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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

A Fo	r the 2	2008 cale	endar yea	r, or tax year beginning 07-0	1-2008 and ending 06-30-20	09		
<b>B</b> Check if ap		pplicable	Please	C Name of organization Southern Catholic Inc			D Employer ide	ntification number
Add	ress ch	lange -	use IRS abel or				58-253374	
Nar	ne chai	nge <b>I</b>	print or	Doing Business As			E Telephone nu	mber
– <sub>Initi</sub>	ıal retui		type. See Specific	Number and street (or P.O. hox	r if mail is not delivered to street add	ress) Room/suite	(706) 344-4	
— Ten	minatio		Instruc- tions.	330 Southern Catholic Drive	Than is not delivered to street add	ress, Room, saice	G Gross receipt	s \$ 8,468,856
	ended i			City or town, state or country,	and 7IP + 4		4	
_		n pending		Dawsonville, GA 30534	and ZII   4			
Арр	nication	r pending				1	J	
			F Nan	ne and address of Principal (	Officer		is a group return	for
						affilia	ites	j tes je no
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		H(b) Are a	ll affiliates include	ed?
				(3) ◀ (insert no )	)(1) or   527			See instructions )
J W	eb sit	e: 🟲 www	southerno	catholic org		H(c) Grou	ıp Exemption Nur	mber 🟲
<b>К</b> Туре	e of org	ganization <b>F</b>	Corporat	ion trust association other	er <b>►</b>	L Year of Fo	ormation 2000 M	State of legal domicile GA
Pai	it I			o organization's missississis	nost significant activities			
a)	1			e organization's mission or r iberal arts college committe	nost significant activities d to the authoritative teaching	s of the Pomo	n Catholic Church	h Within a nurturing
≚				_	ated education grounded in na			n within a nurturing
₽								
Governance	2	Check th	ıs box 🦵	ıf the organızatıon dıscontın	ued its operations or disposed	of more than 2	5% of its assets	3
3	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)		3 _	19
o o	4	Number	fındepen	dent voting members of the	governing body (Part VI, line :	lb)	. 4 _	16
ű ≣	5	Total nun	nberofen	nployees (Part V , line 2a)			5 _	118
Acumines &	6	Total nun	nber of vo	lunteers (estimate if necess	ary)		6 _	75
4	7a	Total gro	ss unrela	ted business revenue from P	art VIII, line 12, column (C)		7a _	0
	ь	Net unrel	ated busi	ness taxable income from Fo	orm 990-T, line 34		7b	
						Pri	or Year	Current Year
	8	Contribu	utions and	d grants (Part VIII, line 1h)			1,439,223	2,492,786
∃E	9	Program	service	revenue (Part VIII, line 2g)			4,333,131	5,424,350
Revenue	10	Investm	nent incor	ne (Part VIII, column (A), lı	nes 3, 4, and 7d)		129,191	-12,489
Ξ.	11	O ther re	evenue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		176,894	63,411
	12		venue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), lı	ne	6.070.430	7.060.050
	40	12)					6,078,439	7,968,058
	13			er amounts paid (Part IX, col			2,712,458	3,199,921
	14			r for members (Part IX, colu		_ —		0
8	15	Salaries	, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5-	2,062,658	2,514,176
Expenses	16a	,	onal fund	raising fees (Part IX, columi	n (A), line 11e)			0
÷	ь	(Total fundraising expenses, Part IX, column (D), line 25 0						
ш	17	•		Part IX, column (A), lines 1	·		3,760,808	3,520,233
	18				al Part IX, line 25, column (A ))		8,535,924	9,234,330
	19	Revenue less expenses Subtract line 18 from line 12		-2,457,485	-1,266,272			
<u>8</u>	_					Beainn	ing of Year	End of Year
9.00 0.00	20	Totalas	sets (Par	t X, line 16)			12,741,075	14,668,410
A55	21		•	Part X, line 26)			10,964,539	14,240,458
Net Assets or Fund Balances	22			d balances Subtract line 21	from line 20		1,776,536	427,952
	t II		ture Blo				271.7.070.00	, , , , , ,
Fai					ned this return, including accompanyii	ng schedules and	statements, and to t	he hest of my knowledge
					of preparer (other than officer) is ba			
Plea		*****					-05-17	
Sign Here		Signati	ure of office	er		Date		
	-			on President				
		Type o	or print nam	е ани ине				
		Preparer's		W Hardister	Date	Check If self-	Preparer's PTIN (	See Gen Inst )
Paid		signature	Jilawii	W Halalace		empolyed •		
•	arer's		ne (or yours	Brooks McGinnis & Company	ЩС	•	EIN Þ	
Use (	nly	ıf self-emp address, a		5871 Glenridge Dr Ste 200			-211 7	
				Atlanta, GA 30328			Phone no 🕨 (40	04) 531-4940
1 s v +	ha ID	<u> </u>	thic rotu	rn with the preparer shown a	hove2 (See instructions)		1	ΓYes ΓNo

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

4e	Total program service expenses \$	6,003,21	6 Must equal Part IX,	Line 25, column (B).	
4d	Other program services (Describe i (Expenses \$	n Schedule O) including grants o	f\$	) (Revenue \$	1,446,755)
4.	Other was a constant of the co	m Cabad J. C.			
4c	(Code ) (Expenses \$ Student Services - The costs of extracurricula		including grants of \$ services and programs design	) (Revenue \$ ned to enhance the learning env	) ironment
	Academic Support - The costs associated wit	in suporting the academi	c programs at the University		
4b	(Code ) (Expenses \$	,	including grants of \$	) (Revenue \$	)
	programs	ne programs For the year	ai eilded Julie 30, 2009 appi	Oximately 224 students were e	illolled in the Onliversity's academ
4a	(Code ) (Expenses \$ Instruction - The cost of offering the academ		including grants of \$	3,199,921 ) (Revenue \$	
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1)	trusts are required to re	port the amount of grants	
_	If "Yes," describe these changes on S				
3	Did the organization cease conducting services?	g or make significan	t changes in how it con-	ducts any program	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			, 103 p. 110
2	Did the organization undertake any si the prior Form 990 or 990-EZ?	gnificant program se	ervices during the year	which were not listed on	┌ Yes ┌ No
	fully integrated education grounded in natural a		go o. a.e Noman catholic		g serminant, it provides a
	Briefly describe the organization's mission  A co-educational liberal arts college committed	to the authoritative teac	hings of the Roman Catholic	Church Within a nurturing and	loving community it provides a

art IV	Checklist	of Required	l Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
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? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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		No

### 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	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
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		No
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		No
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		No

Pa	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 11	1		
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	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	V	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	Yes	
Ja	return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
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	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> 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?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
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		Νo
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νο
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		Νο
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νο
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		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
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 year?	8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	( ) ( )			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	1		

2

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

3

4

5

6

7a

7Ь

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance
processes or changes in Schodulo O. See instructions

	processes, or changes in Schedule O. See instructions.		Í
1a	Enter the number of voting members of the governing body	1a	1 '

J	Enter the number of voting members of the governing body	та		1.5
Ь	Enter the number of voting members that are independent	1b		16
	Did any officer, director, trustee, or key employee have a family relationship or a bu		•	any
	other officer, director, trustee, or key employee?		 	

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?

- aparticular and an arrangement of an arrangement are a minimal general personal arrangement are a second and a second are a second arrangement a
Did the organization make any significant changes to its organizational documents since the prior Form 990 wa
filed?

5	Did the organization become aware during the year of a material diversion of the organization's assets?		l
5	Does the organization have members or stockholders?		l

															_	_	_	_	_	_	_	_					-
Does the organiza	ation	n ha	ve	men	nber	rs, s	toc	kho	lder	s, o	rot	her	pers	sons	wh	o ma	ауе	lect	one	or	mo	re	mer	nbe	rs (	of th	e
governing body?						•											•										

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
<b>a</b>	the governing hody?

ь	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chapters, branches, or affiliates?						

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing bo	ody before it was filed? All organizations
must describe in Schedule O the process, if any, the organization uses	to review the Form 990 $\dots$

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	: be	reac	hed	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .			•	

	8a	Yes	
1	8b	Yes	
	9a		Νo
	9b		Νο
	10		Νο
	11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		Νο
13	Does the organization have a written whistleblower policy?	13		Νo
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		Νo
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		N o

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA
- 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. 

  ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization Judith Naughtin 330 Southern Catholic Drive Dawsonville, GA 30534 (706) 344-4000

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

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

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

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

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

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(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

				(tion that a			all			(E)		F)
	<b>(A)</b> Name and Title	(B) A verage 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)	amoun compe froi organiz rel	mated cofother nsation n the ation and ated izations
_												
_												
1b	Total							<b>&gt;</b>	531,250			32,604
2	Total number of individuals (includicompensation from the organization		a) who	recei	ved	mo	re thar	n \$1	00,000 ın reportabl	е		
3	Did the organization list any <b>forme</b> on line 1a? <i>If</i> "Yes," complete Sched									ated employee	Yes	No No
3 4		ule J for such s the sum of	<i>individu</i> reporta	<i>ial</i> . ble c	omp	ens	ation	• and	other compensation	n from the	3	N o
	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	ule J for such s the sum of ons greater th	reporta nan \$15	ble c 0,00	omp 0? I	ens [f")	ation /es," co	and omp	other compensation lete Schedule J for su	n from the		N o
4	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	ule J for such s the sum of ons greater th enserve or accru	reportanan \$15	ble c 0,00	omp 0? I • tion	ens [f ") •	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su	from the	3	N o
5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	ule J for such s the sum of ons greater th envelope or accru s," complete	reportanan \$15	ble c 0,00	omp 0? I • tion	ens [f ") •	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su	from the	<b>4</b> Yes	No
5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15  ue comp	ble c 0,00 ensa	omp 0? I tion	ens  If ")  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su 	from the	<b>4</b> Yes	No
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15	ble c 0,00 ensa	omp 0? I tion	ens  If ")  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su	from the	3 Yes	No
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15	ble c 0,00 ensa	omp 0? I tion	ens  If ")  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su	for services  te than	3 Yes	No No
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15	ble c 0,00 ensa	omp 0? I tion	ens  If ")  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su	for services  te than	3 Yes	No No

Form 99	3 9	08) Statement of Revenue					Page <b>9</b>
VIII				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ifts, grants ir amounts	1a b c	Federated campaigns 1  Membership dues			Revenue		512, 513, 07 514
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  11  Noncash contributions included in	2,492,786				
— ——	h	Ines 1a-1f \$  Total (Add lines 1a-1f)	Business Code	2,492,786			
ΞE	2a	Tuition and fees	611,710	3,889,414	3,889,414		
Ja.	ь	Student & other services	900,099	88,181	88,181		
22	c		-		·		
<u>3</u>		Auxiliary Services	611,710	1,446,755	1,446,755		
er v	d		_				
Program Service Revenue	e f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
	3	Investment income (including divother similar amounts)	· · · · · · · · · · · · · · · · · · ·	97,887			97,887
	4	Income from investment of tax-exempt	hond proceeds	0			
			bona proceeds	0			
	5	Royalties	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income					
		or (loss)		0			
	d	Net rental income or (loss)		U			
	7a	Gross amount from sales of assets other	(II) O ther				
	ь	than inventory Less cost or other basis and sales expenses					
	с	Gain or (loss) -110,376					
	d	Net gain or (loss)		-110,376			-110,376
Other Revenue	8a	Gross income from fundraising events (not including \$ 89,250 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Вę		\$15,000 a	ı				
ā.	b	Less direct expensesb	25,839				
돌	С	Net income or (loss) from fundrais	sing events	63,411			63,411
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	b c	Less direct expensesb.  Net income or (loss) from gaming		0			
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales o	finventory	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	.	All other revenue					
	d	All other revenue  Total. Add lines 11a-11d					+
	е		0				
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c. 10c. and 11e		7,968,058	5,424,350		50,922

## 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				).
	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	3,199,921	3,199,921		
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	542,645	226,600	316,045	
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	1,627,830	1,181,490		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,157	44,056	22,101	
9	Other employee benefits	127,348	113,518	13,830	
10	Payroll taxes	150,196	97,998	52,198	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	162		162	
c	Accounting	43,775		43,775	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	388,865	212,805	176,060	
12	Advertising and promotion	61,191	34,037	27,154	
13	Office expenses	84,313	51,316	32,997	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	234,989	81,793	153,196	
17	Travel	89,010	43,837	45,173	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	1,094,377	337,297	757,080	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	383,130	124,742	258,388	
23	Insurance	61,907	984	60,923	
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	Property/Bldg maint	94,529	30,958	63,571	
b	Other	118,495	48,051	70,444	
c	Food Service Expense	472,649		472,649	
d	Equipment expense	108,478	82,252	26,226	
e	Bad Debt Expense	122,130		122,130	
f	All other expenses	162,233	91,561	70,672	
25	Total functional expenses. Add lines 1 through 24f	9,234,330	6,003,216	3,231,114	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			727,245		681,707
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net			1,629,682	3	2,494,398
	4	Accounts receivable, net			120,321	4	25,920
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		loyees or		5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ction 495			6	0
	7	Notes and loans receivable, net			466,826	7	660,464
	8	Inventories for sale or use				8	0
93	9	Prepaid expenses and deferred charges			56,501	9	41,566
ssets	10a						
AS		Land, buildings, and equipment cost basis	10a	11,848,786			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	1,195,251	8,688,365	10c	10,653,535
	11	Investments—publicly traded securities			600,500		0
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII of			12	0
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,	art VIII			13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			451,635	15	110,820
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,741,075		14,668,410
	17	Accounts payable and accrued expenses .			174,267	17	470,443
	18	Grants payable			,	18	,
	19	Deferred revenue			74,783		48,419
	20	Tax-exempt bond liabilities			,	20	,
S.	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>.</u>		persons Complete Part II of Schedule L				22	1,340,000
	23	Secured mortgages and notes payable to unrelated third parties			6,908,005	23	6,382,144
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		3,807,484	25	5,999,452	
	26	Total liabilities. Add lines 17 through 25			10,964,539	26	14,240,458
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lines :	27			
űĆ	27	through 29, and lines 33 and 34.  Unrestricted net assets			-366,807	27	-2,522,038
Balance	27 28	Temporarily restricted net assets		1,668,383		2,654,253	
<u> </u>	29	Permanently restricted net assets			474,960		295,737
Fund	23	Organizations that do not follow SFAS 117, check here ▶ □ an	474,000	29	200,707		
or F		lines 30 through 34.		<b>-</b>			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ŋ€ţ	33	Total net assets or fund balances			1,776,536		427,952
	34	Total liabilities and net assets/fund balances			12,741,075	34	14,668,410
Pa	rt XI	Financial Statements and Reporting					

Deat VI	Financial Chatamanta and Banautine	_
Part XI	Financial Statements and Reporting	1

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

**Employer identification number** 

#### : 93493137016340 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.

2008

Open to Public
Inspection

South	ern Catl	holic Inc							,					
В-		<b>.</b>	f - D			111 -			-2533742					
	rt I			harity Status (to be co					Instruct	ions)				
	_		•	ation because it is (Please		-			/ A \ / ! \					
1	l T	•		nurches, or association of ch			Section	rvn(p)(1)(	(A)(I).					
2	고	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)												
3		A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)  A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the												
4	ı		<del>-</del>	•	on with a l	hospital d	escribed ii	n Section :	170(Б)(1)	(A)(III). Ŀ	nter the			
_	_	hospital's name, city, and state												
5	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	_	Section 170(b)(1)(A)(iv). (Complete Part II)												
6	<u> </u>	•	_	overnment or governmental										
7	ı			ally receives a substantial p <b>p)(1)(A)(vi)</b> (Complete Par		support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public			
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)							
9	Ē		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gross			
	·			lated to its exempt functions										
				estment income and unrelate	-		•	, ,	•					
				on after June 30, 1975 See						,				
10	Г			and operated exclusively to						ee instruc	tions )			
11	Ē	_	<del>-</del>	and operated exclusively fo	•		•				•			
	,	_	=	orted organizations describe					•	•	· ·			
		the box_that describes the type of supporting organization and complete lines 11e through 11h												
	_		• •	• • • • • • • • • • • • • • • • • • • •	• •				d		III - Other			
е	ı	•	-	rtify that the organization is agers and other than one or			•				•			
		section 50		agers and other than one or	more publ	iiciy suppi	orteu orga	ilizations (	Jeschbeu	III Section	1509(a)(1) 01			
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,			
		check this									Γ			
g				as the organization accepte	d any gift	or contrib	ution from	any of the	!					
		following pe (i) a persoi		r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No			
			•	ng body of the the supported		-			(,	11g	-			
			· -	erson described in (i) above	_					11g(	-			
			•	ty of a person described in (		hove?				11g(				
h				mation about the organizatio			supports			[5(	/			
				<b>.</b>		,								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of			
	Supp	orted		(described on lines 1-9	organiz	ation in		nızatıon		ation in	support?			
	0 rgan	ıızatıon		above or IRC section		listed in		) of your		rganized				
				(See Instructions))	, ,	verning ment?	supp	ort?	In the	US?				
Yes No Yes No Yes No									No	1				
					162	140	162	140	162	140				
						-	-							
						<del> </del>		<del>                                     </del>			<del> </del>			
						<del>                                     </del>								
						<del>                                     </del>	<u> </u>							

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	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>(b)</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>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	<b>Supplemental Information.</b> 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:** 58-2533742

Name: Southern Catholic Inc

#### Form 990, Part VII - Section Aaa

FORM 990, Part VII - Section Ada											
		Posit	(C tion ( hat a	chec		I			<b>(E)</b>	(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	
Very Rev Monsignor Luis Zarama , Trustee	2 00	Х						0	0	0	
Robert J Clanın , Trustee	2 00	Х						0	0	0	
Richard Giannino , Vice President	50 00			Х				0	0	0	
Rev Dennis Dease , Trustee	2 00	Х						0	0	0	
Patrick McGahan , Chairman	2 00			Х				0	0	0	
Norman Carmichael , Trustee	2 00	Х						0	0	0	
Nicolas Bain , Vice Chairman	2 00	Х						0	0	0	
Kevın Conboy , Trustee	2 00	Х						0	0	0	
Karen L Roy , Vice President	50 00			Х				103,230	0	6,806	
John Crilly , Trustee	2 00	Х						0	0	0	
Jım Ecksteın , Trustee	2 00	Х						0	0	0	
Jerry Combee , Vice President	50 00			Х				108,828	0	9,377	
Jeremiah Ashcroft , President	50 00			Х				209,000	0	9,250	
Ignacio Diego , Trustee	2 00	Х						0	0	0	
Frank Rossiter , Trustee	2 00	Х						0	0	0	
Frances Morgan , Trustee	2 00	Х						0	0	0	
Elizabeth Judson , Secretary	2 00	Х						0	0	0	
Edward L Schroeder , Chairman	6 00	Х						0	0	0	
Carol McGrevin , Trustee	2 00	Х						0	0	0	
Carol Evanco , Vice President	50 00			Х				110,192	0	7,171	
Carlos Rodriguez , Trustee	2 00	Х						0	0	0	
Ben Ow , Trustee	2 00	Х						0	0	0	
Archbishop Wilton Gregory , Trustee	2 00	X						0	0	0	

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OMB No 1545-0047

2008

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## 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

5	☐ Yes	Г No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	☐ Yes	┌ No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of open space	•	a
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation on the last day of the tax year	n easement	the Year

- on the last day of the tax year

  Held at the En

  Total number of conservation easements

  Total acreage restricted by conservation easements

  2a

  2b
- C Number of conservation easements on a certified historic structure included in (a)

  d Number of conservation easements included in (c) acquired after 8/17/06

  2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶
- 4 Number of states where property subject to conservation easement is located •
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

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

- \$

(ii) Assets included in Form 990, Part X

- \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**►** \$

**b** Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

┌ No

Par	Organizations Maintaining Co	ollections of Art,	His	<u>tori</u>	<u>cal Treasi</u>	ires, or Othe	r Similar Ass	ets (co	ntınued,
3	Using the organization's accession and other items (check all that apply)	r records, check any	ofth	e foll	owing that a	re a significant u	ise of its collectio	n	
а	Public exhibition		d	$\Gamma$	Loan or exc	hange programs			
ь	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explai	n how	they	further the	organization's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	┌ No
Pai	t IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and compl	ete the following table	е				т		
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI								
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		were Prior Y			t IV, line 10. Three Years Back (	•\Eour V	aare Baele
1a	Beginning of year balance	474,960	(D)	PHOLI	eai   (C) iv	vo fears back   (u)	Tillee fears back (	e)roui re	ears back
b	Contributions	25,000							
c	Investment earnings or losses	<u> </u>							
d	Grants or scholarships								
e	Other expenditures for facilities	229,223							
	and programs								
f	Administrative expenses								
g	End of year balance	270,737							
2	Provide the estimated percentage of the year	ar end balance held a	s						
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ▶ 100 000 %								
c	Term endowment ►								
3а	Are there endowment funds not in the posse	ssion of the organiza	tion t	hat a	re held and a	admınıstered for	the		
	organization by						2-/:)	Yes	No No
	(i) unrelated organizations			•			3a(i)	_	No
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organization						3b	1	No
4	Describe in Part XIV the intended uses of the							1	
Pai	t VI Investments—Land, Building	s, and Equipmer	ıt. S	ee F	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Boo	ok value
1a	Land				37,500	3,025,000			3,062,50
ь	Buildings					7,165,163	606,099		6,559,06
c	Leasehold improvements					520,980	102,690		418,29
d	Equipment					538,811	332,743		206,06
e	Other					561,332	153,719		407,613

10,653,535

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	no 15		
Part IX Other Assets. See Form 990, Part X, II  (a) Descri			(b) Book value
(2) 2 3 3 3 3	F		(D) Dook Fullus
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Student Deposits	86,150		
Fair market value of interest rate swap	204,841		
Capital lease obligations	5,708,461		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,999,452		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
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)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c	-	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental 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
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarship and financial aid \$3199921 Unrealized loss on swap agreement \$82312
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Scholarship and financial aid \$3199921
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	UNnrealized loss on interest rate swap agreement \$ -0 UNREALIZED LOSSES ON INVESTMENT \$ -0
Part V, Line 4	1 '	Purpose is to fund scholarships Amounts shown in "other expenditures" are releases of restrictions from donors

### OMB No 1545-0047

**200** 

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#### **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 Southern Catholic Inc Employer identification number

58-2533742 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Southern Catholic has included its racially nondiscriminatory policy in its incorporation documents and will publicize its policy in its catalogues, brochures, admissions applications, and in various other print and broadcast media 4 Does the organization maintain the following? a 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo 6a **h** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding 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,

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		custody or control of		fundraiser have custody or control 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																	
-																				
Total	•	•	<b>&gt;</b>																	

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(Add col		
			Golf Tournament (event type)	(event type)	(total number)	co	l <b>(c)</b> )	
₽	1	Gross receipts	89,250				89	9,250
Revenue	2	Less Charitable						
	3	Gross revenue (line 1 minus line 2)	89,250				89	9,250
	4	Cash Prizes						
see See	5	Non-cash Prizes						
Direct Expenses	6	Rent/Facility costs						
Δ	7	Other direct expenses	25,839				2 !	5,839
Fed	8	Direct expense summary Add line	es 4 through 7 in column	(d)			2 !	5,839
	9	Net income summary Combine lir	-	• •	🛌		6:	3,411
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	( <b>d)</b> Total col ( <b>a)</b> th		
~	1	Gross revenue						
see	2	Cash prizes						
beü	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
Ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	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		er the state(s) in which the organiza		·	<u> </u>		Yes	No
a b		the organization licensed to operate No," Explain	gaming activities in each	n of these states?		· 9a		
D		NO, Explain						
10a		re any of the organization's gaming l	censes revoked, suspen	ded or terminated durin	g the tax year?	10a		
Ь		Yes," Explain						
11		es the organization operate gaming a	ictivities with normambo	rs?				
12		the organization a grantor, beneficiar				11		
	forn	ned to administer charitable gaming	,			.   12		

			 <del></del>
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 <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
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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Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service

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

**Inspection** 

Name of the organization						Employer identif	ication number
Southern Catholic Inc						58-2533742	
Part I General Inform	mation on Gra	nts and Assistance	e				
<ol> <li>Does the organization ma the selection criteria use</li> <li>Describe in Part IV the or</li> </ol>	d to award the gra	nts or assistance?					<b>∀</b> Yes <b>⊢</b>
Part II Grants and Otl Form 990, Part I Part IV and Scho	her Assistance IV, line 21 for ar edule I-1 if addi	e to Governments  ny recipient that rece tional space is	and Organizations	in the United Sta 00. Check this box	tes. Complete if the confidence of the confidenc		
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec organizations					•		

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>b)</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
Student Assistance	224	3,199,921			

## 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
Grantmaker's Description of How Grants are Used		Financial assistance is offered to eligible students to help them defray part of their educational experiences Amounts of awards vary and depend upon the students demonstrated financial need, academic achievement, and the amount of funds available for distribution

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OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

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

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Name	of	t he	orga	nizat	ion
Souther	n C	atho	lic Inc	3	

**Employer identification number** 

58-2533742

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Travel for companions Payments for business use of personal use Travel for companions Payments for business use of personal residence Tax ideminification and gross-up payments Personal services (e.g., maid, chauffur, chef)  If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  Indicate which, if any, of the following the Occapitation officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee  Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment form, a supplemental nonqualified retirement plan? Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment from, a supplemental nonqualified retirement plan? Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  50 Any related organization?  Freys," to line 6a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  6a Ni Any related organization?  Freys is to line 1a or 5b,	Pc	Questions Regarding Compensation	9N			
990, Part VII, Section A, Inne 1 a Complete Part III to provide any relevant information regarding these items   First class or charter travel					Yes	Νo
Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  If line 1 as is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  1b  If line 1 as is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  1b  If line 1 as is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  1b  If line 1 as is checked, did the organization follow a written policy regarding payment or reimbursement or provisions of lithe explain and the CEO/Executive Director (Part III) to explain and the CEO/Executive Director (Part III) to explain and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director (Part III) to explain the compensation of the organization's CEO/Executive Director (Part III) to explain the compensation of the organization in a payment or change of control payment?  Independent compensation is used in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of the applicable amounts for each item in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of the organization pay or accrue any compensation contingent on the net earnings of the organization payments not described in lines 5 and 6? If "Yes," describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any	1a	11 1 ( )	,			
Tax idemnification and gross-up payments		First class or charter travel	Housing allowance or residence for personal use			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a  Receive a severance payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  5 Por persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  6 Any related organization?  16 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  6 Any related organization?  16 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  7 Port organization?  8 Were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 Note that the provided in Person 990, Part VII, p		Travel for companions	Payments for business use of personal residence			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Yes  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Papproval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5 Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  5 Any related organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  5 Any related organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No.  Were any amounts reported in Form 990, Par		Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
provision of all the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimburising or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Wirtten employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee  Paper Verification or a secure of the provided in Form 990, Part VII, Section A, line 1a Receive a severance payment from, a supplemental nonqualified retirement plan? Ab Note Participate in, or receive payment from, a supplemental nonqualified retirement plan? Ac Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  SO1(c)(3) and SO1(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization? Shape of the organization of the revenues of  The organization of the same of the section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes,"		Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Yes  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Papproval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a  a Receive a severance payment or change of control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5 Papproval by the board organization pay or accrue any compensation contingent on the net earnings of  a The organization?  5 Propersons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6 Propersons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III  7 No.  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b			1b		
organization's CEO/Executive Director Check all that apply Compensation committee Vivritten employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Vivapproval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? If "Yes," to line 5a or 5b, describe in Part III  for persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? If "Yes," to line 5a or 6b, describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 Note that the person of the person of the payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	2	•		2	Yes	
Independent compensation consultant Form 990 of other organizations Form 990, Part VII, Section A, line 1a  Receive a severance payment or change of control payment?  4a No.  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b No.  c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No.  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	3	organization's CEO/Executive Director Check all t	hat apply			
Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  SO1(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization?  The organization?  Any related organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			<u> </u>			
A During the year, did any person listed in Form 990, Part VII, Section A, line 1a  a Receive a severance payment or change of control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc No.  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  fa The organization?  fa The organization?  fa The organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			<u> </u>			
A Receive a severance payment or change of control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  5 Any related organization?  5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  6 Any related organization?  6 Any related organization?  6 If "Yes," to line 6a or 6b, describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		Form 990 of other organizations	Approval by the board or compensation committee			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  b Any related organization?  for persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  6a No organization? For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 Note that the persons listed in form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6a No Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	Receive a severance payment or change of control	payment?	4a		Νo
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  5a No organization?  5b No organization?  1f "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  6a No organization?  6b No organization?  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6a No organization?  b Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νο
For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  b Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6a No organization?  6b No organization?  1f "Yes," to line 6a or 6b, describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No organization?  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
compensation contingent on the revenues of  a The organization?  b Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization?  6 Any related organization?  b Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 Note that the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	5		, line 1a, did the organization pay or accrue any			
If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	The organization?		5a		Νo
For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Any related organization?		5b		Νo
compensation contingent on the net earnings of  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes," to line 5a or 5b, describe in Part III				
A ny related organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	6		, line 1a, did the organization pay or accrue any			
If "Yes," to line 6a or 6b, describe in Part III  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	а	The organization?		6a		Νo
For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	b	Any related organization?		6b		Νo
payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		If "Yes," to line 6a or 6b, describe in Part III				
subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe	7			7		No
	8			_		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
Jeremiah Ashcroft	(I) (II)	188,500		20,500	9,250		218,250	218,250	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
-		
	•	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137016340

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

► 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** 

Internal Revenue Service Name of the organization Southern Catholic Inc

**Employer identification number** 

						-253					
Part I Excess Benefit Transact									D		40'
To be completed by organization	ns that a	nswered "Yes" o I	on Form 990, Part I\	/, line	25a or 25b	, or Fo	orm 9	90-EZ,		V, line <b>c)</b> Corr	
1 (a) Name of disqualifie	person	person (b) Description				on of transaction					
									+	Yes	No
									+	$\longrightarrow$	
									+		
									+		
									-	-	-
2 Enter the amount of tax imposed on section 4958		ızatıon manageı		sons •	during the ye	ear un	der	\$	l		
3 Enter the amount of tax, if any, on lir	e 2, abov	e, reimbursed b	y the organization .				<b>•</b>	\$			
Part III Loans to and/or From	Intere	sted Person	s							,	
To be completed by organiza				IV,I	ıne 26, or Fo	rm 99	0-E2	Z, Part \	/, line	38a	
(a) Name of interested person and purpose	<b>(b)</b> Loan from tl organizat	he (c	:)Original principal amount	(d)E	( <b>d)</b> Balance due		(e) In Ap			1 5	
	То	From				Yes	No	Yes	No	Yes	No
David Seng	X		500,000		500,000		Νo	Yes		Yes	
John Crilly	х		840,000		840,000	No		Yes		Yes	
			,								
											1
Total			► \$		1,340,000						
Part IIII Grants or Assistance B To be completed by organ				990,	Part IV, lın	e 27.					
(a) Name of interested person	(b	Relationship b	etween interested pe	erson	(c)∧ m(	unt o	farar	t or tur	o of a	accicta.	nco
(a) Name of interested person		and the	e organization		(c)A mount of grant or type o					1221219	
					_						
	<u> </u>										
Part IV Business Transactions To be completed by organ				200	Dart IV Jun	~ 20-	. 20	h or 2	9.0		
To be completed by organ			d res dirroillis	990,	Part IV, IIII	e 20 <i>c</i>	1, 20	D, OI 2		<b>(e)</b> Sha	
(a) Name of interested person		Relationship ween interested erson and the	(c) A mount o	f	(d) Descri		rıptıon of transactıon				ation's ues?
		organization								Yes	No
Anthony Miletello	Facılıtı	ies Mgr	25	,000	Emp of org						Νο
John Crilly	Truste	e	557	,096	Dorm Lease						Νο
Nicholas Bain	Truste	e	557	,096	Dorm Lease						Νο
			1						- 1		

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As Filed Data -

DLN: 93493137016340

**SCHEDULE 0** 

(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

Name of the organization
Southern Catholic Inc

Employer identification number

58-2533742

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	No review was or will be conducted			

ldentifier	Return Reference	Explanation
' '		OTHER PROGRAM SERVICES 4 Auxiliary Services - The costs of activities associated with the support of the campus and residential community

Identifier	Return Reference	Explanation
	Client Note1	In regards to page 11 of the Form 990, questions 3a/3b, an audit of the Organization was in process, but not complete at the time of filing. The return has been prepared using estimates where necessary in order to meet the filing deadline. The estimated amounts were prepared using all information available at this time.

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DLN: 93493137016340

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

> ► See separate instructions. ► Attach to your tax return.

		•							Sequence NO 07
Name(s) shown on return		Business or a	ctivity to which	this fo	rm rel	ates	Iden	tifyin	g number
Southern Catholic Inc		Depreciation	schedules only				58-2	5337	42
Part I Election 7	To Expense (	Certain Property Un	·	179				555.	
Note: If yo	ou have any li	sted property, comple	ete Part V befo	re yo	u con	nplet	e Part I.		<u> </u>
1 Maximum amount See	the instructions	for a higher limit for cert	aın busınesses	•	•			1	\$ 250,000
2 Total cost of section 1	79 property plac	ed in service (see instru	ctions) .		•			2	
<b>3</b> Threshold cost of sect	on 179 property	/ before reduction in limit	atıon (see ınstr	uctions	• •	•		3	\$ 800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-		•			4	
<b>5</b> Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - 0	0- If m	arried	filing			
separately, see instruc	tions				•	•		5	
			(h) Cook	/		_			<u> </u>
<b>(a)</b> D	escription of pro	perty	(b) Cost	(busine only)	ss us	e	(c) Elected	cost	
6									
									_]
7 Listed property Enter				•	7				
8 Total elected cost of s	ection 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7	•	•		8	
<b>9</b> Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8 .		•		•		9	
10 Carryover of disallowed					•	•		10	
<b>11</b> Business income limitation	Enter the smaller of	business income (not less that	n zero) or line 5 (se	ee instrud	ctions)	•		11	
<b>12</b> Section 179 expense of	leduction Add li	nes 9 and 10, but do not	enter more tha	n lıne 1	<u> 1 · </u>	•		12	
13 Carryover of disallowed	d deduction to 2	009 Add lines 9 and 10,	less line 12	.▶	13				
<b>Note:</b> Do not use Part .									
	_	Allowance and Othe						opert	y <b>)</b> (See instructions )
14 Special depreciation al tax year (see instruction		ified property (other than	ı lısted property	) place	d in se	ervice	during the	14	
15 Property subject to sec	•	laction						15	
	,	riection			•	•		16	376,863
16 Other depreciation (inc		<b>Do not</b> include listed p	roperty ) (Se	· ·	ructio	ns \		10	370,803
MACKS DC	preciation (I	•	ction A	.C 1113C	ractic	113.)			
17 MACRS deductions for	assets placed ı	n service in tax years be	gınnıng before 2	800				17	
18 If you are electing t	o group any a	ssets placed in service	e during the t	ax yea	ar into	one	or more		•
general asset accou		=	_	=			▶□		
Section B—Asse	ets Placed in	Service During 200	08 Tax Year	Using	, the	Gen	eral Depr	ecia	tion System
	<b></b>	(c) Basıs for							
(a) Classification of	(b) Month and year placed in	' I (d) Pacov		(e) Convention		(f) Method		(g)Depreciation	
property	service	use	period	(5, 5)			(1) 1100110	_	deduction
		only—see instructions)							
19a 3-year property								_	
<b>b</b> 5-year property <b>c</b> 7-year property								-	
d 10-year property									
e 15-year property									
<b>f</b> 20-year property									
<b>g</b> 25-year property			25 yrs				S/L		
<b>h</b> Residential rental			27 5 yrs	N	1 M		S/L		
property			27 5 yrs	١	1 M		S/L		
i Nonresıdentıal real			39 yrs	١	1 M		S/L		
property				1	1 M		S/L		
	n C—Assets Plac	ced in Service During 2008	8 Tax Year Using	gthe A	Iterna	t ive I		Syste	em
20a Class life			12				S/L		
<b>b</b> 12-year <b>c</b> 40-year			12 yrs 40 yrs	<del>                                     </del>	M M		S/L S/L		
·	ı <b>y</b> (See ınstrud	ctions)	1 15 115	<u>. '</u>			- J/L		_
21 Listed property Enter	•	•						21	
22 Total. Add amounts fro	m line 12, lines	14 through 17, lines 19				e 21	Enter here		
	•	urn Partnerships and S o	-		. <u>.</u>			22	376,863
23 For assets shown abov portion of the basis att		_		e 	23				

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

42 A mortization of costs that begins during your 2008 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 A mortization of costs that began before your 2008 tax year

6,267

6.267

43

44