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DLN: 93493133050080

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)

OMB No 1545-0047

2008

Open to Public

Form **990**

Department of the Treasury

B Che							
_	r the 2	2008 calendar yea		nd ending 06-30-2009		D Employer ide	ntification number
		pplicable Please	C Name of organization Saint Xavier University				
	Iress ch	label or	Doing Business As			36-2177133 E Telephone nu	
Nan	ne char	nge print or type. See	Bolling Business / IS			·	
Inıtı	ıal retur	rn Specific	Number and street (or P O box if mail is not	delivered to street address) Room/suite	(773) 298-3	
Ten	mınatıo	Instruc- tions.	3700 West 103rd St			G Gross receipts	s \$ 104,962,405
- Am	ended r	return	City or town, state or country, and ZIP + 4				
Apr	olication	n pending	CHICAGO, IL 60655				
				ı			
			ne and address of Principal Officer ne Wiseman		H(a) Is the affilia	s a group return	for ┌Yes ┍No
			Vest 103rd St		aiiiia	tes.	1 165 1 110
			o,IL 60655		H(b) Are all	l affiliates include	d?
lax ——	x-exem	npt status 🔽 501(c	(3) ◀ (insert no)	27			See instructions)
W	eb site	e: ► www SXU edu			H(c) Grou	p Exemption Nur	nber 🟲
					T		
Турє	e of org	janization	on		L Year of Fo	rmation 1846 M S	State of legal domicile IL
Par	rt I						
	1	Briefly describe th	e organization's mission or most signific	ant activities			
			rsity (SXU) educates men and women t			lly, communicate	e effectively, and
		serve wisely and o	ompassionately in support of human dig	inity and the common	good		
		,	if the organization discontinued its ope				
		_	nembers of the governing body (Part VI				26
	4	Number of indepe	dent voting members of the governing b	oody (Part VI, line 1b)		. 4 _	24
	5	Total number of e	nployees (Part V , line 2a)	•		5 _	2,070
	6	Total number of vo	lunteers (estimate if necessary)			6 _	24
		5	ted business revenue from Part VIII, lii	, , ,	•	7a	861,626
	ь	Net unrelated bus	ness taxable income from Form 990-T,	line 34		7b	-302,519
					Prio	or Year	Current Year
.	8	Contributions an	i grants (Part VIII, line 1h)			4,334,935	3,092,968
	9	Program service	revenue (Part VIII, line 2g)		90,017,956	93,948,817	
ן אָ	10	Investment inco	ne (Part VIII, column (A), lines 3, 4, ar	d7d)		518,865	422,76
-	11	Other revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c	:, 10c, and 11e)		2,715,475	2,478,362
	12		dd lines 8 through 11 (must equal Part	VIII, column (A), line		97,587,231	99,942,908
\dashv	13	12)	ır amounts paıd (Part IX, column (A), lır	nos 1 – 3)		18,386,282	20,678,134
	14		r for members (Part IX, column (A), line			0	20,078,13-
	15		empensation, employee benefits (Part I)			0	
8	15	10)	impensation, employee benefits (Fait 12	c, column (A), mies 5-		44,385,667	46,817,953
22 15	16a	Professional fund	raising fees (Part IX, column (A), line 1	1e)		108,326	(
,	ь	(Total fundraising ex	penses, Part IX, column (D), line 25 914,826)			
हे ।			Part IX, column (A), lines 11a-11d, 11	f-24f)		30,391,967	29,423,166
3	17	Otherexpenses		· · ·		· · · · · · · · · · · · · · · · · · ·	96,919,253
<u>ਤੇ</u>	17 18	•		·		93,272.2421	, ,
ਤੋਂ 	18	Total expenses –	add lines 13–17 (must equal Part IX, l	·		93,272,242	
		Total expenses –		·	Reginni	4,314,989	3,023,655
	18 19	Total expenses – Revenue less ex	add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12	·	_	4,314,989 ng of Year	3,023,655 End of Year
Balances EXPenses	18 19 20	Total expenses – Revenue less ex Total assets (Pa	add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12 t X, line 16)	·	_	4,314,989 ng of Year 149,310,877	3,023,655 End of Year 147,729,786
	18 19 20 21	Total expenses – Revenue less ex Total assets (Pa Total liabilities (add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12 et X, line 16) Part X, line 26)	ne 25, column (A))	_	4,314,989 ng of Year 149,310,877 92,534,221	3,023,655 End of Year 147,729,786 92,095,025
Fund Balances	18 19 20 21 22	Total expenses – Revenue less ex Total assets (Pa Total liabilities (add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12 t X, line 16)	ne 25, column (A))	_	4,314,989 ng of Year 149,310,877	3,023,655 End of Year 147,729,786 92,095,025
	18 19 20	Total expenses – Revenue less ex Total assets (Pa	add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12 t X, line 16)	·	_	4,314,989 ng of Year 149,310,877	3,023,65 End of Year 147,729,78
Fund Balances	18 19 20 21 22	Total expenses— Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of pa and belief, it is true,	add lines 13–17 (must equal Part IX, li enses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line 2	ne 25, column (A)) 0 , including accompanying s	chedules and s	4,314,989 ng of Year 149,310,877 92,534,221 56,776,656 tatements, and to the on of which prepare	3,023,65 End of Year 147,729,78 92,095,02 55,634,76 ne best of my knowledge
e and Başances	18 19 20 21 22 † III	Total expenses – Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of po	add lines 13–17 (must equal Part IX, line lenses Subtract line 18 from line 12 It X, line 16) Part X, line 26) It be a subtract line 21 from line 20 It be a subtract line 21 from line 20 It be a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 21 from line 20 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 18 from line 12 It is a subtract line 21 from line 20 It is a subtract line 2	ne 25, column (A)) 0 , including accompanying s	chedules and s	4,314,989 ng of Year 149,310,877 92,534,221 56,776,656 tatements, and to the	3,023,65 End of Year 147,729,78 92,095,02 55,634,76 ne best of my knowledge
e and Başances	18 19 20 21 22 † III	Total expenses— Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of pand belief, it is true, ****** Signature of office Christine Wisema Type or print nam	add lines 13–17 (must equal Part IX, line lenses Subtract line 18 from line 12 It X, line 16) Part X, line 26) It because Subtract line 21 from line 20 It because Subtract line 21 from line 20 It is a president line 21 from line 21 from line 20 It is a president line 21 from line 21 from line 20 It is a president line 21 from line 21 from line 20 It is a president line 21 from line 21 from line 21 from line 20 It is a president line 21 from line 21 fro	ne 25, column (A)) 0 , including accompanying sother than officer) is based	chedules and s on all informat 2010- Date	4,314,989 ng of Year 149,310,877 92,534,221 56,776,656 tatements, and to the on of which prepare	3,023,65! End of Year 147,729,786 92,095,02! 55,634,76: the best of my knowledge or has any knowledge
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Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	's mission				
					of the Americas, educates men a of human dignity and the commo	
2	Did the organization unde the prior Form 990 or 99			vices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on S	chedule O			
3	Did the organization ceas	se conducting or r	make sıgnıfıcant 	changes in how it co	nducts any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Scheo	lule O			
4) organizations a	nd 4947(a)(1) tr	usts are required to	largest program services b report the amount of grants ed	
4a	(Code) (Expenses \$	80,920,139	including grants of \$	20,678,134) (Revenue \$	83,869,969)
	students SXU OFFERS GRAD BASED ON FALL SEMESTER S' UNDERGRADUATE LEVEL WE OF 197 FULL-TIME EMPLOYEE Midwest by U S News & Woi new facilities were added ove	UATE AND UNDERGRA FATISTICS, FULL-TIMI RE 2,845 AND AT THE SS AND 220 PART-TIM I'd Report's America's Per the last eight years School of Nursing, the	ADUATE PROGRAMS E EQUIVALENT STUD GRADUATE LEVEL V IE AND ADJUNCT FA Best Colleges 2009, With more than 43 E Graham School of	IN BUSINESS ADMINISTR ENTS ("FTES") ENROLLEI /ERE 1,194 Additionally, CULTY MEMBERS Recog Saint Xavier University's Bundergraduate majors a	nized as one of the top 40 compre undergraduate enrollment grew 1	ES, NURSING, AND EDUCATION 2009 FISCAL YEAR AT THE UNIVERSITY'S FACULTY CONSISTED hensive master's universities in the 1% from 2003 to 2008, and eight the College of Arts and Sciences,
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4-	(Codo)/Evpances ¢		including grants of t) (Revenue \$	
4c	(Code) (Expenses \$		including grants of \$) (Kevenue \$)
4d	Other program services (Expenses \$	•	nedule O) luding grants of	\$) (Revenue \$)
4e	Total program service e	xpenses \$	80,920,139	Must equal Part IX	, Line 25, column (B).	

art IV	Check	dist of	Required	Schedules
	CIICCE		IXC GGII CG	Schoules

			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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	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		No
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		No
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		No
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		No
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? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	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)? If "Yes," complete Schedule L, Part IV	30		
		28a		Νo
Ь	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		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νo
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 organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1:	31		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	, n		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
_	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	s		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to . 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	. , .		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	e 8		
9	year?			_
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	"		
	Initiation 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 facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Gov	erning Body an	d Mana	gement	

			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 26						
b	Enter the number of voting members that are independent 1b 24						
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	Yes				
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?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
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				
b	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		Νo			
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		Νo			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Ь	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		Νo
	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
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FR FRANCIS S TEBBE 3700 WEST 103RD ST CHICAGO,IL 60655 (773) 298-3000

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	·	(C) Position (check all that apply)							(E)	(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 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
		-	-							
			1		\vdash					
				\vdash	\vdash		\vdash			
							Ļ	1 227 121	-I -	225.452
1b Total			•		•		<u> </u>	1,337,196	5	226,162

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►17

			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 I for such person	5		Νο		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Chartwells Dining Services PO Box 91337 CHICAGO, IL 606931337	food service	4,016,110
Creative Communication Associates 16 Sage Estate ALBANY, NY 12204	marketing	721,104
AFCO 1 South 443 Summit Ave OAKBROOK TERRACE, IL 60181	financial services	639,320
Newman Architecture Inc 1730 Park Street NAPERVILLE, IL 605632611	Architect	606,262
ARAMARK 22506 Network Place CHICAGO, IL 606731225	Facility services	606,017
2 Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	53

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
nts ots	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	1b Fundraising events					
ifts, ir an	d	1c Related organizations1d					
g. E							
ons sin	e	, ,					
utí. Per	f	All other contributions, gifts, grants, and similar amounts not included above	1,515,970				
真豆	g	1f Noncash contributions included in					
Σ.E	9	lines 1a-1f \$9,585					
O 10	h	Total (Add lines 1a-1f)		3,092,968			
			Business Code				
l le	2a	TUITION		83,437,601	83,437,601	0	О
еле Э	ь	ROOM AND BOARD		7,228,607	0	0	7,228,607
еВ	с	BOOKSTORE REVENUE		2,924,615	0	0	2,924,615
rve	d	WORKSHOP REVENUE		286,839	286,839	0	0
36	e	GOVERNMENT LOAN ADMIN REVENUE		71,155	71,155	0	0
ran	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 93,948,817	dends interest				
		Investment income (including diviother similar amounts)	· · ·	640,512	0	0	640,512
	4	Income from investment of tax-exempt b	▶	0			
	5	Royalties		0			
	5	(i) Real	(II) Personal	, and the second			
	6a	Gross Rents 469,416	(ii) i cisonai				
	ь	Less rental 0					
	c	expenses Rental income 469,416					
	d	or (loss) Net rental income or (loss)		469,416	o	0	469,416
			(II) O ther				
	7a	(1) Securities Gross amount 4,621,933	(II) O ther				
		from sales of assets other					
	ь	than inventory Less cost or 4,839,684					
	"	other basis and sales expenses					
	с	Gain or (loss) -217,751					
	d	Net gain or (loss)		-217,751	0	0	-217,751
	8a	Gross income from fundraising	·				
		events (not including					
e		\$179,813 of contributions reported on line					
듄		1c) See Part IV, line 18					
ev.		Attach Schedule G If total exceeds \$15,000 a	521,786				
er l	ь	Less direct expensesb	179,813				
Other Revenue	с	Net income or (loss) from fundrais	ing events	0	0	0	0
•	9a	Gross income from gaming					
		activities See part IV , line 19 Complete Schedule G if total					
		exceeds \$15,000					
		а					
	Ь	Less direct expensesb		0			
	С	Net income or (loss) from gaming a	activities				
	10a	Gross sales of inventory, less returns and allowances					
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory	0			
		Miscellaneous Revenue	Business Code				
	11a	RESTAURANT FOODS SALES	722,210		0	723,094	
	Ь	HEALTH CENTER REVENUE	621,400		0	105,738	
	С	PARKING FEE REVENUE		278,970	74 274	22.704	,
	d	All other revenue		601,889	74,374	32,794	494,721
	е	Total. Add lines 11a-11d	 \$ 2,008,946				
	12	Total Revenue. Add lines 1h, 2g, 3		99,942,908	83,869,969	861,626	12,118,345
		8c, 9c, 10c, and 11e					
	J		- · · ·				Form 990 (2008)

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		plete columns	(B), (C), and (D)	
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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,678,134	20,678,134		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,352,327	1,071,501	250,885	29,941
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	35,034,772	27,890,364		644,729
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,180,357	1,717,452	406,840	56,065
9	Other employee benefits	5,729,139	4,383,292	1,235,920	109,927
10	Payroll taxes	2,521,358	2,005,150	463,297	52,911
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	80,560	0	80,560	0
d	Lobbying	88,748	0	88,748	0
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	45,218	0	45,218	0
g	Other	5,569,627	3,921,598	1,648,029	0
12	Advertising and promotion	1,497,064	423,979	1,073,085	0
13	Office expenses	4,324,710	3,736,055	588,655	0
14	Information technology	33,608	27,222	6,386	0
15	Royalties	0			
16	Occupancy	3,952,577	2,653,527	1,299,050	0
17	Travel	426,262	320,123	93,111	13,028
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	626,020	554,767	63,173	8,080
20	Interest	1,956,018	1,956,018	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,675,787	4,675,787	0	0
23	Insurance	967,833	967,833	0	0
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	Student Meal Plans	1,826,813	1,826,813	0	0
	STUDENT EVENTS	1,524,622	1,258,656	265,966	0
С	BAD DEBT & COLLECTION	912,600	360,320	552,280	0
d	DUES AND FEES	480,713	193,713	286,855	145
e	Sales Tax	259,262	259,262	0	0
f	All other expenses	175,124	38,573	136,551	
25	Total functional expenses. Add lines 1 through 24f	96,919,253	80,920,139	15,084,288	914,826
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	,=,-	,		- 2 .,, 2 2 0

Part X	Balance	Sheet

1. Cash—non-interest-bearing 1.693.417 1. 693.103						(A)		(B	
2 Savings and temporary cash investments 16.477,335 2 12.026,385 3 Pledges and grants receivable, net 2.44,340 3 1.322,133 4 Accounts receivable, net 2.46,340 3 1.322,133 5 Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part I of Schedule 5 6 Receivables from other disqualified persons (as defined under section 49.58 (f)(1)) and persons described in section 49.58 (f)(3)(5) Complete Part II of Schedule 2.866,541 7 2.297,326 7 Notes and loans receivable, net 2.866,541 7 2.297,326 8 Inventiones for sale or use 745,800 8 710,300 9 Prepaid expenses and deferred charges 2.852,781 9 2.855,167 10e Land, buildings, and equipment cost basis 10e 160,347,283 10e 101,140,805 10c 111,473,247 1 Investments—publicly traded securities 9,939,992 11 7,949,738 1 Investments—publicly traded securities 9,939,992 11 7,949,738 1 Investments—publicly traded securities 9,939,992 11 7,949,738 1 Investments—program-related See Part IV, line 11 Complete Part VII of 12 12 12 12 12 12 12 1 Investments—program-related See Part IV, line 11 Complete Part VII of 12 13 14 13 14 14 14 14 14		١٠	Cook non interest bearing			Beginning of year	-	End of	•
## Accounts receivable, net ## 2.449.40 3 1.302.133 ## Accounts receivable, net ## 6.481.615 4 6.816.071 ## Accounts receivable from current and former officers, directors, trustees, key employees or other related parties Complete Part I of Schedule 1. ## Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part I of Schedule 1. ## Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part I of Schedule 1. ## Receivables from the red siqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (f)(3)(8). Complete Part II of Schedule 1. ## Receivables from current and former officers from the first former of the f		_	-					1	
4 Accounts receivable, net									
S Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part I of Schedule L		-				· · · · · · · · · · · · · · · · · · ·			
other related parties. Complete Part II of Schedule 1. 6 Receivables from other dissualified persons (as defined under section 4958(f(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule 1. 7 Notes and loans receivable, net		-				0,401,013	*		0,510,071
persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			other related parties Complete Part II of Schedule L		•		5		
8 Inventories for sale or use		6					6		
100 100		7	Notes and loans receivable, net			2,695,541	7		2,973,260
b Less accumulated depreciation Complete Part VI of 10b 48.874.036 103.140.805 10c 111.473.247 11 Investments—publicly traded securities		8	Inventories for sale or use	•		478,608	8		710,505
b Less accumulated depreciation Complete Part VI of 10b 48.874.036 103.140.805 10c 111.473.247 11 Investments—publicly traded securities	- \$	9	Prepaid expenses and deferred charges			2,652,781	9		2,856,167
b Less accumulated depreciation Complete Part VI of 10b 48.874.036 103.140.805 10c 111.473.247 11 Investments—publicly traded securities	lsse	10a	Land, buildings, and equipment cost basis	10a	160.347.283				
11 Investments—publicly traded securities	-4	ь						4.4	4 470 0 47
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D 12 218,084									· · ·
12 13 17 15 14 15 15 15 15 15 15			• •				11		
13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15		12		Part VI	I of	0	12		219,084
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses		13			13				
15 15 15 16 16 16 17 16 16 17 17		14	Intangible assets				14		
16 Total assets. Add lines 1 through 15 (must equal line 34) 149,310.877 16 147,729,786 17 13,595,848 17 13,595,848 18 18 19 Deferred revenue		15		•		1,321,472	15		1,009,893
18 18 18 18 19 18 19 19		16				149,310,877	16	14	7,729,786
19 Deferred revenue		17	Accounts payable and accrued expenses .			13,675,484	17	1	3,595,848
20 Tax-exempt bond liabilities 63,600,000 20 61,400,000		18	Grants payable		18				
Second account liability Complete Part IV of Schedule D 21		19	Deferred revenue	4,305,083	19		4,060,675		
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities	63,600,000	20	6	1,400,000		
23 Secured mortgages and notes payable to unrelated third parties	<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
23 Secured mortgages and notes payable to unrelated third parties		22							
23 Secured mortgages and notes payable to unrelated third parties	Ē						22		
24 Unsecured notes and loans payable	_	23				3,967,211	23		4,910,258
25 Other liabilities Complete Part X of Schedule D		1					24		
26 Total liabilities. Add lines 17 through 25		25	Other liabilities Complete Part X of Schedule D			6,986,443	25		8,128,244
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			•			92,534,221	26	9	2,095,025
through 29, and lines 33 and 34. 27 Unrestricted net assets			Organizations that follow SFAS 117, check here ▶ and com	plet e	lines 27				
Permanently restricted net assets	ě		•	-					
Permanently restricted net assets	an	27	Unrestricted net assets			46,497,194	27	4	5,183,850
Permanently restricted net assets	<u>В</u>	28	Temporarily restricted net assets			2,308,098	28		502,496
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets			7,971,364	29		9,948,415
30 Capital stock or trust principal, or current funds			•	nd cor	mplet e				
Total liabilities and net assets/fund balances	0	30	_				30 H		
Total net assets or fund balances	Ą						-		
Total liabilities and net assets/fund balances	ASS	l							
Part XI Financial Statements and Reporting			- · · · · · · · · · · · · · · · · · · ·			56,776,656		5	5,634,761
						149,310,877		14	7,729,786
	De	rt VI	Einancial Statements and Benerting						
	Fa	rt XI	i manciai statements and keporting					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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?	2c	Yes	
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	

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As Filed Data -

DLN: 93493133050080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Saint	Xavier L	Iniversity							,			
								36	-217713	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	<u>~</u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	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	x) 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 ınstruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
e	\vdash		• •	rtify that the organization is			-					
_	'	•	- '	agers and other than one or			-			-		
		section 50		-	·		_				, , , ,	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
а		check this		as the organization accepte	d any dift	or contrib	ution from	any of the			ı	
g		following pe		as the organization decepted	a any gire	or contrib		uny or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mount of	
		orted		(described on lines 1-9 above or IRC section		ation in		nization		ation in organized	support?	
	Organ	ıızatıon		(See Instructions)	your go	listed in verning	supp	of your		US?		
				(See Instructions)		nent?	345	,010	"" ""	0 0		
	Yes No Yes No						1					

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, 100, 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)						
То	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						
	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	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

Software ID: Software Version:

EIN: 36-2177133

Name: Saint Xavier University

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			,\	(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	
John T Costello , Trustee	1 0	Χ						0	0	0	
Daniel K Curley , Trustee	1 0	Х						0	0	0	
John R DeLeonardıs , Trustee	1 0	Х						0	0	0	
Terrence Duffy , Trustee	1 0	Х						0	0	0	
Mıchael K Forde , Trustee	1 0	Х						0	0	0	
Sister Elizabeth Linehan , Trustee	1 0	Х						0	0	0	
William Keyser , Trustee	1 0	Х						0	0	0	
Mary MacLaren , Trustee	1 0	Х						0	0	0	
Ellen Stanton Mulaney , Trustee	1 0	Х						0	0	0	
Edmund F O pler , Trustee	1 0	Х						0	0	0	
Sister Georgine Scarpino RSM , Trustee	1 0	Х						0	0	0	
Brıan Shannon Jr , Trustee	1 0	Х						0	0	0	
Peter M Shannon III , Trustee	1 0	Х						0	0	0	
Mary Therese Small , Trustee	1 0	Χ						0	0	0	
C Carney Strange , Trustee	1 0	Х						0	0	0	
Judith E Hicks , Trustee	1 0	Χ						27,500	0	0	
Sister Nancy Houlihan RSM , Trustee	1 0	Χ						0	0	0	
Sister Lois M Graver RSM , Trustee	1 0	Х						0	0	0	
James J McDonough , Trustee	1 0	Х						0	0	0	
Thomas J Nessinger , Trustee	1 0	Χ						0	0	0	
James J O'Connor , Trustee	1 0	Χ						0	0	0	
Thomas Chomicz , chairman	1 0	Х		Х				0	0	0	
Patricia Morris , vice chairman	1 0	Х		Χ				0	0	0	
Joseph Balasa , Trustee	1 0	Х						0	0	0	
Sister Gilmary Bauer , Trustee	1 0	Х						0	0	0	
John J Benish Jr , Trustee	1 0	Х						0	0	0	
Judith Dwyer , President	40 0			Х				329,703	0	31,718	
Angela Durante , Provost	400			Х				85,706	0	2,181	
Susan Piros , Vice President (Treasurer)	400			Х				163,538	0	30,362	
Reverend Francis Tebbe , Vice President (Secretary)	40 0			Х				0	0	9,064	

Form 990, Part VII - Section Aaa

Torin 550, Part VII Section Add	•									
		(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
Sister Susan Sanders , Vice President	40 0			Х				0	0	18,084
Sarah Gulley , Dean of education	40 0					Х		138,962	0	26,848
James Brodzinski , Dean - School of Mgmt	40 0					х		145,700	0	28,840
Calvın Wıllıams , Vıce Presıdent	40 0					Х		171,927	0	24,512
Steven Murphy , Vice President	40 0					Х		146,892	0	28,535
Robert Tenczar , Vice President	40 0					Х		127,268	0	26,018

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program 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		83,437,601	83,437,601	0	0
b ROOM AND BOARD		7,228,607	0	0	7,228,607
c BOOKSTORE REVENUE		2,924,615	0	0	2,924,615
d WORKSHOP REVENUE		286,839	286,839	0	0
GOVERNMENT LOAN ADMIN REVENUE		71,155	71,155	0	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

IT	tne	or	ganızatı	on	answere	a "res,"	to For	m 9	ıθU,	Par	τιν,	Line	၁ (Proxy	ıax)	
	_															

• Se	ection 501(c)(4), (5), or (6) organ	izations complete Part III			
	ime of the organization nt Xavier University			Employer ider	ntification number
	·			36-2177133	
Par		by all organizations exempt ee the instructions for Schedule		1 501(c) and section	527
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed I for Schedule C for d	by all organizations exempt etails.)	under section	501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization ur	nder section 4955		\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectior	14955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	7	┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par		by all organizations exempt s for Schedule C for details.)	under section	1 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribi	uted to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-PO L, line 17b	empt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number (paid and indicate if the amount was j d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	organization's own interna litical organization, such a	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For	Paperwork Reduction Act Notice	e, see the instructions for Form 990.	Cat No 50	0845 Schedule C (Form 990 or 990-EZ) 200

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768			
	<u> </u>	checked box A and "limited control" provisions apply					
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals			
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)					
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)					
c	Total lobbying expenditures (add line	exempt purpose expenditures (add lines 1c and 1d)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures						
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (ente	r 25% of line 1f)					
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a					
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c					
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

,	·											
Part II-B	To be completed by organizations exempt under section 501(c)(3) that h	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form										
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)											
		(2)	/h)									

			<u>a, </u>	+	<u>(b)</u>	
		Yes	No	'	A moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local			+		
_	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				38,748
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through		•		8	88,748
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No	1		
ь	If "Yes" enter the amount of any tax incurred under section 4912		1	1		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l No			
	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ection	501(c)(5), or	
	section 501(c)(6). (See the instructions for Schedule C for details.)		•	, (,,	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), see section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details."	" OR i				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	I				
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	:al				

Part IV Supplemental Information

expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanat ion

5 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493133050080

OMB No 1545-0047

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

	me of the organization nt Xavier University		Employer identificat	ion numbe	r	
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		unds or Accounts.	Complet	e ıf	the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and oth	ner accour	nts	
L	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
ļ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		noradvised	☐ Yes	Г	No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		•	┌ Yes	Г	No
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form 990, Part IV,	lıne 7.		
<u>.</u>	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual on the last day of the tax year	on or pleasure)	n historically importantly ertified historic structure n of a conservation ease	è	а	
	,		Held at ti	he End of	the \	ear
а	Total number of conservation easements		2a			1
b	Total acreage restricted by conservation easements		2b		21	. 40
С	Number of conservation easements on a certified h	ustoric structure included in (a)	2c			0
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			0
3	Number of conservation easements modified, transfe	•	ed by the organization di	urina		
	the taxable year ► 0		- a - ,			
ļ	Number of states where property subject to conserva	ation easement is located ► 🕺 1				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	☐ Yes	▽ 1	No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the				
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$			
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ction	☐ Yes	▽ 1	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 easer	the footnote to the organization's financia				
ar	Complete if the organization answered		or Other Similar A	ssets.		
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch in furtherance of pub		١,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(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, histofollowing amounts required to be reported under SFA		• •	the		
а	Revenues included in Form 990, Part VIII, line 1		► \$			
b	Assets included in Form 990, Part X		► \$			

arı	TITLE Organizations Maintaining Collect	ctions of Art, His	stori	<u>cal Treas</u> i	ures, or Othe	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and other recitems (check all that apply)	ords, check any of t	he foll	owing that a	re a sıgnıfıcant u	ise of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
ь	Scholarly research	e	Г	Other				
c	Preservation for future generations							
	Provide a description of the organization's collect Part XIV	tions and explain ho	w the	further the	organization's ex	kempt purpose in		
i	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be						Yes	┌ No
ar	t IV Trust, Escrow and Custodial Arra					ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amou	nt on Form 990, P	art X	, lıne 21.				
а	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	/ for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete t	ne following table			-			
						A mo	unt	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
3	Did the organization include an amount on Form	990, Part X, line 217	>			Г	Yes	┌ No
)	If "Yes," explain the arrangement in Part XIV							
'a	rt V Endowment Funds. Complete if th	e organization ans	swere					
			b) Prior	Year (c)T	wo Years Back (d)	Three Years Back (e) Four Ye	ears Back
1	Beginning of year balance	13,062,422						
b	Contributions	200,402						
2	Investment earnings or losses	-2,329,537						
d	Grants or scholarships	103,356						
2	Other expenditures for facilities and programs	412,259						
f	Administrative expenses	27,884						
3	End of year balance	10,389,788						
	Provide the estimated percentage of the year en	d balance held as						
a		7 %						
.	Permanent endowment ► 83 %							
	Term endowment • 0 %							
c a	Are there endowment funds not in the possession	n of the organization	thata	re held and	administered for	the		
_	organization by	Tortio organization					Yes	No
	(i) unrelated organizations					3a(i)		Νo
	(ii) related organizations					3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizations II	•				3b		
	Describe in Part XIV the intended uses of the or							
a r	t VI Investments—Land, Buildings, a	nd Equipment. S				T		
	Description of investment			Cost or other (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Boo	k value
1	Land			0	15,016,273		1	5,016,27
b I	Buildings			0	68,569,504	12,737,198	5!	5,832,30
c I	Leasehold improvements			0	30,372,156	10,250,981	20	0,121,17
d I	Equipment			0	25,384,304	18,747,986		6,636,31
e	Other			0	21,005,046	7,137,871	13	3,867,17

111,473,247

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other PRIVATE EQUITY FUND	219,084	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2) 20011 14140	Cost or end-of-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, III		
(a) Descri	ption	(b) Book value
BENEFICIAL INTERESTS IN TRUST		1,009,893
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part >	T'	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
STUDENT DEPOSITS	92,655	
COND ASSET RETIREMENT OBLIGATION	2,867,401	
INTEREST RATE SWAPS	1,978,097	
REFUNDABLE GOVERNMENT LOANS	3,190,091	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	8,128,244	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	99,942,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	96,919,253
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,023,655
4	Net unrealized gains (losses) on investments	4	-2,657,543
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-991,304
9	Total adjustments (net) Add lines 4 - 8	9	-3,648,847
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-625,192
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	75,795,740
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-24,147,168
3	Subtract line 2e from line 1	3	99,942,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	99,942,908
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	76,420,932
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	۱ .	
e	Add lines 2a through 2d	2e 3	76 420 022
3	Subtract line 2e from line 1	-	76,420,932
4	, , , , , , , , , , , , , , , , , , ,		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
Ь	Other (Describe in Part XIV)	1.	20 400 224
C E		4c	20,498,321
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	96,919,253
انک	TATE Cappionical Information		

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	Explanat ion
Description of intended uses of endowment funds	Schedule D, Part V, Line 4	The purpose of the Endowment Fund is to facilitate donors' desires to make substantial long-term gifts to the community and to develop a new and significant source of revenue for the University In so doing, the Endowment Fund will provide a secure, long-term source of funds to (i) stabilize agency funding during periods of below normal annual campaigns, (ii) fund special grants, (iii) ensure long-term growth, (iv) enhance our ability to meet changing community needs in both the short and long-term, and, (v) support the administrative expenses of the University as deemed appropriate
FIN 48 Footnote	Schedule D, Part X	The University is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code In July 2006, the Financial Accounting Standards Board (FASB) issued FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements in accordance with the Statement on Financial Accounting Standards No 109, Accounting for Income Taxes Saint Xavier University adopted FIN 48 during the year ended June 30, 2008 The adoption had no impact on these financial statements
Other Change in Net Assests	Schedule D, Part XI, Line 8	DECREASE IN Fair value OF INTEREST RATE SWAP \$(991,304)
Other Revenue not included on Form 990	Schedule D, Part XII, Line 2d	Decrease in fair value of interest rate swap \$ (991,304) Institutional Financial Aid \$(20,678,134) Direct fundraising expenses \$ 179,813 Total \$(21,489,625)
Other Expenses included on Form	Schedule D, Part XIII, Line 4b	INSTITUTIONAL FINANCIAL AID \$20,678,134 Direct

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Schools

Name of the organization Saint Xavier University

Employer identification number

36-2177133 VEC NO

			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		163	
_	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	3	Yes	
	SXU PUBLISHES THEIR RACIALLY NONDISCRIMINATORY POLICY ON THEIR WEBSITE AT WWW SXU EDU THE UNIVERSITY SEEKS STUDENTS OF DIVERSE TALENTS, EXPERIENCES, KNOWLEDGE, INTERESTS, AND CULTURES WHO ARE WILLING TO LEARN, AND TO SEEK EXCELLENCE IN THEMSELVES AND OTHERS ONE OF THE CORE VALUES OF THE UNIVERSITY IS DIVERSITY DIVERSITY BUILDS A COMMUNITY THAT FOSTERS A CLIMATE THAT IS OPEN AND WELCOMING TO DIVERSE PEOPLE, IDEAS, AND PERSPECTIVES, THAT PROMOTES A CONSTRUCTIVE DISCOURSE ON THE NATURE OF DIVERSITY, AND THAT ENGAGES FACULTY, STAFF, AND STUDENTS IN ACTIVITIES THAT PROMOTE THE UNIVERSITY'S CORE VALUES SXU ADMITS QUALIFIED STUDENTS WITHOUT REGARD TO RACE, RELIGION, AGE, SEX, COLOR, NATIONAL OR ETHNIC ORIGIN THE UNIVERSITY DOES NOT DISCRIMINATE AGAINST HANDICAPPED PERSONS WHO ARE OTHERWISE QUALIFIED TO PARTICIPATE IN THE INTELLECTUAL AND SOCIAL LIFE OF THE UNIVERSITY			
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	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
		<u> </u>		100
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	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		No
_	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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Supplemental Information Regarding

DLN: 93493133050080

OMB No 1545-0047

2008

SCHEDULE G (Form 990 or 990-EZ)

Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Department of the Treasury

Open to Public

nternal Revenue Service	by organizations	s that enter	330 EL, 6 001	Inspection			
Name of the organization					Employer ider	ntification number	
Saint Xavier University					36-2177133		
Part I Fundraising	g Activities. Complete	if the orga	anızatıor	n answered "Yes" t	to Form 990, Part IV	, line 17.	
1 Indicate whether the	organization raised funds	through any	of the foll	owing activities Che	eck all that apply		
a Mail solicitations			e	Solicitation of n	on-government grants		
b F Email solicitation	S		f	Solicitation of g	jovernment grants		
c Phone solicitation			g	Special fundrais	sing events		
d In-person solicita	ations						
or key employees lis	have a written or oral agree ted in Form 990, Part VII)	or entity in	connectio	on with professional f	undraising activities?	┌ Yes ┌ No	
	nighest paid individuals or t least \$5,000 by the orga						
• •	(i) Name of individual or entity (fundraiser) (ii) Activity		d have or (of	iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No		(1)		
Гotal			▶				

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

Par	t II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	ed
			(a) Event #1 Annual Dinner (event type)		(c) O ther Events 0 (total number)	(d) Total ((Add col (a		
⊕	1	Cross research	535,075	(event type) 166,520			70	1,595
Revenue	2	Gross receipts Less Charitable contributions	383,716	138,066	5 0		52	1,782
	3	Gross revenue (line 1 minus line 2)	151,359	28,454	0		17	9,813
	4	Cash Prizes	0	C	0			0
ses	5	Non-cash Prizes	0		0			0
Expenses	6	Rent/Facility costs	0	(0			0
型	7	Other direct expenses	151,359	28,454	0		17	9,813
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			17	9,813
	9	Net income summary Combine lir	-					0
Par	Ш	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganızatıon answered ' e 6a.	'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
—— မွ	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ற ந	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes <u>%</u> ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Isi	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	. 9a	Yes	No
10a b								
11 12	Is	es the organization operate gaming a	y or trustee of a trust or			11		

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

OMB No 1545-0047

2008

DLN: 93493133050080

Department of the Treasury Internal Revenue Service Name of the organization

Saint Xavier University

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

Same Advier Sinversity						36-2177133	
Part I General Info	rmation on Gra	nts and Assistanc	e			'	
	ed to award the gra	nts or assistance?			libility for the grants or a		Γ Yes Γ I
Form 990, Part Part IV and Sc	: IV, line 21 for a hedule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(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)		(h) Purpose of grant or assistance
					•	_	
3 Enter total number of ot For Paperwork Reduction Act No			· · · · · · ·	Cat No 50055			hedule I (Form 990) 2008

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

(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
Federal Work Study	1510	1,210,423	0	n/a	n/a
Institutional Awards	3127	19,316,130	0	n/a	n/a
ENDOWED and Named SCHOLARSHIPS	55	151,581	0	n/a	n/a

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds		The organization's office of financial aid ADMINISTERS A WIDE VARIETY OF STATE, FEDERAL, INSTITUTIONAL, AND PRIVATE FINANCIAL ASSISTANCE PROGRAMS Its MAJOR OBJECTIVE IS THE EQUITABLE DISTRIBUTION OF FINANCIAL AID TO ALL STUDENTS the organization SERVES IN ORDER TO HELP students FINANCE THEIR EDUCATION RECIPIENTS ARE DETERMINED BY academic merit, as well as FEDERAL, STATE, AND INSTITUTIONAL GUIDELINES Financial aid and scholarships are applied toward tuition charges only and recipients must maintain certain eligibility requirements to receive them

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DLN: 93493133050080

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Saint Xavier University **Employer identification number**

36-2177133

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the approprate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	•	,, ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990), Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of contro	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nor	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	-based co	empensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	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 compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"		, ,	7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, ·	·			

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Judith Dwyer	(1) (11)		0	10,858	24,267 0	7,451 0	361,421	0	
Susan Piros	(I) (II)		0	1,149	16,830 0	13,532 0	193,900	0	
Sarah Gulley	(ı) (ıı)		10,000	2,093	13,460	13,388	165,810	0	
James Brodzinski	(ı) (ıı)		50 0	1,684	15,310 0	13,530 0	174,540	0	
Calvin Williams	(ı) (ıı)		0	892 0	17,255 0	7,257 0	196,439	0	
Steven Murphy	(ı) (ıı)		0	1,658	15,077 0	13,458	3 175,427 0 0	0	
Robert Tenczar	(ı) (ıı)		0	895 0	9,235	16,783 0	153,286	0	
	(ii)	,							
	(i)							」	
l	(ii)		ļ	!		 	<u> </u>	1	
l ———	(i)		<u> </u>				<u> </u>	4	
<i>1</i> ———	(ii)		 			1	<u> </u>	4	
I ———	(i) (ii)	,	 	 		 	 '	1	
ı ———	(i)	<u> </u>	<u> </u>			1	 	1	
	(ii)			+			 	1	

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
Housing allowances or residence for personal use	Schedule J, Part I, Line 1a	the organization's President, Judith Dwyer, received a housing allowance during 2008. The related benefit was included in her taxable compensation
=		

DLN: 93493133050080

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Saint Xavier University 36-2177133 **Bond Issues** (Required for 2008) (h) O 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 Illinois Finance Authority Series 2008 Bonds 86-1091967 45200FLH0 06-25-2008 25,000,000 residence hall Construction Χ Χ Illinois Finance Authority Series 2006 Bonds 86-1091967 45200BYZ5 06-08-2006 10.000.000 residence hall Construction Х Χ Proceeds (Optional for 2008) Part II В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes No Yes No Yes No 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) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2

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	Yes	No	Yes	No	Yes	No	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	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	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: 93493133050080

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization Saint Xavier University						Eı	nploy	er ide	ntifica	t ion ı	number		
,						30	5-217	7133	3				
Part I Excess Benefit Transact	ions (secti	on 501(c)	(3) and sectio	n 501	L (c)(4) organı	zatıor	ns on	ly).				
To be completed by organization	ns that answ	ered "Yes"	on Form 990, P	art IV	, line	25a or 25l	o, or F	orm 9	90-EZ				
1 (a) Name of disqualifie	d person		(h) Dasi	crintic	n of trans	ction			Į	(c) Corrected?		
				, , ,	СПРСК	ii oi tiulist	1011				Yes	No	
2 Enter the amount of tax imposed on section 4958	_	ion manage	•	d pers	ons d	uring the y	earui	nder F	\$				
3 Enter the amount of tax, if any, on lir	ne 2, above, r	eımbursed	by the organizat	ıon .				•	\$				
Part III Loans to and/or From	Intereste	d Person	ıs						_				
To be completed by organiza				, Part	IV, lır	e 26, or F	orm 9	90-E	Z, Part	V, lır	ie 38a		
· · · · ·	(b) Loan to	or.				·			(f)			
(a) Name of interested person and	from the	l l	(c)O riginal principal			(e) In		Approved		1-7			
purpose	organizatio	(d)Ralance		lance due	default? by board committe			1 -					
	T _o	From	_				Yes	No	Yes	No.	Yes	No	
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Part IIII Grants or Assistance B	enefitting	Interest		т			<u> </u>						
To be completed by organ				rm 9	90, P	art IV, lır	ne 27						
(a) Name of interested names	(b) Re	lationship b	etween interest	ed pe	rson	(-) (
(a) Name of interested person		and th	ne organization			(C)A III	ount c	or gran	it or ty	pe oi	assista	ince	
See Schedule O	n/a										2	3,006	
		_											
Part IV Business Transactions					00 D	T\ /	- 20	- 20	' سما	20-			
To be completed by organ			ea "Yes" on Fo	rm 9	90, P	art IV, IIr	ie 28	a, 28	D, or .	28C. T			
	1 , ,	lationship n interested	(c) A mo	unt of	,						(e) Sha organiz	_	
(a) Name of interested person	1	n and the	transac			(d) Descr	ıptıon	of tra	ansactı	on	rever		
		inization		• •						ļ	Yes	No	
												•	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

2008

Open to Public Inspection

Name of the organization Saint Xavier University Employer identification number

36-2177133

ldentifier	Return Reference	Explanation
Professional Fundraising Expenses	Form 990, Part I, Line 16a	In the prior year the organization reported that it paid a professional fundraiser \$108,326 for fundraising services. However, the services related to this expense were for lobbying and were mistakenly reported as fundraising services. The organization did not engage a professional fundraising to conduct fundraising on behalf of the organization. Family or Business relationship among Board Members Form 990, Part VI, Section A, Line 2 Board Trustees Brian Shannon, Jr. and Peter M. Shannon III have a family relationship

ldentifier	Return Reference	Explanation
Review of Form 990 by governing body	Section A Line 10	The organization's management reviews the Form 990 in detail with their paid tax preparers. The Form 990 is then presented to the audit committee, a subcommittee of the organization's governing body, for review, and approval prior to filing with the IRS.

ldentifier	Return Reference	Explanation
Organization's process for enforcing compliance with conflict of interest	Form 990, Part VI, Section B, Line 12c	Conflict of Interest Narrative The organization's conflict of interest policy covers all officers, directors, trustees, and key employees. These individuals are required to complete a conflict of interest questionnaire to disclose any potential or actual conflicts of interest they may have with the organization. As of May 11, 2010, the organizations procedure for monitoring and enforcing compliance with its conflict of interest policy was revised. Beginning in the 2009 tax year, conflict of interest questionnaires will be completed on an annual basis by all interested persons. Completed conflict on interest questionnaires will be reviewed by the organization's compliance officer (or chairman). If it is determined an actual conflict of interest exists, the individual with a conflict will be excused from any discussion or vote on the matter for which they have a conflict.

ldentifier	Return Reference	Explanation
Process used to establish compensation for top management official	Form 990, Part VI, Section B, Line 15a	The organization's independent executive committee of the board of directors utilizes comparability data from compensation surveys and studies to determine, evaluate, and adjust the compensation of the organization's top management official, president, Judith Dwyer, on an annual basis. The final compensation package is subject to the full executive committee's review and approval and is documented in a written employment contract. Deliberations and decisions regarding the compensation package are documented in the minutes of the meeting. Process used to establish compensation for other officers Form 990, Part VI, Section B, Line 15b Compensation of the organization's other officers is determined, evaluated, and reviewed by the organization's President and subsequently approved by the organization's board of directors on an annual basis. The organization's president utilizes comparability data from compensation surveys as a basis for this determination. The final compensation packages of the organization's other officers is documented in a written employment contract. Deliberations and decisions regarding the compensation packages are documented in the minutes of the board meeting. Faculty compensation is based on collective bargaining agreement which is renewed every three years.

ldentifier	Return Reference	Explanation
Disclosure of governing documents, conflict of interest policy, etc	Form 990, Part VI, Section C, Line 19	Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are not available to the public at this time

ldentifier	Return Reference	Explanation
Description of other fees for services on Statement of Functional Expenses	Form 990, Part IX, Line 11g	This amount represents fees incurred by the organization for institutional, academic, instructional, and student support services, as well as operation and maintenance contracts

ldentifier	Return Reference	Explanation
Grants or assistance benefitting interested persons	Form 990, Schedule L, Part III	Pursuant to IRS FAQs issued in November 2009 for Schedule L, grants or assistance provided to interested persons or their family members for travel, study, or other similar purposes are reported in Part III of Schedule L. Recognizing privacy issues, the type of reporting required in Part III for colleges and universities is limited. The school is not required to identify individuals to whom it provided such assistance Instead, these organizations must group each type of financial assistance (e.g., need-based, merit, discounted tuition, etc.) Therefore, columns (a) and (b) were intentionally left blank.