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DLN: 93493041004281

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

2009

Open to Public Inspection

A Fo	or the	2009 cal	endar yea		ng 07-01-2009	and ending 06-30-20	10	<b>.</b>	
B Ch	eck ıf a	pplicable	Please	C Name of organization Cabrini College				D Employer id	dentification number
☐ Ad	dress ch	larige	use IRS label or	Doing Business As				23-15266	
┌ Na	me cha	inge	print or type. See	Doing Business As				E Telephone	
∏ Inı	tıal retu	ırn	Specific	Number and street (or	P O box if mail is	not delivered to street addr	ess) Room/suite	(610) 902	
Гте	mınate	ed	Instruc- tions.	610 King of Prussia Ro	ad			<b>G</b> Gross receipt	ts \$ 91,887,952
┌ An	nended	return		City or town, state or o	ountry, and ZIP +	4		1	
┌ <sub>Ap</sub>	plication	n pending		Radnor, PA 19087					
		-	F Nam	ne and address of prir	ncipal officer		H(a) Is th	<b>■</b> nis a group retu	ırn for
				RIE GEORGE			l l	ates?	⊤Yes <b>▽</b> No
				ng of Prussia Road , PA 19087			H/h) Aros	all affiliates inclu	uded?
									st (see instructions)
I Ta	ax-exen	npt status	<b>▽</b> 501(c)	(3) <b>◀</b> (insert no ) 「	4947(a)(1) or <b>「</b>	527	l l		number 🕨 0928
J W	/ebsite	e: ► WWV	N CABRIN	I EDU			7		
K For	m of or	manization	✓ Cornorat	ion Trust Associatio	n C Other ▶		l Year of fo	ormation 1957	<b>M</b> State of legal domicile PA
	rt I			,	,		1 - 1 - 3 - 3 - 1		Trotate or logal definions
Governance	1	CABRIN: HIGHER	I COLLEG	ION DEDICATED TO	NSTITUTION	of (SEE SCHEDULE O			SION STATEMENT) D A COMMITMENT TO
žel									
	2	Check th	nis box 🛏	- if the organization d	iscontinued its	operations or dispose	d of more than	25% of its net	t assets
<b>న</b> ఆ	3	Number	of voting n	nembers of the gover	ning body (Part	tVI, line 1a)		•	32
Activities &	4	Number	ofındepen	dent voting members	of the governi	ng body (Part VI, line 1	b)	-	42
SĘ.	5			nployees (Part V , line					51,21
₫	6			lunteers (estimate if			6 11		
				ted business revenue			<b>7a</b> 129,89 <b>7b</b> -143,19		
	Ь	Net unre	lated busi	ness taxable income	irom Form 990	1-1, line 34	D=:	or Year	
	R	Contrib	utions and	d grants (Part VIII lu	ne 1 h)		PIII	2,259,468	Current Year 3,501,325
9	9	8 Contributions and grants (Part VIII, line 1h)						77,635,883	73,446,592
Ravenue	10					, and 7d )		-3,499,957	1,982,652
æ	11			art VIII, column (A),				964,904	1,095,321
	12					art VIII, column (A ), lıı	ne	·	
	4.5							77,360,298	80,025,890
	13 14			er amounts paid (Part er for members (Part I		), lines 1-3 )		22,020,648	21,613,340
	15		•	-		rt IX, column (A), lines	5_		0
\$	13	10)	s, other co	mipensation, employe	3-	22,501,916	22,392,210		
Expenses	16a	Profess	ional fund	raısıng fees (Part IX,	column (A), lır		64,127	38,318	
ੜ	ь	Total fund	draising expe	enses (Part IX, column (D	), line 25) <b>►</b> 1,317	,201			
_	17	Othere	xpenses (	Part IX, column (A),	lınes 11a–11d	, 11f-24f)		27,867,558	24,947,155
	18		•	•	•	X, column (A), line 25)		72,454,249	68,991,023
	19	Revenu	e less exp	enses Subtract line	18 from line 12	2		4,906,049	11,034,867
90 90 90 90 90 90 90 90 90 90 90 90 90 9							_	ng of Current Year	End of Year
Net Assets or Fund Balances	20	Total as	ssets (Par	t X, line 16)				143,151,946	143,043,332
A B	21	Total lia	abilities (P	Part X, line 26)				58,127,480	45,352,037
žĒ	22	Net ass	ets or fun	d balances Subtract	line 21 from lir	ne 20		85,024,466	97,691,295
Pa	rt II	Signa	ture Blo	ock					
						eturn, including accompanyin er (other than officer) is bas			o the best of my knowledge arer has any knowledge
Sigi		****						-02-07	
Her	е	Signat	ture of office	er			Date		
			HEN J LIGHTO	CAP VP OF FINANCE & AD	MINISTRATION				
		F ''	•	c and tide		D-4-	Charle &	De / :	
Б		Preparer's signature		Rosa		Date	Check if self-	Preparer's ider (see instruction	ntıfyıng number ns)
Paid			<u> </u>				empolyed 🕨		
Prep Use	arer's	ıf self-em		LARSONALLEN LLP				EIN Þ	
しって	Unity		and ZIP + 4	18 SENTRY PARK WE	ST SUITE 300			Dha	(24E) (42, 2000
				BLUE BELL, PA 1942	22240			rnone no ▶	(215) 643-3900
May	the IR	S discuss	s this retui	rn with the preparer s	hown above? (:	see instructions)			▼ Yes

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

see schedule o for the organization's mission statementEDUCATION OF THE HEART CABRINI COLLEGE IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION DEDICATED TO ACADEMIC EXCELLENCE, LEADERSHIP DEVELOPMENT AND A COMMITMENT TO SOCIAL JUSTICE THE COLLEGE WELCOMES LEARNERS OF ALL FAITHS, CULTURES AND BACKGROUNDS AND PREPARES THEM TO BECOME ENGAGED CITIZENS OF THE WORLD

2	Did the organization und the prior Form 990 or 99	•	ant program s	ervices during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on S	chedule O			
3	Did the organization ceaservices?		-	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		501(c)(4) organizat	tions and secti	on 4947(a)(1) trusts a	largest program services bare required to report the am service reported	•
4a	(Code	) (Expenses \$	56,518,512	including grants of \$	21,613,340 ) (Revenue \$	73,446,592 )
	•	TE AND POST-GRADUA	TE EDUCATION AN	D RELATED PROGRAMS TO		RT-TIME STUDENTS IN ADDITION,
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
		\			\(\(\text{O}\)	
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program service	s (Describe in Sch	nedule O )			
	(Expenses \$	ınc	luding grants o	f \$	) (Revenue \$	)
						<u> </u>

art IV	Chec	klist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	
_	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 2	2	Yes	N o
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	•
13	Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νo
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		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	Section 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% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	, 55	Νο
Ь	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

610 King of Prussia Road Radnor, PA 19087 (610) 902-8276

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing body   1a   26			
1a b	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
-	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		24	
10-	Describe and another have been been been been as officers.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	Stephen J Lightcap VP of Finance & Admin			

## Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►11

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDUCATOR'S ADVANCEMENT GROUP 20624 ABBEY WOODS COURT NORTH FRANKFORT, IL 60423	STUDENT RECRUITMENT	2,924,269
SODEXO INC & AFFILIATES 500 ROSS STREET 154-0455 PITTSBURGH, PA 15262	FOOD SERVICES	2,067,038
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	INFORMATION TECHNOLOGY	1,638,922
CSI INTERNATIONAL INC 6700 N ANDREWS AVENUE SUITE 400 FT LAUDERDALE, FL 33309	CLEANING SERVICES	1,077,636
MAYO SEITZ MEDIA 532 TOWNSHIP LINE ROAD BLUE BELL, PA 19422	MARKETING	520,575
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►14	) who received more than	

Form 9								Page <b>9</b>
Part	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
芸芸	1a	Federated cam	paigns 1a					
ora E E	Ь	Membership du	es <b>1b</b>					
ts, ⊞	С	Fundraising eve		211,116				
<u>#</u> ,∂	d	Related organiz  Government grants	exations 1d	2,462,765				
ons sin	e f	_	ons, gifts, grants, and <b>1f</b>	827,444				
e e e e		sımılar amounts no	butions included in					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$ _	9,759					
S ≝	h	Total. Add lines	s 1a-1f	▶	3,501,325			
<u> </u>				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		611,310	63,987,857	63,987,857		
<u>æ</u>	b	ROOM & BOARD	0.	611,310	9,055,654	9,055,654		
Š	c d	CHILDREN'S SCHO	OL	611,310	403,081	403,081		
38	e							
ila il	f	All other progra	am service revenue					
<u>₹</u>	g	Total Add lines	s 2a – 2f	<b>b</b> -	73,446,592			
	3		ome (including divident		73,110,332			
		and other simil	aramounts)	▶	1,046,985			1,046,985
	4		stment of tax-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	293,470	(II) I ersonar				
	ь	Less rental expenses	4,923					
	c	Rental income or (loss)	288,547					
	d	, ,	me or (loss)		288,547			288,547
		C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	12,719,648					
	b	Less cost or other basis and sales expenses Gain or (loss)	11,783,981 935,667					
	d	•	s)		935,667			935,667
	8a	Gross income f	rom fundraising					
Other Revenue		T	,116 s reported on line 1c)	40,420				
ţ.	Ь		penses <b>b</b>	73,158	22 720			22.720
0	c 9a		(loss) from fundraising e	events 🏲	-32,738			-32,738
	34	See Part IV, lin	а					
	b c		penses <b>b</b> (loss) from gaming activ	/Itios <b>-</b>				
	-	Gross sales of returns and allo	inventory, less owances .	vities				
	Ь	Less cost of a	a oods sold b					
	c	_	(loss) from sales of inve	entory 📂				
		Miscellaneou	s Revenue	Business Code				
	11a	OTHERINCOM	1 E	900,099	622,826		5,036	617,790
	b	ATHLETIC CE		713,940	124,854		124,854	00.763
	C	BOOKSTORE (		900,099	89,763 2,069			89,763 2,069
	d e	All other reven	L		· ·			2,009
	12		See Instructions	. · · · <b>▶</b>	839,512	70 / 12	40	2015
	J				80,025,890	73,446,592	129,890	2,948,083

	990 (2009)				Page <b>10</b>
Par	Statement of Functional Expenses		- 1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,613,340	21,613,340		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	602,250		602,250	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	16,865,545	12,653,570	3,496,815	715,160
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,042,129	713,895	269,936	58,298
9	Other employee benefits	2,574,258	1,724,578	721,420	128,260
10	Payroll taxes	1,308,028	967,997	285,321	54,710
11	Fees for services (non-employees)				
а	Management	313,101		313,101	
b	Legal	110,085	1,085	109,000	
c	Accounting	72,925		72,925	
d	Lobbying	60,000		60,000	
e	Professional fundraising See Part IV, line 17	38,318			38,318
f	Investment management fees	132,804		131,348	1,456
g	Other	6,946,530	6,120,816	811,281	14,433
12	Advertising and promotion	681,601	239,522	441,829	250
13	Office expenses	2,984,302	1,794,279	1,086,882	103,141
14	Information technology	2,176,957	1,427,627	706,052	43,278
15	Royalties				
16	Occupancy	1,772,444	1,362,252	385,229	24,963
17	Travel	825,560	605,437	198,178	21,945
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	487,733	199,436	233,132	55,165
20	Interest	1,746,096	1,739,308	6,130	658
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,753,262	4,420,211	326,803	6,248
23	Insurance	539,189		539,189	
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		527,576	408,930	76,164	42,482
b	BOND ISSUANCE COSTS	187,388	186,359	929	100
С	MEMBERSHIP DUES	177,711	73,619	97,107	6,985
d	BAD DEBT EXPENSES	146,423		146,423	
e	TITLE III ENDOWMENT	112,593	112,593		
f	All other expenses	192,875	153,658	37,866	1,351
25	Total functional expenses. Add lines 1 through 24f	68,991,023	56,518,512	11,155,310	1,317,201
26	Joint costs. Check here ► ☐ 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				000 (2000)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			17,602,391	1	31,217,873
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	130,071	3	86,846		
	4	Accounts receivable, net			2,615,446	4	2,845,558
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			844,080	7	923,828
SS	8	Inventories for sale or use			93,216	8	63,150
٧	9	Prepaid expenses and deferred charges			1,298,558	9	1,387,728
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	94,022,839			
	ь	Less accumulated depreciation	10b	32,936,847	62,157,962	<b>10</b> c	61,085,992
	11	Investments—publicly traded securities			38,142,592	11	39,170,144
	12	Investments—other securities See Part IV, line 11	2,312,528	12	384,533		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			17,955,102	15	5,877,680
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			143,151,946	16	143,043,332
	17	Accounts payable and accrued expenses .			4,890,255	17	4,243,080
	18	Grants payable				18	
	19	Deferred revenue	3,247,961	19	3,342,557		
_	20	Tax-exempt bond liabilities	48,835,000	20	36,585,000		
es es	21	Escrow or custodial account liability Complete Part IV of Schedul	le D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
7		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D		1,154,264	25	1,181,400	
	26	Total liabilities. Add lines 17 through 25			58,127,480	26	45,352,037
Fund Balances		Organizations that follow SFAS 117, check here ► $\sqrt{\ }$ and comp through 29, and lines 33 and 34.	olet e l	ines 27			
ลท	27	Unrestricted net assets		74,830,687	27	86,252,704	
В В	28	Temporarily restricted net assets	3,214,641	28	4,240,970		
돧	29	Permanently restricted net assets		6,979,138	29	7,197,621	
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ ar					
٥٢		lines 30 through 34.					
	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	ınds			32	
Net	33	Total net assets or fund balances			85,024,466	33	97,691,295
	34	Total liabilities and net assets/fund balances			143,151,946	34	143,043,332

			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	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

Cabrini College Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	ie tion in sted in erning	(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi Is the organiza col (i) or in the l	ne tion in ganized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493041004281

### OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

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

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

• Se	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part Ilction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Feorganization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	Part I	-B Do	not co	omplete Part	
	ction 501(c)(4), (5), or (6) organizations Complete Part III  me of the organization	mplo	veride	ntıfıc	ation numbe	er
	onni College		26668			
ar	t I-A Complete if the organization is exempt under section 501(c) or is a se	ctic	n 52	7 or	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part 1	١٧				
2	Political expenditures		<b>F</b>	\$_		
3	Volunteer hours			_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		►	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		►	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	☐ No
4a	Was a correction made?				☐ Yes	☐ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except se	ecti	on 50	<b>1</b> (c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activ	vitie	s 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	27	<b>•</b>	\$_		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	7 b	►	\$		
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	Г№
5	State the names, addresses and employer identification number (EIN) of all section 527 political of	orgar	nızatıor	ıs to v	which paym	ents

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

		( 4	<i>1)</i>	(0)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		60,00	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			60,00	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c	)(5), o	r section	

#### E 501(c)(6).

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

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	CABRINI COLLEGE ATTEMPTS TO INFLUENCE LEGISLATION BY THE FOLLOWING 1 TESTIMONY BEFORE CONGRESSIONAL COMMITTEES ON TOPICS INVOLVING EDUCATION AND RELATED ISSUES AS REQUESTED BY MEMBERS OF CONGRESS, 2 LETTER-WRITING AND MEETING WITH FEDERAL AND STATE REPRESENTATIVES TO REQUEST CONSIDERATION OF PENDING BILLS OF INTEREST TO INSTITUTIONS OF HIGHER EDUCATION IN GENERAL, AND IN RELATION TO THE INTEREST OF CABRINI COLLEGE In connection with these efforts, Cabrini College has utilized the professional advice and services of one firm Mary E Shields Government Relations This firm provides a full range of strategic and tactical counseling, issue monitoring and legislative services to a variety of non-profit institutions They also assist Cabrini College representatives in meeting with various legislators, describing the issue of interest to members, and designing and recommending precise executive and legislative strategies

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DLN: 93493041004281

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part TV. line 6. 7. 8. 9. 10. 11. or 12.

terna	Il Revenue Service		orm 990. ► See separate instructions.		Inspection			
	me of the organia	zation		Empl	oyer identification number			
					526668			
Pa		i <b>zations Maintaining Donor Ac</b> ation answered "Yes" to Form 99	dvised Funds or Other Similar F	unds d	or Accounts. Complete if the			
	organiz	ation answered Tes to Form 99	(a) Donor advised funds		<b>b)</b> Funds and other accounts			
L	Total number at	end of year						
2	Aggregate cont	ributions to (during year)						
3	Aggregate gran	ts from (during year)						
1	Aggregate valu	e at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes No							
5	used only for cl	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•				
Pai		·	ıf the organızatıon answered "Yes" t	o Form	990, Part IV, line 7.			
L 2	Preservation Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreation of natural habitat on of open space 2a-2d if the organization held a qualing last day of the tax year	on or pleasure) Preservation of ar	certified	cally importantly land area I historic structure nservation			
		·			Held at the End of the Year			
а	Total number o	f conservation easements		2a				
b	Total acreage r	estricted by conservation easements		2b				
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c				
d	Number of cons	servation easements included in (c) ac	equired after 8/17/06	2d				
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	e organization during			
	the taxable yea	ar 🌬						
1	Number of state	es where property subject to conserva	ation easement is located 🕨					
5	Does the organ	• • • •	the periodic monitoring, inspection, han	dling of	violations, and Yes No			
5	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents du	iring the year ►			
7	A mount of expe	enses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s durıng	the year ► \$			
3		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes			
•	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							
ar			ns of Art, Historical Treasures,	or Oth	er Similar Assets.			
La			Yes" to Form 990, Part IV, line 8.	ent and	halance sheet works of			
La	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 in	ncluded in Form 990, Part VIII, line 1			<b>▶</b> \$			
	(ii) Assets incl	uded in Form 990, Part X			<b>▶</b> \$			
2	If the organizat	·	orical treasures, or other similar assets f S 116 relating to these items	or financ	ial gain, provide the			

Revenues included in Form 990, Part VIII, line 1

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

ĊЦ	<b>Titl</b> Organizations Maintaining Co	illections of Art	, HIS	toric	<u>ai ire</u>	ası	ires, or c	<u>Jtne</u>	r Simila	r ASSE	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	wing th	at ar	re a signific	ant ι	ise of its co	ollection	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	v they	further	the	organızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an an		•									
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for co	ntributi	ons	or other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ıng tal	ole				1			
										A mou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
la	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
°a	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c)⊺	wo Years Bac	k (d	)Three Years	Back (e	e)Four Ye	ears Back
а	Beginning of year balance	9,420,530			186,038			+				
Ь	Contributions	443,669			392,815			_				
C	Investment earnings or losses	1,067,103		•	568,743							
d	Grants or scholarships	25,232			117,921							
e	Other expenditures for facilities and programs											
f	Administrative expenses			-2,	528,341			+				
g	End of year balance	10,906,070			420,530							
!	Provide the estimated percentage of the yea	r end balance held a										
а	Board designated or quasi-endowment	0 % %										
_	•	70										
Ь	4 0 0 0 0											
c la	Term endowment P /0	aaian af tha araanisi	-t t		م اماما م	- n d -	adminia ta ra	.d <b>6</b> 0 -	+ h a			
a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	liat ai	e neiu a	allu e	aummstere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio									3b		
	Describe in Part XIV the intended uses of th											
a i	t VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee Fo</u>	rm 99	0, P	art X, line	10.	1			
	Description of investment				ost or ot (investme		(b)Cost or o basis (oth		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
a	Land						2,95	0,593				2,950,593
b	Buildings						84,66	0,881	28,3	35,103	56	5,325,778
c	Leasehold improvements											
d	Equipment						6,41	1,365	4,6	01,744		1,809,621
e	Other											

61,085,992

(a) Description of security or category	Form 990, Part X, line 1	Z. (c) Method of valuation
(including name of security)	( <b>b)</b> Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
<b>Part VIII</b> Investments—Program Related. See		12
		(c) Method 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 )		
Part IX Other Assets. See Form 990, Part X, In	e 15.	4000
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE GOVERNMENT LOAN FUND	5.) , line 25. (b) A mount	

Total revenue (Form 990, Part VIII, column (A), line 12)

80,025,890

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,991,023
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,034,867
4	Net unrealized gains (losses) on investments	4	1,631,962
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	1,631,962
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,666,829
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	58,560,808
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	3,236,885
3	Subtract line <b>2e</b> from line <b>1</b>	3	55,323,923
4	A mounts 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 111,056		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,701,967
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	80,025,890
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	48,871,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,604,923
3	Subtract line <b>2e</b> from line <b>1</b>	3	47,266,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 111,056		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	21,724,396
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	68,991,023

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

#### Part XIV Supplemental Information

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

Ident if ier	Return Reference	<b>Explanat ion</b>
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION'S ENDOWMENT FUND IS USED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT AND LONGTERM FINANCIAL STABILITY
Part XII, Line 2d - Other Adjustments		rental expenses 4923
Part XII, Line 4b - Other Adjustments		TUITION AND FEES FINANCIAL ASSISTANCE 18025526 AUXILIARY ENTERPRISES FINANCIAL ASSISTANCE 3587814 ENDOWMENTS AND OTHER GIFTS 248899 INVESTMENT INCOME 186276 CHANGE IN MARKET VALUE OF INVESTMENTS 2542396
Part XIII, Line 2d - Other Adjustments		rental expenses 4923
Part XIII, Line 4b - Other Adjustments		TUITION AND FEES FINANCIAL ASSISTANCE 18025526 AUXILIARY ENTERPRISES FINANCIAL ASSISTANCE 3587814

**Employer identification number** 

## SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Cabrı	nı College	F36660		
		.526668	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its ch other governing instrument, or in a resolution of its governing body?	arter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admissi programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast reference the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describe	, in a way		
	please explain	3	Yes	
	CABRINI COLLEGE PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY POLICY THROUGH NE BROADCAST MEDIA IN A WAY THAT MAKES THE POLICY KNOWN TO ALL PARTS OF THE GENE COMMUNITY IT SERVES FOR EXAMPLE CABRINI COLLEGE ADMISSIONS DEPARTMENT PROV "APPLICATIONS ARE REVIEWED WITHOUT REGARD TO GENDER, CREED, COLOR, NATIONAL ODISABILITY"	RAL IDES THAT		
4	Does the organization maintain the following?			
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
ı	Records documenting that scholarships and other financial assistance are awarded on a racially nondibasis?	ıscrımınatory 4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public of with student admissions, programs, and scholarships?	dealing 4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Fo			
ā	a Students' rights or privileges?	<u>5a</u>		N o
ı	Admissions policies?	5b		No
•	Employment of faculty or administrative staff?	5c		No
•	Scholarships or other financial assistance?	<u>5d</u>		No
•	Educational policies?	<u>5e</u>		No
1	Use of facilities?	5 <u>f</u>		No
ģ	g Athletic programs?	<u>5g</u>		No
ı	n Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (F	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
ı	has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4 01 the	=		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedu 990)	le O (Form 7	Yes	

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As Filed Data -

DLN: 93493041004281

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Totals.

SCHEDULE F (Form 990)

Employer identification number Name of the organization

_ a D	rim Conege					23-1526668	3	
Pa				de the United States	<b>s.</b> Complete	ıf the orgar	nization answered	
1	"Yes" to Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the	
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a progra describe sp	y listed in (d) am service, ecific type of ) in region	(f) Total expenditures for region	
∃U R	OPE	0	0	PROGRAM SERVICES	STUDY ABR	OAD	35,036	
∃UR	OPE	0	0	PROGRAM SERVICES	GOODS & IN	ITERNET	672	
E A S	T ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABR	OAD	10,102	
V O F	RTH AMERICA	0	0	PROGRAM SERVICES	GOODS & IN	ITERNET	10,722	

56,532

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information.  Explanation
	_	
	+	

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DLN: 93493041004281

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Internal Revenue Service	Attach to Form 990 of Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
Cabrını College		
		23-1526668

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a Mail solicitations e V
  - e Solicitation of non-government grants

    f Solicitation of government grants
- c Phone solicitations a P Special fundraising events
- d 🔽 In-person solicitations

Internet and e-mail solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Ves □ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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				
SCHULTZ & WILLIAMS	FEASIBILITY		No	0	15,618	-15,618	
JAN GRIEFF ZINNER	RESEARCH		No	0	700	-700	
	EVENT MGMT SERVICES		No	0	22,000	-22,000	
Total				38,318	-38,318		

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

		(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col	(a) the	
		GOLF TOURNAMENT (event type)	(event type)	(total number)	со	l (c))	
₽ 1	<b>1</b> Gross receipts	251,536	5			25:	1,536
Reveikue	2 Less Charitable contributions	211,116	5			21:	1,116
_	Gross income (line 1 minus line 2)	40,420				40	0,420
4	4 Cash prizes						
္တ	5 Non-cash prizes						
<u>و</u> ا	<b>6</b> Rent/facility costs	36,889	9			36	6,889
Expenses	<b>7</b> Food and beverages						
ᇆ	8 Entertainment						
ءِ   حَ	<b>9</b> Other direct expenses .	36,269	e l			36	6,269
10	O Direct expense summary Add lir	ies 4 through 9 in column	ı(d)	🛌		73	3,158
1	1 Net income summary Combine l	nes 3, column d, and line	10		+	-32	2,738
Part	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e than	1
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	<b>1</b> Gross revenue				+		
တ္က ႏ	2 Cash prizes						
Expenses	<b>3</b> Non-cash prizes						
	4 Rent/facility costs						
,   ਪਾਵਕ 	<b>5</b> Other direct expenses						
1	<b>6</b> Volunteer labor	│ Yes <u>%</u>	│ Yes <u>%</u>	Г Yes			
	7 Direct expense summary Add line						
	8 Net gaming income summary Con	ibine lines 1, column d, a	nd line /	<u> </u>		Yes	No
	Enter the state(s) in which the organiz Is the organization licensed to operate	, ,			· 9a		
<b>ь</b> I	If "No," Explain						
	Were any of the organization's gaming If "Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
-							
.1 [	Does the organization operate gaming	activities with nonmambe	ers?		11		•

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493041004281 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

**Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

Open to Public **Inspection** 

Name of the organization											
Cabrını College						23-1526668					
Part I General Inform	mation on Grants	and Assistance				•					
<ul> <li>Does the organization mathematical the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	d to award the grants o	or assistance?		·	,	•	ע Yes Γ				
Form 990, Part i	IV, line 21 for any r	Governments and recipient that receive 0) if additional space	d more than \$5,000.	. Check this box if no	one recipient receiv	ed more than \$5,00	0. Use				
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	· ,	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
SCHOLARSHIPS	3434	21,613,340			
See Additional Data Table					

Part IV Supplem	ental Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE DETERMINATION OF FINANCIAL AID AND SCHOLARSHIPS IS DONE IN A NON- DISCRIMINATORY MANNER A FULL-TIME FINANCIAL AID STAFF USES A NATIONAL PROGRAM TO HELP DETERMINE THE APPLICANT'S NEEDS WHEN DECIDING THE AMOUNT OF FINANCIAL AID AND SCHOLARSHIPS TO AWARD

DLN: 93493041004281

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Cabrini College

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			23-1526668				
Pa	rt I Questions Regarding Compensation		·				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	굣	Housing allowance or residence for personal use				
	▼ Travel for companions	Г	Payments for business use of personal residence				
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees				
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b		No	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l			2	Yes		
3	Indicate which, if any, of the following the organization	n uses	to establish the compensation of the				
	organization's CEO/Executive Director Check all tha	at appl	y				
	✓ Compensation committee	굣	Written employment contract				
	✓ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	aymer	nt?	4a	Yes		
ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b	Yes		
С	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
ь	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7	Yes		
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	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						
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$ ?	rebutt	able presumption procedure described in Regulations	9			

#### 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	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MARIE A GEORGE	(1) (11)	211,615 0	,	0 11,203 0 0		•	7 335,945 0 0	)	
STEPHEN J LIGHTCAP	(ı) (ıı)	172,636 0	-	0 55,055 0 0	15,952		0 246,063 0 0	(c)	
EUGENE CASTELLANO	(ı) (ıı)	138,774		0 8,333 0 0	12,123		186,148 0	)	
CHRISTINE LYSIONEK	(ı) (ıı)	133,698		0 0	11,996		9 152,193 0 0	)	
MARGARET FOX- TULLY	(ı) (ıı)	48,952 0		78,296 0 0		•	2 164,757 0 0	,	
ANTIONETTE IADAROLA	(ı) (ıı)	285,896 0		5,200		•			
						<del></del>			
	'		<del> </del>	<u> </u>		<del>                                     </del>	'		
				-					
		<u> </u>		<u>'</u>					
	'			<u> </u> '	<u> </u>	1			
	'		-	<u>'</u>		<del> </del>	'		
							,		
	+	+			<del>                                     </del>				

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		TRAVEL FOR COMPANIONS - DR MARIE GEORGE - NOT INCLUDED IN TAXABLE COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - STEPHEN J LIGHTCAP - INCLUDED IN TAXABLE COMPENSATION RESIDENCE FOR PERSONAL USE - DR MARIE GEORGE - NOT INCLUDED IN TAXABLE COMPENSATION
	1	THERE ARE NO WRITTEN POLICIES ON THE ITEMS IN PART I, LINE 1A HOWEVER, THE COLLEGE ADHERES TO ALL IRS REGULATIONS REGARDING COMPENSATION AND BENEFITS THE BOARD OF TRUSTEES HAS DECISION-MAKING AUTHORITY OVER ANY PAYMENTS OR BENEFITS RECEIVED BY THE PRESIDENT OF THE COLLEGE THE PRESIDENT HAS AUTHORITY OVER ANY PAYMENTS OR REIMBURSEMENTS TO ALL OTHER EMPLOYEES OF THE COLLEGE
	1 '	SEVERANCE PAYMENTS DR ANTIONETTE IADAROLA - \$296,096 MARGARET FOX-TULLY - \$71,500 SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DR MARIE GEORGE - \$19,019
		DR DAWN MIDDLETON, PROFESSOR, RETIRED ON DECEMBER 31, 2009 AND RECEIVED A NON-FIXED PAYMENT IN THE FORM OF A SERVICE AWARD THE AWARD WAS \$22,000 AND WAS CALCULATED AS \$1,000 FOR EACH YEAR OF HER SERVICE THIS AWARD WAS GIVEN AT THE DISCRETION OF THE PRESIDENT DR JONNIE GUERRA, PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS, RETIRED ON JUNE 30, 2009 AND RECEIVED A NON-FIXED PAYMENT IN THE FORM OF A SERVICE AWARD THE AWARD WAS \$15,000 AND WAS GIVEN AT THE DISCRETION OF THE PRESIDENT WITH APPROVAL BY THE EXECUTIVE COMPENSATION COMMITTEE DR MARIE GEORGE, PRESIDENT, PER HER CONTRACT IS ENTITLED TO VARIABLE PAY UP TO 15% OF HER BASE SALARY THIS PAY IS BASED ON PERFORMANCE AND IS AT THE DISCRETION OF THE EXECUTIVE COMPENSATION COMMITTEE WITH FINAL APPROVAL BY THE BOARD OF TRUSTEES FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2009, DR GEORGE RECEIVED \$32,250 IN VARIABLE PAY MR GENE CASTELLANO, VICE PRESIDENT FOR MARKETING AND COMMUNICATIONS, RECEIVED A PAYMENT IN THE AMOUNT OF \$8,333 FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2009 THIS PAYMENT WAS FOR ADDITIONAL DUTIES HE PERFORMED BY ASSUMING THE DUTIES OF THE VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT AREA, WHILE STILL IN HIS POSITION OF VICE PRESIDENT FOR MARKETING AND COMMUNICATIONS THESE PAYMENTS WERE APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE AND PRESIDENT

**DLN: 93493041004281**OMB No 1545-0047

Schedule K (Form 990)

Cabrini College

## **Supplemental Information on Tax Exempt Bonds**

le descriptions,

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

23-1526668

										23-1	526668			
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Date	Issued	(e) Issue	e Price	(f) Desc	ription of l	Purpose	<b>(g)</b> De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	DELAWARE CTY AUTH	23-1973437	246003HM2	10-16-	2003	24,	959,520 I	REFUND SE	RIES 1997	BONDS		X		X
В	DELAWARE CTY AUTH	23-1973437	246003JS7	02-06-	2007	12,	443,242	REFUND SE	SERIES 1999 BONDS			Х		Х
Pa	rt III Proceeds													
				A			В		С		D		E	
1	Total proceeds of issue			2	5,212,234	:	12,378,26	0						
2	Gross proceeds in reserve funds	5			1,614,366		511,18	7						
3	Proceeds in refunding or defease	ance escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				1,048,811		327,75	4						
6	Working capital expenditures fro	om proceeds												
7	Capital expenditures from proce	eds		1	9,693,447									
8	Year of substantial completion			200	2006		009							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part o	of a current refunding is	sue?		Χ		Х							
10	Were the bonds issued as part o	of an advance refunding	ıssue?	X		×								
11	Has the final allocation of proce	eds been made?		X		X								
12	Does the organization maintain the final allocation of proceeds?		cords to support	X		x								
Par	t IIII Private Business Us	e												
				,		_	3	C			D		Е	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in which owned property financed b		ember of an LLC,		X		Χ							
2	Are there any lease arrangemen which may result in private busi	•	inanced property		X		Х							
For P	rivacy Act and Paperwork Reduction	Act Notice, see the Instr	ructions for Form 990.			Cat No 5	0193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

				A	В		C	С		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X		X						
3b	Are there any research agreements with respect to the financed p which may result in private business use?			X		X						
3с	Does the organization routinely engage bond counsel or other outs counsel to review any management or service contracts or resear agreements relating to the financed property?			x		X						
4	Enter the percentage of financed property used in a private busine by entities other than a section 501(c)(3) organization or a state government											
5	Enter the percentage of financed property used in a private busine as a result of unrelated trade or business activity carried on by yo organization, another section 501(c)(3) organization, or a state or government	ur										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and procedu ensure the post-issuance compliance of its tax-exempt bond liabi		Х		X							
Par	TV Arbitrage		_									
		Yes	A No	Yes	B No	Yes	C No		D Yes	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	ies	140	ies	140	les	140	•	ies	140	ies	NO
		Х		Х								
2	Is the bond issue a variable rate issue?		x		х							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and											
	records?		Χ		Х							
b	Name of provider											
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?		×		X							
b	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		X		х							
6	Did the bond issue qualify for an exception to rebate?		X		x							
										Schodulo	K (Form 990)	2000

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DLN: 93493041004281

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	e of the organization					Employer identific	ation number
Сартт						23-1526668	
art		•	, ,, ,				l 40h
	Complete if the organization		s on Form 990, i				(c) Corrected
1	(a) Name of disqualit	ned person		<b>(b)</b> Desc	rıptıon of tra	nsaction	Yes No
<b>)</b> F	Enter the amount of tax imposed o	on the organiz	ation managers of	disqualified ners	ons during th	e vear under	
	section 4958	· · ·	• • • • •	· · · · ·		• • <b>&gt;</b> \$ —	
<b>3</b> E	Enter the amount of tax, if any, on	line 2, above	, reımbursed by th	ie organization .		<b>&gt;</b> \$	
Part	Loans to and/or Fro	m Interest	ted Persons.				
	Complete if the organization			), Part IV, line 26	, or Form 99	D-EZ, Part V, line 3	8 a
		) Loan to			<b>(e)</b> In	<b>(f)</b> Approved	(g)Written
(a) Na	<b>-</b>	r from the anization?	(c)O riginal principal amount	(d)Balance due	default?	by board or	agreement?
		o From	principal amount		V N-	committee?  Yes No	Vaa Na
	'	o Fioili			Yes No	Yes No	Yes No
otal			🕨 s				1
art					Line 27	•	•
	Complete if the organiz			een interested per	son.		
	(a) Name of interested person	(-7		ganization	(c)	A mount of grant or t	type of assistance
Α		NI /A			<b>А С</b> ИТІ	EVEMENT GRANT	A mount & 8000
		N/A			ACHI	EVEMENT GRANT	4 mount \$ 8000
Dawk	IV Business Transaction	e Tovelvi-	a Interested	Darcons			
Part	Complete if the organiz				', line 28a <i>.</i>	28b, or 28c.	
	, , , , , , , , , , , , , , , , , , , ,		elationship	,		,	(e) Sharing of
	(a) Name of interested person		en interested	(c) A mount of	<b>(d)</b> De	scription of transac	organization's

person and the

organization

transaction

revenues?

Yes

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DLN: 93493041004281

OMB No 1545-0047

Department of the Treasury

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Cabrini College 23-1526668 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g Art-Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 1,000 COST OR SALES PRICE 4 Books and publications Χ Clothing and household Χ 4,722 COST OR SALES PRICE goods . . . . . Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Χ 6 21,076 COST OR SALES PRICE Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . Oualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution-Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . Х 6 715 COST OR SALES PRICE 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . 65 31,091 COST OR SALES PRICE Other ► (ENTERTAINMENT) Χ Х 13 Other ► ( VACATIONS ) 9,855 COST OR SALES PRICE RESEARCH Other ► ( <u>SUPPLI</u>ES Х 11,300 COST OR SALES PRICE 27 **28** Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

## OMB No 1545-0047

Inspection

Open to Public

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization Cabrını College

**Employer identification number** 

23-1526668

	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE COLLEGE HIRED AN INDEPENDENT CONTRACTOR TO SERVE AS PROVOST AND INTERIM VICE PRESIDENT FOR ACADEMIC AFFAIRS IN ADDITION, AN INDEPENDENT CONTRACTOR WAS HIRED AS THE INTERIM CHIEF ENROLLMENT MANAGEMENT OFFICER
Form 990, Part VI, Section A, line 4		There was a change to the Bylaws which relfect a new Conflict of Interest Policy that was approved by the Board of Trustees at their October 2009 meeting
Form 990, Part VI, Section A, line 6		THE PROVINCIAL AND PROVINCIAL COUNCILORS OF THE MISSIONARY SISTERS OF SACRED HEART (MSC'S), STELLA MARIS PROVINCE SERVE AS MEMBERS OF THE ORGANIZATION
Form 990, Part VI, Section A, Iine 7b		THE MEMBERS (MISSIONARY SISTERS OF THE SACRED HEART) MUST APPROVE THE FOLLOWING ACTIONS 1 TO APPROVE ANY CHANGES RECOMMENDED BY THE BOARD OF TRUSTEES IN THE PHILOSOPHY, OBJECTIVES AND PURPOSES OF THE COLLEGE, 2 To amend, alter, modify or repeal the Articles of Incorporation of the College, 3 TO APPROVE THE SALE OR DISPOSITION OF ASSETS OR THE CREATION OF ANY LIEN ON ASSETS, 4 to APPROVE THE MERGER OR CONSOLIDATION OF THE COLLEGE, 5 TO APPROVE DISSOLUTION OF THE COLLEGE, 6 TO APPROVE THE FINALISTS FOR THE OFFICE OF PRESIDENT OF CABRINI COLLEGE
Form 990, Part VI, Section B, Inne 11		THE 990 REPORT WAS REVIEWED IN ITS ENTIRETY BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO THE FEBRUARY TRUSTEE MEETING, AT WHICH TIME THE AUDIT COMMITTEE RECOMMENDED THE FULL BOARD APPROVE IT FOLLOWING AUDIT COMMITTEE APPROVAL, THE ENTIRE 990 WAS PRESENTED IN WRITTEN FORM TO THE ENTIRE BOARD OF TRUSTEES AT ITS FEBRUARY PLENARY SESSION WHERE IT WAS DISCUSSED AND APPROVED FOR FILING AFTER THIS THE 990 WAS FORMALLY FILED WITH THE FEDERAL GOVERNMENT
Form 990, Part VI, Section B, Iine 12c		THE ASSISTANT SECRETARY OF THE BOARD REVIEWS THE ANNUAL DISCLOSURE STATEMENTS TO DETERMINE WHETHER A CONFLICT OF INTEREST HAS BEEN DISCLOSED ANY CONFLICTS ARE REVIEWED BY THE BOARD AUDIT COMMITTEE WITH A FINAL REVIEW AND DECISION BY THE BOARD OF TRUSTEES IF THE AUDIT COMMITTEE DETERMINES A CONFLICT MAY EXIST
Form 990, Part VI, Section B, Iine 15		COMPENSATION FOR CABRINI COLLEGE'S CEO AND OTHER INSTITUTIONAL ADMINISTRATORS IS DETERMINED AFTER A THOROUGH COMPENSATION COMPARATIVE ANALYSIS OF THE SPECIFIED JOB SCOPE IS CONDUCTED THE DATA SOURCES USED FOR COMPILATION OF SALARY STRUCTURES ARE CUPA ADMINISTRATIVE SALARY SURVEYS, CHRONICLE OF HIGHER EDUCATION SALARY SURVEYS, BUREAU OF LABOR STATISTICS, AND OTHER INDEPENDENT COMPENSATION CONSULTANTS IF NEEDED IN ADDITION, COMPENSATION FOR THESE EMPLOYEES IS BASED ON HOW THEIR PERFORMANCE MEASURES AGAINST THEIR ANNUAL OBJECTIVES ONCE THE SALARY SURVEY DATA IS PRESENTED, CABRINI COLLEGE'S BOARD OF TRUSTEES AND EXECUTIVE COMPENSATION COMMITTEE REVIEW THE DATA AND APPROVE THE FINAL PAY STRUCTURE OF THE SPECIFIED POSITION COMPENSATION DECISIONS FOR THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMPENSATION COMMITTEE AND/OR BOARD OF TRUSTEES' MINUTES THE COMPENSATION DETERMINATION PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2010
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER, THE CONFLICT OF INTEREST POLICY IS ON OUR WEBSITE VIA THE COLLEGE HANDBOOK (WHICH IS NOT A PASSWORD-PROTECTED DOCUMENT)

## Software ID: Software Version:

EIN: 23-1526668
Name: Cabrini College

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
THERESA A CAVANAUGH CHAIR	1 00	Х		Х				0	0	0	
DEMETRA TAKES VICE CHAIR	1 00	X		X				0	0	0	
ELIZABETH RILEY BELL SECRETARY	1 00	X		X				0	0	0	
MARIE A GEORGE PRESIDENT	35 00	X		X				255,068	0	80,877	
JOHN BODNAR TRUSTEE	1 00	X						0	0	0	
JOAN M BUZZALLINO TRUSTEE	1 00	X						0	0	0	
ANGELA DOWD-BURTON TRUSTEE	1 00	X						0	0	0	
SrEILEEN CURRIE MSC TRUSTEE	1 00	X						0	0	0	
FRANK EMMERICH TRUSTEE	1 00	X						0	0	0	
CASWELL F HOLLOWAY III TRUSTEE	1 00	X						0	0	0	
Mary Ellen Jaındl-Roper TRUSTEE	1 00	X						0	0	0	
EDWARD A KENNEDY TRUSTEE	1 00	X						0	0	0	
WARREN KUO TRUSTEE	1 00	X						0	0	0	
ZELINDA LEBOUTILLIER TRUSTEE	1 00	X						0	0	0	
Maureen M Matheson TRUSTEE	1 00	X						0	0	0	
JOAN F NEAL TRUSTEE	1 00	X						0	0	0	
Sr DIANE OLMSTEAD MSC TRUSTEE	1 00	X						0	0	0	
VINCE POWERS TRUSTEE	1 00	X						0	0	0	
Sr PIETRINA RACCUGLIA MSC - TRUSTEE	1 00	X						0	0	0	
DAVID REGN TRUSTEE	1 00	X						0	0	0	
JOHN D SCHANZ TRUSTEE	1 00	X						0	0	0	
GEORGE B WEATHERSBY TRUSTEE	1 00	X						0	0	0	
STEPHEN E WESTHEAD TRUSTEE	1 00	X						0	0	0	
ROBERT F WHALEN TRUSTEE	1 00	X						0	0	0	
Roland Yoshida TRUSTEE	1 00	Х						0	0	0	

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

RETIRED PRESIDENT

(A) Name and Title	(B) A verage hours		(( tion ( that a	(che		II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
SHARON SHIPLEY ZUBRICKY TRUSTEE	1 00	Х			•			0	C	0	
STEPHEN J LIGHTCAP TREASURER, VP OF FINANCE	35 00			Х				227,691	C	18,372	
EUGENE CASTELLANO VP MARKETING & COMMUNIC	35 00					x		147,107	C	39,041	
CHRISTINE LYSIONEK VP STUDENT DEVELOPMENT	35 00					x		133,698	O	18,495	
MARGARET FOX-TULLY VP MISSION & INTEGRATION	35 00					x		127,248	C	37,509	
JONNIE GUERRA PROVOST, VP ACAD AFFAIR	35 00					x		122,025	C	13,053	
DAWN MIDDLETON PROFESSOR	35 00					Х		117,859	C	9,742	
ANTIONETTE IADAROLA RETIRED PRESIDENT	0 00						Χ	291,096	C	5,000	

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EVENTS AND PROGRAMS	527,576	408,930	76,164	42,482
BOND ISSUANCE COSTS	187,388	186,359	929	100
MEMBERSHIP DUES	177,711	73,619	97,107	6,985
BAD DEBT EXPENSES	146,423		146,423	
TITLE III ENDOWMENT	112,593	112,593		