		
4	Des	cribe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds		_			
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprecia	ition	(d) Boo	ok value
1a	and						4,950				4,950
b	Buildi	ngs					77,476,061	21,68	1,767	5!	5,794,294
c l	ease	ehold improvements					16,846,274	7,02	3,960	9	9,822,314
d I	quip	ment					19,575,338	16,15	9,853	:	3,415,485
е (Other	r	<u></u>		<u></u>		11,681,559	3,08	6,613		8,594,946

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		d . f l
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Dart VIII Investments Dreaman Belated Co	a Form 000 Part V June	1 2	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	748,389		
STUDENT DEPOSITS	1,055,278		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1 902 667		
,	1,803,667		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	79,364,710
Total expenses (Form 990, Part IX, column (A), line 25)	2	68,854,885
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	10,509,825
4 Net unrealized gains (losses) on investments	4	-16,920,944
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-91,035
9 Total adjustments (net) Add lines 4 - 8	9	-17,011,979
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,502,154
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per R	leturn
1 Total revenue, gains, and other support per audited financial statements	. 1	41,645,825
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	44	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	. 2e	-16,920,944
3 Subtract line 2e from line 1	. 3	58,566,769
4 A mounts 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		
b Other (Describe in Part XIV)	41	
c Add lines 4a and 4b	. 4с	20,797,941
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		79,364,710
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
1 Total expenses and losses per audited financial statements	. 1	48,147,979
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Losses reported on Form 990, Part IX, line 25	212	
	. 2e	327,912
e Add lines 2a through 2d	. 26	47,820,067
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		47,020,007
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	818	
c Add lines 4a and 4b	. 4c	21,034,818
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		68,854,885
Part XIV Supplemental Information	. , 3	1 00,004,000

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 1a		APPROXIMATELY 100 COVERLETS ARE NOT REPORTED IN THE COLLEGE'S BALANCE SHEET OR STATEMENT OF ACTIVITIES THE COVERLETS SERVE AS EDUCATIONAL, HISTORICAL AND CULTURAL TREASURES AND SUPPORT THE EXEMPT STATUS OF ST VINCENT COLLEGE
Part V, Line 4	Endowment Funds	ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, FACULTY DEVELOPMENT AND SALARIES, STUDENT RESEARCH, EDUCATIONAL PROGRAMS AND GENERAL SUPPORT OF OPERATIONS
Part XI, Line 8 - O ther Adjustments		NONCASH CONTRIBUTION NOT REPORTED IN THE FINANCIAL STMT ACCORDING TO GAAP -91035
Part XII, Line 4b - Other Adjustments		STUDENT AID 21034818 RENTAL EXPENSE -286112 SPECIAL EVENTS EXPENSE -41800 NONCASH CONTRIBUTION NOT REPORTED IN THE FINANCIAL STMT ACCORDING TO GAAP 91035
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE 286112 SPECIAL EVENTS EXPENSE 41800
Part XIII, Line 4b - Other Adjustments		STUDENT AID 21034818

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST VINCENT COLLEGE CORPORATION

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	25-0964126			
			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?	1	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?	2	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 THE CORPORATION'S RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED DURING THE RECRUITING AND ADMISSIONS PROCESS	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νο
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸			
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," attach an explanation	7	Yes	

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Employer identification number Name of the organization ST VINCENT COLLEGE CORPORATION 25-0964126 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ☐ Yes For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (b) Number of (c) Number of region (by type) (ie, is a program service, (f) Total expenditures in fundraising, program services, (a) Region offices in the employees or describe specific type of region grants to recipients located in agents in region region service(s) in region the region)

Totals

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
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		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other o	organizations or er	ntities				. ▶	

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP FOR ROOM AND BOARD	SWITZERLAND	1	8,137	SCHOLARSHIP			FAIR MARKET VALUE
SCHOLARSHIP FOR ROOM AND BOARD	CANADA	1	9,105	SCHOLARSHIP			FAIR MARKET VALUE

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

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OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17. 18. or 19. and by organizations that enter more than \$15.000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (vi) A mount paid to (or retained by) fundraiser listed in col (i) organization	Internal Revenue Service		-,,	,	 ,	Inspection
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Email solicitations g Special fundraising events c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events b If "Yes," list the ten highest paid individuals or entitive (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or patical in col (i) (vi) Amount paid to (or patical in col (i) (vi) Amount paid to (or patical in col (i) (vi) Amount paid to (or patical in col (i) (vi) Amount paid to (or patical in col (i) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (vi) Amount paid to (or patical in col (ii) (5				Employer ider	tification number
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	SI VINCENI COLLEGE	CORPORATION			25-0964126	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Part I Fundrais	ina Activities. Complete	e if the organiza	tion answered "Yes"	to Form 990. Part IV	. line 17.
a Mail solicitations e Solicitation of non-government grants b Email solicitations f Solicitation of government grants c Phone solicitations 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 activities? Yes The solicitation b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Did (iv) Gross receipts from activity (v) A mount paid to (or retained by) fundraiser listed in col (i) Organization contributions? Yes No (vi) Amount paid to (or retained by) organization contributions? Yes No (vi) Amount paid to (or retained by) organization col (ii) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (iii) Activity (vi) Amount paid to (or retained by) organization col (vi) Amount paid to (or retained by) organization col (vi) Amount paid to (or retained by) organization col (vi) Amount paid to (vi) Amount paid to (or retained by) organization col (vi) Amount paid to (v	<u> </u>	<u>-</u>	_		·	, 27 .
b Email solicitations f Solicitation of government grants c Phone solicitations d In-person solicitations 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 activities? Yes Times Yes Yes Yes Times Yes Y	_	•	tillough any of the			
c Phone solicitations d In-person solicitations 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 activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity fundraiser listed in col (i) (vi) A mount paid to (or retained by) organization (vii) A mount paid to (or retained by) organization		· · · ·		· <u> </u>		
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 activities? Tyes	<u>-</u>			<u>-</u>	•	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity from activity (vi) A mount paid to (or retained by) fundraiser listed in coll (i) organization	d In-person soli	cıtatıons			J	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (v) A mount paid to (or retained by) fundraiser listed in col. (i) organization	_	_	•	` _		
to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (v) A mount paid to (or retained by) fundraiser listed in col (i) organization	or key employees	listed in Form 990, Part VII)	or entity in conne	ection with professional	fundraising activities?	Yes No
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (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						
	• •		fundraiser have custody or control of	1	(or retained by) fundraiser listed in	(or retained by)
Total			Yes No			
Total						
Total by			+			
Total						
Total						
Total			+ +			
Total b			+ +			
Total						
Total by						
F	Total		•			

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

Pai	τIJ	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events		otal Eve	
			EASTER BALL (event type)	SUMMER THEATRE GALA (event type)	1 (total number)	(Add co	I (a) th ol (c))	rough
⊕ R	1	Cross resemble	29,001		5 25,485		9	3,292
Revenue	2	Gross receipts	15,470	27,33:	14,885		5	7,686
Rŧ	3	contributions	13,531	11,475	5 10,600		3	5,606
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	12,321				1	2,321
ă Ħ	7	Other direct expenses	4,109	21,296	4,074		21	9,479
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			4	1,800
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)				-	6,194
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thar	1
Reveitue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamıng hrough co	
	1	Gross revenue						
မှာ	2	Cash prizes						
red Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes%_ ┌ No	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>		т	Ι
9 a		er the state(s) in which the organiza				· 9a	Yes	No
b		No," Explain	gammig activities in each			. 9а		
10a		re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
Ь	If"	Yes," Explain						
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11	<u> </u>	<u> </u>
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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2

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Open to Public Inspection

Internal Revenue Service	Complete	in the organization ans	weled tes, on rollings	90, Part 1V, lines 21 or	22. Attach to Folin 990.		Inspect ion
Name of the organization ST VINCENT COLLEGE	CORPORATION					Employer identif	cation number
0						25-0964126	
Does the organizat the selection criter		substantiate the amoun	t of the grants or assista		ibility for the grants or ass		☐ Yes ☑
Form 990, Part IV and	Part IV, line 21 for a d Schedule I-1 if addi	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,0	
1(a) Name and addres organization or government	s of (b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	of section 501(c)(3) and						
							•

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

			ı	1	I
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARHIPS - SEOG	403	221,296		FAIR MARKET VALUE	
SCHOLARSHIPS - STUDENT AID	1640	18,426,849		FAIR MARKET VALUE	
SCHOLARSHIPS - ENDOWMENT	879	1,462,370		FAIR MARKET VALUE	
SCHOLARSHIPS - GRANTS	157	924,303		FAIR MARKET VALUE	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

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As Filed Data -

DLN: 93493131003150

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

51 1	INCENT COLLEGE CORPORATION		25-09	964126			
Pa	rt I Questions Regarding Compensation		23-0.	704120			
	tuonen ne dan amid eempeneasien			-	Yes	Νο	
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First class or charter travel		Housing allowance or residence for perso				
	▼ Travel for companions		Payments for business use of personal re	sidence			
	Tax idemnification and gross-up payments	1	Health or social club dues or initiation fee	:S			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, d	:hef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			or 1b	Yes		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee	t app	ly Written employment contract				
	Independent compensation consultant Form 990 of other organizations	ন ঘ		ommittee			
4	During the year, did any person listed in Form 990, Pa	art V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pa	ymen	t?	4a		Νo	
b	Participate in, or receive payment from, a supplement	al no	nqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-bas	sed co	ompensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and prov	vide t	he applicable amounts for each item in Part	III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of		, did the organization pay or accrue any				
а	The organization?			6a		Νο	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No	
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F		•	be			

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive (III) Other		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MR DENNIS THIMONS	(I)	131,579				30,365	161,944		
MR H JAMES TOWEY	(I) (II)	262,613				25,239	287,852		
MR RATCHAPOL DEJTHAI	(ı) (ıı)	142,719				22,159	164,878		
DR JOHN J SMETANKA	(ı) (ıı)	128,250				30,941	159,191		
DR GARY QUINLIVAN	(ı)	125,386				28,896	154,282		
MR THOMAS W CLINE PHD	(ı)	124,912				29,535	154,447		
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493131003150

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion **Employer identification number**

ST VINCENT COLLEGE CORPORATION 25-0964126 **Bond Issues** (Required for 2008) (h) 0 n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No

No UPPER YODER TOWNSHIP ADDITIONS TO TWO AUTHORITY 25-6010921 11-21-2005 6,220,000 DORMITORIES AND OTHER Χ Χ costs CONSTRUCTION AND CARROLLTOWN BOROUGH MUNICIPAL AUTHORITY 25-6000301 06-18-2007 1,500,000 EQUIPPING AN ATHLETIC Χ Χ FACILITY AND OTHER COSTS

Proceeds (Optional for 2008) Part II

		A	В	C	l D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion				•	

Yes No No Yes No No Yes Yes Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds?

Private Business Use (Optional for 2008)

		Α		В		С		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Schedule K (Form 990) 2008								
Part III	Private Bu	siness Use	(Continued)					

		4	A	E	3	(С	I	D	I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493131003150

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization ST VINCENT COLLEGE CORPORATION **Employer identification number**

					25-0964126			
Pa	rt I Types of Property	1		1				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррпеавіс		19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Q ualified 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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	MUSICAL							
	Other (describe $\underline{\sf INSTRUMENT}$)	X	1	91,035	FAIR MARKET VAL	U E		
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received		= -	ar for contributions for	29			
	which the organization complete Acknowledgement		ss, Part IV, Donee					
	nemonreagement I I I		•				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		163	110
	least three years from the date o			not required to be used for (exempt purposes			
	for the entire holding period? $oldsymbol{\cdot}$					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
Ь	If "Yes", describe in Part II					JZđ		14.0
33	If the organization did not report	revenuesı	n Column (c) for a type of p	property for which Column (a	ı) ıs			
	checked, describe in Part II							

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	I .

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE 0

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

DLN: 93493131003150

Open to Public Inspection

Name of the organization ST VINCENT COLLEGE CORPORATION

Employer identification number

25-0964126

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		GOVERNANCE OF THE CORPORATION IS ENTRUSTED TO THE MEMBERS OF THE CORPORATION AND THE BOARD OF DIRECTORS THERE ARE SEVEN MEMBERS OF THE CORPORATION, AND THEY ARE A SELF-PERPETUATING GOVERNING BODY THE MEMBERS OF THE CORPORATION MUST BE MEMBERS OF THE BENEDICTINE SOCITY - SAINT VINCENT ARCHABBEY THE MEMBERS ARE THE LEGAL GOVERNING BODY OF THE CORPORATION BUT HAVE DELEGATED TO THE CORPORATION'S BOARD OF DIRECTORS RESPONSIBILITY FOR MOST ACADEMIC AND OPERATIONAL MATTERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MEMBERS OF THE CORPORATION ARE REQUIRED TO APPROVE DEBT AND MAJOR CHANGES IN PROGRAMS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 WAS PRESENTED AT THE MARCH 2010 MEETING TO ALL FINANCE COMMITTEE MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All new board members undergo a vetting process by a board committee to ascertain if any potential conflict of interest exists between the member and the college corporation. Board members are reviewed on an annual basis to ensure that they are adhering to our conflict of interest policy. Additionally, management regularly and consistently reviews all significant business contracts to determine that wie are compliant with our conflict of interest policy.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The articles of incorporation provide for an executive compensation committee to recommend to the board objectives for the president of the college and other key employees and recommend policies, stragegies and pay levels necessary to support the college's objectives. The committee compiles comparative data from other colleges of similar size (chronicle of higher ed, IPEDS). The committee may also, if appropriate, select independent compensation consultants to advise the committee. HR Director keeps A file WITH minutes of meetings and worksheet used to analyze compensation data.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FORM 990 IS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		The Treasurer, Assistant Treasurer and Controller work with the Finance & Audit Committee Chair to select and engage our independent auditors subject to committee approval. The responsibility for the oversight of the audit field rests with management. The Chair of the Finance and Audit committee is kept current with the audit as it progresses by both management and the independent accountants. The independent accountants also present the annual financial results to the Finance and Audit Committee for discussion and approval.

ldentifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A		THE FOLLOWING BENEDICTINE MONKS ARE COMPENSATED EMPLOYEES BUT DO NOT RECEIVE A W-2, AS ALL COMPENSATION EARNED IS TRANSFERRED DIRECTLY TO THE SAINT VINCENT ARCHABBEY REV THOMAS ACKLIN, OSB (\$8,146) REV GILBERT J BURKE, OSB (\$5,887) BR NORMAN W HIPPS, OSB (\$177,978) REV VERNON A HOLTZ, OSB (\$21,361) VERY REV JUSTIN MATRO, OSB (\$119,901) REV EDWARD MAZICH, OSB (\$24,276) RT REV DOUGLASR NOWICKI, OSB (\$28,664) REV SEBASTIAN A SAMAY, OSB (\$9,880) REV THOMAS MORE SIKORA, OSB (\$5,816) REV PAUL TAYLOR, OSB (\$120,035)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

ZUUO

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization ST VINCENT COLLEGE CORPORATION				Employer ident	ification number
Part I Identification of Disregarded Entities				25-0964126	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(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 sta (if section 501(c))	tus (F) Direct controlling (3)) entity
THE BENEDICTINE SOCIETY OF WESTMORELAND COUNTY 300 FRASER PURCHASE ROAD LATROBE, PA15650 25-0964126	TO SUPPORT SAINT VINCENT COLLEGE, SEMINARY AND ARCHABBEY	PA	501(C)(3)	509(A)(1)	N/A

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organization

Par	Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with	n one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No			
b	Gift, grant, or capital contribution to other organization(s)		1b		No			
c	Gift, grant, or capital contribution from other organization(s)		1c	Yes				
d	Loans or loan guarantees to or for other organization(s)		1d		No			
e	Loans or loan guarantees by other organization(s)		1e		No			
f	Sale of assets to other organization(s)		1f		No			
g	Purchase of assets from other organization(s)		1 g		No			
h	Exchange of assets		1h		No			
i I	ease of facilities, equipment, or other assets to other organization(s)		<u> 1i</u>		No			
i	_ease of facilities, equipment, or other assets from other organization(s)				No			
_	k Performance of services or membership or fundraising solicitations for other organization(s)							
	erformance of services or membership or fundraising solicitations by other organizati		11		No			
	Sharing of facilities, equipment, mailing lists, or other assets	• •	1m	,	No			
	Sharing of paid employees		1n	Yes				
0	Reimbursement paid to other organization for expenses		10		No			
p	Reimbursement paid by other organization for expenses		1p		No			
q	O ther transfer of cash or property to other organization(s)		1q		No			
r	O ther transfer of cash or property from other organization(s)		1r		No			
				•				
2	f the answer to any of the above is "Yes," see the instructions for information on who	· ·	nd transaction thresholds					
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved					
(1)	THE BENEDICTINE SOCIETY OF WESTMORELAND COUNTY	С		215,0	00			
(2)	THE BENEDICTINE SOCIETY OF WESTMORELAND COUNTY	N	4	,186,3	07			

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1) THE BENEDICTINE SOCIETY OF WESTMORELAND COUNTY	С	215,000
(2) THE BENEDICTINE SOCIETY OF WESTMORELAND COUNTY	N	4,186,307
(3)		
(4)		
(5)		
(6)		
	<u> </u>	

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	D / Form							

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DLN: 93493131003150

Identifying number

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attachment See separate instructions. ► Attach to your tax return. Sequence No 67

Business or activity to which this form relates

ST VINCENT COLLEGE CORPORATION Form 990 Page 10 25-0964126 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 3,546,162 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 3,546,162 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 25-0964126

Name: ST VINCENT COLLEGE CORPORATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)						(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MS MARIANNE REID ANDERS , DIRECTOR	2 00	Х						0	0	0	
REV THOMAS ACKLIN OS , PROFESSOR	2 00	Х						0	0	0	
ATTY JOSEPH C BARTOLAC , DIRECTOR	2 00	Х						0	0	0	
MOST REV LAWRENCE E BR , DIRECTOR	2 00	Х						0	0	0	
REV GILBERT J BURKE O , DIRECTOR	2 00	Х						0	0	0	
MR J CHRISTOPHER DONAH , CHAIRMAN	6 00	Х		х				0	0	0	
REV DEMETRIUS R DUMM , DIRECTOR	2 00	Х						0	0	0	
MS CAROLYN D DURONIO , DIRECTOR	2 00	Х						o	0	0	
MR JOHN M ELLIOTT ESQ , DIRECTOR	2 00	Х						0	0	0	
REV CONAN E FEIGH OS , DIRECTOR	2 00	Х						0	0	0	
REV MARIO FULGENZI OS , DIRECTOR	2 00	Х						0	0	0	
DR THOMAS P GESSNER M , DIRECTOR	2 00	Х						0	0	0	
MR PAUL P GIUNTO , DIRECTOR	4 00	Х						0	0	0	
MOST REV ROGER W GRIES , DIRECTOR	2 00	Х						0	0	0	
MR DONALD A HAILE , DIRECTOR	4 00	Х						0	0	0	
VERY REV EARL J HENRY , DIRECTOR	2 00	Х						0	0	0	
REV VERNON A HOLTZ O , ASSOCIATE PROFESSOR	2 00	Х						0	0	0	
MR WILLIAM H ISLER , DIRECTOR	2 00	Х						0	0	0	
REV MATTHEW THOMAS LAFF , DIRECTOR	2 00	Х						0	0	0	
RT REV PAUL R MAHER , DIRECTOR	2 00	Х						0	0	0	
DR RAMON F MARTIN MD , DIRECTOR	4 00	Х						0	0	0	
REV EDWARD MAZICH OS , ASSOCIATE PROFESSOR	2 00	Х						0	0	0	
MR CHARLES J MCINTYRE , DIRECTOR	2 00	х						0	0	0	
MR ARTHUR H MEEHAN JR , DIRECTOR	4 00	X						0	0	0	
DR DONALD L MILLER , DIRECTOR	2 00	Х						0	0	0	
MS VERONICA MORGAN-LEE , DIRECTOR	2 00	Х						0	0	0	
MR JAMES L MURDY , DIRECTOR	2 00	X						0	0	0	
ATTY JOSEPH W O'TOOLE , DIRECTOR	2 00	Х						0	0	0	
MR KEVIN PASSARELLO , DIRECTOR	2 00	Х						0	0	0	
MS MARGARET M PETRUSKA , DIRECTOR	4 00	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MR CHARLES J QUEENAN , DIRECTOR	2 00	X						0	0	0	
MR MARK ROSSI , DIRECTOR	2 00	Х						0	0	0	
MR TIMOTHY P RYAN , DIRECTOR	2 00	Х						0	0	0	
MR HANS J SACK , DIRECTOR	2 00	Х						0	0	0	
REV SEBASTIAN A SAMAY , LIBRARY	2 00	Х						0	0	0	
MR JAMES M SHEEHAN , DIRECTOR	2 00	Х						0	0	0	
REV THOMAS MORE SIKORA , CAMPUS MINISTRY	2 00	Х		х				0	0	0	
MR RICHARD J TROIANO , DIRECTOR	2 00	Х						0 0		0	
REV RICHARD ULUM OSB , DIRECTOR	2 00	Х						0 0		0	
MR THOMAS JUSHER , DIRECTOR	2 00	Х						0	0	0	
MR PHILP H WEIHL , DIRECTOR	2 00	Х						0	0	0	
MR H MARTIN WESTFALL , DIRECTOR	4 00	Х						0	0	0	
DR ROBERT C WILBURN , DIRECTOR	2 00	Х						0	0	0	
MR JAMES F WILL , DIRECTOR	2 00	Х						0	0	0	
REV FRANK ZIEMKIEWICZ , DIRECTOR	2 00	Х						0	0	0	
MS AMY PALMER SAUDERS , DIRECTOR	2 00	Х						0	0	0	
VERY REV JUSTIN MATRO , RECTOR	40 00			Х				0	0	0	
RT REV DOUGLAS R NOWI , VICE CHAIRMAN/CHANCELLOR	8 00			х				0	0	0	
MR DENNIS THIMONS , TREASURER/VP OF FINANCE	40 00			х				131,579	0	30,365	
MR H JAMES TOWEY , PRESIDENT	40 00			Х				262,613	0	25,239	
MS GINA M NALEVANKO C , ASST TREASURER	40 00			х				82,364	0	25,528	
MR RATCHAPOL DEJTHAI , CIO	40 00					Х		142,719	0	22,159	
DR JOHN J SMETANKA , VP FOR ACADEMIC AFFAIRS	40 00					х		128,250	0	30,941	
DR GARY QUINLIVAN , DEAN - MCKENNA SCHOOL	40 00					Х		125,386	0	28,896	
MR THOMAS W CLINE PH , PROFESSOR - MARKETING	40 00					Х		124,912	0	29,535	
MR DENNIS J GRACE , ASST TO PRESIDENT	40 00					х		117,578	0	30,656	

	Form 990, Part VIII -	 Statement of 	Revenue - 2	a - 2g Progra	m Service	Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES	611,600	46,421,034	46,421,034		
b RESIDENCE HALL REVENUE	611,600	5,972,070	5,972,070		
c DINING SERVICE REVENUE	611,600	5,041,330	5,041,330		
d OTHER AUXILIARY SERVIC	611,600	1,626,607	1,626,607		
e BOOKSTORE REVENUE	611,600	1,252,270	1,252,270		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

SAINT VINCENT COLLEGE IS AN EDUCATIONAL COMMUNITY ROOTED IN THE TRADITION OF THE CATHOLIC FAITH, THE HERITAGE OF BENEDICTINE MONASTICISM, AND THE LOVE OF VALUES INHERENT IN THE LIBERAL APPROACH TO LIFE AND LEARNING. ITS MISSION IS TO PROVIDE QUALITY UNDERGRADUATE AND GRADUATE EDUCATION FOR MEN AND WOMEN TO ENABLE THEM TO INTEGRATE THEIR PROFESSIONAL AIMS WITH THE BROADER PURPOSES OF HUMAN LIFE.SAINT VINCENT SEMINARY IS A ROMAN CATHOLIC SEMINARY GROUNDED IN THE GOSPEL OF JESUS CHRIST AND THE LIVING TRADITION OF THE CHURCH IN ACCORD WITH THE MAGISTERIUM, AND SHAPED BY THE BENEDICTINE HERITAGE OF LITURGICAL PRAYER, STUDY, HOSPITALITY AND COMMUNITY. THE SEMINARY IS A CENTER FOR THE SPIRITUAL FORMATION, HUMAN DEVELOPMENT, AND ACADEMIC AND PASTORAL PREPARATION OF CANDIDATES FOR THE PRIESTHOOD. THE SEMINARY PROVIDES PROGRAMS FOR PERMANENT DIACONATE CANDIDATES AND OFFERS DEGREE PROGRAMS TO QUALIFIED MEN AND WOMEN SEEKING A THEOLOGICAL EDUCATION.

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Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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