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DLN: 93493063001234

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)

2012

OMB No 1545-0047

Open to Public

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

A F	or the 2	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending	06-30-2013			<u> </u>	
	neck if ap		C Name of organization CABRINI COLLEGE		D Emplo	yer ide	ntification number	
┌ Ad	ldress ch	ange			23-15	526668	3	
Г Na	ame char	nge	Doing Business As					
∏ In	ıtıal retur	m	Number and street (or P O box if mail is not delivered to street address) Rock	om/suite	E Telepho	one num	ber	
_	erminated		610 KING OF PRUSSIA ROAD		(610)	902-8	415	
	nended r	eturn pending	City or town, state or country, and ZIP + 4 RADNOR, PA 19087					
j Ap	plication	penaing					71,021,451	
			F Name and address of principal officer MS DEMETRA TAKES	H(a)	Is this a group affiliates?	return	for	
			610 KING OF PRUSSIA ROAD RADNOR,PA 19087					
			RADNOR, PA 1908/	H(b)			ded? Tyes No	
I Ta	ax-exem	pt status	▼ 501(c)(3)				(see instructions)	
N C	/ebsite	::► WW	/W CABRINI EDU	H(c)	Group exempt	ion nur	mber ► 0928	
<b>K</b> Fo	m of org	janization	✓ Corporation Trust Association Other ►	<b>L</b> Ye	ar of formation 19	57 <b>M</b>	State of legal domicile PA	
Pa	art I	Sum	mary					
			escribe the organization's mission or most significant activities HEDULE O					
ž	-							
<u> </u>	-							
Governance	2 (	Check th	nis box 🔭 if the organization discontinued its operations or dispo	sed of more	than 25% of its	net as	sets	
	3 1	Number	of voting members of the governing body (Part VI, line 1a)			з	22	
Activities &	1		of independent voting members of the governing body (Part VI, line			4	21	
Ě	1		mber of individuals employed in calendar year 2012 (Part V, line 2	•		5	1,231	
Ę	<b>6</b> T	Total nu	mber of volunteers (estimate if necessary)			6	273	
٠.	7a ⊺	Total un	related business revenue from Part VIII, column (C), line 12 .			7a	120,550	
	bΝ	Net unre	lated business taxable income from Form 990-T, line 34			7b	-193,851	
					Prior Year		Current Year	
_	8	Contri	butions and grants (Part VIII, line 1h)		1,715,4	460	3,624,830	
Revenue	9	Progra	ım service revenue (Part VIII, line 2g)		70,469,8		60,198,686	
ieve.	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,597,	787	4,745,364	
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A					
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		21,880,	408	19,903,162	
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0	0	
82	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), li	nes	24,939,	649	25,035,753	
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	🗀	46,	246	65,692	
훘	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶1,690,498					
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,399,	353	25,634,700	
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 2	25)	72,265,	656	70,639,307	
	19	Reven	ue less expenses Subtract line 18 from line 12		2,319,	737	-1,291,965	
Net Assets or Fund Balances				Beg	jinning of Curre Year	nt	End of Year	
SS e	20	Total	assets (Part X, line 16)		154,068,	247	154,066,108	
4 E	21		liabilities (Part X, line 26)		44,492,	511	43,233,707	
			ssets or fund balances Subtract line 21 from line 20		109,575,	736	110,832,401	
	rt II		ature Block					
my k prep  Sigi	nowled arer ha	ge and s any ki	perjury, I declare that I have examined this return, including according belief, it is true, correct, and complete Declaration of preparer (otherwise)  **  ature of officer					
Her	e		OLSON VP FINANCE or print name and title					
		<u> </u>	Print/Type preparer's name Preparer's signature	Date		PTIN		
Do:	d		Anny Type preparer's name Preparer's signature (AREN GRIES	Date	Check If self-employed	P11N P00078	3514	
Pai	a pare		ırm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN 🟲 4	1-07467	49	
	pare Onl∝		Firm's address ► 610 WGERMANTOWN PIKE STE400		Phone no (215	6) 643-39	900	

PLYMOUTH MEETING, PA 19462

May the IRS discuss this return with the preparer shown above? (see instructions) .

Cat No 11282Y

4e Total program service expenses ►

53,072,475

Part IV	Checklist 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," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\bullet}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V.	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
	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	11c		No
d	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 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, line 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 lines 24b through 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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   4,422		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
-	gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	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?			
<b>6</b> -	December 2000 100 100 100 100 100 100 100 100 10	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			Na
d	file Form 8282?	7c		Νo
u	11 Fes, indicate the number of Forms 6262 med during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
_	facilities			
11	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 )			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	]		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI															. V
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30	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If Was " did the agreement on have written notices and properly a several property of each phantage			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a				No
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	11a		
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	11a 12a 12b	Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes	No

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
- interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

  DIANE SCUTTI CONTROLLER 610 KING OF PRUSSIA ROAD RADNOR, PA (610) 902-8415

# 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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

Any Double   Companies   Com	(A) Name and Title	(B) A verage hours per	more	than	one	not box		ess	(D) Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
CHAIR		any hours for related organizations below	and	a dır	ect	or/tr	rustee	2)	organızatıon (W- 2/1099-	organızatıons (W- 2/1099-	compensation from the organization and related
(2) THOMAS NERNEY  VICE CHAIR  VICE CHAIR  1 00	(1) DEMETRA TAKES	1 00	х		х				0	0	0
VICE CHAIR   X		1.00									
SECRETARY		1 00	x		х				0	0	0
(4) MARIE AGEORGE   35 00		1 00	х		х				0	0	0
Name		35.00									
TRUSTEE			х		Х				285,007	0	56,902
Column		1 00	х						0	0	0
TRUSTEE		1.00									
TRUSTEE			×						0	0	0
(8) NANCY COSTELLO		1 00	х						0	0	0
TRUSTEE		1.00									
SISTER EILEEN CURRIE MSC			X						0	0	0
TRUSTEE (10) WILLIAM DESANTE 1 00		1 00	.,								
TRUSTEE (11) FRANK EMMERICH (12) ROBERT JARA (12) ROBERT JARA (13) JACQUELINE KIRBY (13) JACQUELINE KIRBY (14) WARREN KUO (15) SISTER DIANE OLMSTEAD MSC (16) VINCE POWERS (17) VINCENT PRESTILEO (17) VINCENT PRESTILEO (10) VX (11) VX (11) VINCENT PRESTILEO (10) VX (11) VINCENT PRESTILEO (11) VINCENT PRESTILEO (12) VINCENT PRESTILEO (13) VX (14) VX (15) VX (15) VX (16) VINCENT PRESTILEO (17) VINCENT PRESTILEO (18) VX (18) VX (19) VX (10) VX (10) VX (10) VX (10) VX (11) VX (12) VX (13) VX (14) VX (15) VX (15) VX (16) VX (17) VX (18) VX (18	TRUSTEE		L ×						U	O	0
TRUSTEE	(10) WILLIAM DESANTE	1 00	l x						0	0	0
TRUSTEE			ļ			_					
TRUSTEE		1 00	×						o	o	0
TRUSTEE		1 00									
TRUSTEE			×						o	0	0
TRUSTEE (14) WARREN KUO 1 00 X TRUSTEE (15) SISTER DIANE OLMSTEAD MSC 1 00 X TRUSTEE (16) VINCE POWERS 1 00 X TRUSTEE (17) VINCENT PRESTILEO  1 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00									0
TRUSTEE (15) SISTER DIANE OLMSTEAD MSC 1 00			_ <u> </u>						0	0	0
TRUSTEE (15) SISTER DIANE OLMSTEAD MSC 1 00 X TRUSTEE (16) VINCE POWERS 1 00 X 0 0 0 0 TRUSTEE (17) VINCENT PRESTILEO 1 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(14) WARREN KUO	1 00									0
TRUSTEE (16) VINCE POWERS 1 00 X 0 0 0 TRUSTEE (17) VINCENT PRESTILEO 1 00 X 0 0 0 0 0 0 0			<u> </u>								
(16) VINCE POWERS         1 00         X         0         0         0           TRUSTEE         (17) VINCENT PRESTILEO         1 00         X         0         0         0		1 00	×						o	o	0
TRUSTEE		1 00									
(17) VINCENT PRESTILEO			×						0	0	0
		1 00	<u> </u>								
	TRUSTEE		L <sup>x</sup>						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) D JAMIE PRINCE	1 00	х								0
TRUSTEE		_ ^								
(19) SISTER PIETRINA RACCUGLIA MSC	1 00	×								0
TRUSTEE		^								
(20) JOHN D SCHANZ	1 00	,								
TRUSTEE		X								0
(21) MARVIN STEWART	1 00									_
TRUSTEE		X								0
(22) SHARON SHIPLEY ZUBRICKY	1 00									
TRUSTEE		X								0
(23) STEVE FELD	35 00									
VICE PRESIDENT FINANCE AND ADMINISTRATION				Х				146,38	C	32,509
(24) ANNE SKLEDER	35 00									
PROVOST AND VP, ACADEMIC AFFAIRS					Х			164,60	3 C	22,294
(25) GENE CASTELLANO										
VICE PRESIDENT, ADVANCEMENT AND EXTERNAL RELATIONS	35 00					x		169,36	ı c	21,181
(26) DENNIS KELLY	35 00									
VICE PRESIDENT, ENROLLMENT MANAGEMENT						X		144,40	5	27,493
(27) CHRISTINE LYSIONEK	35 00									
VICE PRESIDENT, STUDENT DEVELOPMENT						X		146,91	7	20,593
(28) DIANE SCUTTI	35 00									
CONTROLLER						Х		115,79	5 C	17,888
(29) MARTHA COMBS	35 00									
						Х		114,17	o c	19,746
DEAN, GRADUATE STUDIES										
						<u> </u>				
1b Sub-Total			•	•		[-				
c Total from continuation sheets to Par	•							1 205 511		240.505
d Total (add lines 1b and 1c)								1,286,641	0	218,606
Total number of individuals (including \$100,000 of reportable compensation				ed al	oove	e) who	rec	eived more than		Yes No

			1 63	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INCORPORATED AND AFFILIATES 500 ROSS ST 154-0455 PITTSBURGH PA 15262	FOOD SERVICES	2,452,780
DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA PA 19104	INFORMATION TECHNOLOGY	1,915,842
EDUCATOR'S ADVANCEMENT GROUP 20624 ABBEY WOODS CT N FRANKFORT IL 60423	STUDENT RECRUITMENT	1,873,083
CSI INTERNATIONAL INC 6700 N ANDREWS AVE 400 FT LAUDERDALE FL 33309	CLEANING SERVICES	998,150
GSM ROOFING 345 S READING ROAD EPHRATA PA 17522	CONSTRUCTION	706,828

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►17

Part V		Statement o	o <b>f Revenue</b> ule O contains a respor	se to any question i	in thic Dart VIII			_
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
ant	b	Membership du	ies <b>1b</b>					
Gr mo	С	Fundraising eve	ents <b>1c</b>	326,513				
ffs, rA	d	Related organiz	zations 1d					
Gi iila		Government grants		1,127,582				
ns, Sin	е	_						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions are similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,170,735				
trib Oth	g	Noncash contribution	ons included in lines	156,867	İ	j		
on! nd	h		s 1a-1f		3,624,830			
C				Business Code				
J.L.e	2a	TUITION AND FEES		611310	E0 672 922	E0 672 922		
ever	b	ROOM & BOARD			50,673,832	50,673,832		
я. Ж				611310	9,147,835	9,147,835		
M.C.	C	CHILDREN'S SCHO		611310	377,019	377,019		
Program Service Revenue	d e							
ranı	f	All other progra	am service revenue					
rogi	•	All other progra	anii service revenue					
	g		s 2a-2f		60,198,686			
	3		ome (including dividend ar amounts)		3,534,706			3,534,706
	4		stment of tax-exempt bond					
	5	Royalties		🕨				
			(ı) Real	(11) Personal				
	6a	Gross rents	311,053					
	b	Less rental expenses	5,259					
	С	Rental income	305,794					
	d	or (loss) Net rental inco	me or (loss)		305,794			305,794
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,010,792	728,000				
	b	Less cost or other basis and	985,443	542,691				
	_	sales expenses Gain or (loss)	1,025,349	185,309				
	c d	Net gain or (los			1,210,658			1,210,658
Other Revenue	8a	Gross income f events (not inc \$326	rom fundraising luding ,,513 s reported on line 1c)					
<u>.</u>			а	102,525				
ţ	b		penses <b>b</b>	140,716	20.40			30.40
O	C		(loss) from fundraising ( 	events	-38,191			-38,191
	9a		rom gaming activities ne 19 <b>a</b>					
	b		penses <b>b</b>					
	C		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	* *					
	b	Less cost of g	oods sold <b>b</b>					
	С	Net income or i	(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a	OTHER INCOM	4E	900099	330,464		4,143	326,321
	b	ATHLETIC CE	NTER	713940	118,854		116,407	2,447
	С	BOOKSTORE	COMMISSION	900099	61,541			61,541
	d	All other reven	ı					
	е		s 11a-11d		510,859			
	12	Total revenue.	See Instructions	🛌	69,347,342	60,198,686	120,550	5,403,276

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 19,903,162 19,903,162 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 783,266 783,266 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages 19,025,090 12,925,790 5,262,473 836,827 Pension plan accruals and contributions (include section 401(k) 1,107,032 731,483 328,170 47,379 and 403(b) employer contributions) . . . . 2,814,958 1,746,687 891,484 Other employee benefits . . . . 176,787 10 1,305,407 952,866 298,650 53,891 11 Fees for services (non-employees) 159,975 104 159,871 Management . . . . 178,323 178,323 Legal . . . . . . . . Accounting . . . . . . . . . . . . 61,046 61,046 46,902 46,902 Lobbying . . . . . . . . . . . . 65,692 Professional fundraising services See Part IV, line 17 65,692 Investment management fees . . . . . 62,615 61,412 1,203 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 6,403,140 3,426,529 2,919,608 57,003 Schedule O) . . . . . . . Advertising and promotion . . 548,333 175 547,955 12 203 13 Office expenses . . . . . 2,434,183 1,502,445 787,741 143,997 2,448,010 1,463,308 940,695 14 Information technology . . 44,007 15 Royalties . 1,669,727 1,337,359 304,490 27,878 16 Occupancy . . . . . . **17** 837,074 598,884 210,262 27,928 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 532,983 216,820 250,070 66,093 20 1,649,947 1,641,011 8,235 701 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 4,862,215 4,411,647 442,068 8,500 23 497,404 497,404 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ENDOWMENT ALLOCATION 1,824,328 1,419,924 400,023 4,381 **EVENTS AND PROGRAMS** 438,969 267,418 57,650 113,901 RESIDENT ASSISTANTS 252,409 252,409 d MEMBERSHIP DUE 208,690 74,191 127,021 7,478 518,427 200,263 311,515 e All other expenses 6,649 Total functional expenses. Add lines 1 through 24e 25 70,639,307 53,072,475 15,876,334 1,690,498 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,092,834	1	5,695,088
	2	Savings and temporary cash investments	38,212,843	2	38,726,638
	3	Pledges and grants receivable, net	341,753	3	383,823
	4	Accounts receivable, net	2,706,099	4	3,050,410
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
Se	_		4.045.450	6	074 424
¥	7	Notes and loans receivable, net	1,045,450	7	971,421
	8	Inventories for sale or use	46,300 1,396,742	8 9	90,433
	9 10a	Prepaid expenses and deferred charges	, ,	9	1, 140, 104
	Ь	Complete Part VI of Schedule D  Less accumulated depreciation		10c	59,512,032
	11	Investments—publicly traded securities	35,882,292	11	38,752,743
	12	Investments—other securities See Part IV, line 11	189,791	12	107,970
	13	Investments—program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets	1,198,987	14	1,098,616
	15	Other assets See Part IV, line 11	4,597,818	15	4,530,830
	16	Total assets. Add lines 1 through 15 (must equal line 34)	154,068,247	16	154,066,108
	17	Accounts payable and accrued expenses	5,742,315	17	5,597,069
	18	Grants payable		18	
	19	Deferred revenue	2,598,558	19	2,352,689
	20	Tax-exempt bond liabilities	34,900,000	20	33,995,000
ω.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	1,251,638	25	1,288,949
	26	Total liabilities. Add lines 17 through 25	44,492,511	26	43,233,707
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	94,962,150	27	95,332,411
<u> </u>	28	Temporarily restricted net assets	7,129,513	28	7,718,812
<u>=</u>	29	Permanently restricted net assets	7,484,073	29	7,781,178
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
٥	30	Capital stock or trust principal, or current funds		30	
€¥	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	109,575,736	33	110,832,401
Š	34	Total liabilities and net assets/fund balances	154,068,247	34	154,066,108
		rotal habilities and het assets/fulla balances	154,000,247	34	154,000,100

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		69,3	347,342
2	Total expenses (must equal Part IX, column (A), line 25)	2			539,307
3	Revenue less expenses Subtract line 2 from line 1	3			 291,965
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			548,630
6	Donated services and use of facilities	6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		110,8	332,401
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b	Yes	

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per week (list any	dıre	than	not one on i r an trust	box s bot d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
DEMETRA TAKES CHAIR	1 00	х		х				0	0	0
THOMAS NERNEY VICE CHAIR	1 00	х		х				0	0	0
DAVID REGN SECRETARY	1 00	х		х				0	0	0
MARIE AGEORGE PRESIDENT	35 00	х		х				285,007	0	56,902
ELIZABETH RILEY BELL TRUSTEE	1 00	х						0	0	0
MARY KAY BURKE TRUSTEE	1 00	х						0	0	0
ANGELA DOWD-BURTON TRUSTEE	1 00	х						0	0	0
NANCY COSTELLO TRUSTEE	1 00	х						0	0	0
SISTER EILEEN CURRIE MSC TRUSTEE	1 00	х						0	0	0
WILLIAM DESANTE TRUSTEE	1 00	х						0	0	0
FRANK EMMERICH TRUSTEE	1 00	х						0	0	0
ROBERT JARA TRUSTEE	1 00	х						0	0	0
JACQUELINE KIRBY TRUSTEE	1 00	х						0	0	0
WARREN KUO TRUSTEE	1 00	х						0	0	0
SISTER DIANE OLMSTEAD MSC TRUSTEE	1 00	х						0	0	0
VINCE POWERS TRUSTEE	1 00	х						0	0	0
VINCENT PRESTILEO TRUSTEE	1 00	х						0	0	0
D JAMIE PRINCE TRUSTEE	1 00	х						0	0	0
SISTER PIETRINA RACCUGLIA MSC TRUSTEE	1 00	х						0	0	0
JOHN D SCHANZ TRUSTEE	1 00	х						0	0	0
MARVIN STEWART TRUSTEE	1 00	х						0	0	0
SHARON SHIPLEY ZUBRICKY TRUSTEE	1 00	х						0	0	0
STEVE FELD VICE PRESIDENT FINANCE AND ADMINISTRATION	35 00			х				146,381	0	32,509
ANNE SKLEDER PROVOST AND VP, ACADEMIC AFFAIRS	35 00				х			164,603	0	22,294
GENE CASTELLANO VICE PRESIDENT, ADVANCEMENT AND EXTERNAL RELATIONS	35 00					х		169,361	0	21,181

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

35 00

MARTHA COMBS

DEAN, GRADUATE STUDIES

Compensated Employees, and Indepen	ineni conti	CLUIS							•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (do not che more than one box unless person is both an officer and a director/trustee)  Individual trustee  ons		box s bo d a tee)	ox, ooth a		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
DENNIS KELLY VICE PRESIDENT, ENROLLMENT MANAGEMENT	35 00					х		144,406	0	27,493
CHRISTINE LYSIONEK VICE PRESIDENT, STUDENT DEVELOPMENT	35 00					х		146,917	0	20,593
DIANE SCUTTI CONTROLLER	35 00					х		115,796	0	17,888

114,170

0

19,746

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493063001234

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

CABRINI COLLEGE

# **Public Charity Status and Public Support**

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

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

**Open to Public** Inspection

Da	rt I	Peac	on for Du	blic Charity Sta	tus (All or	nanization	s must com	nlete this	nart ) See		<u> </u>						
				te foundation becaus						111311 1111111	J.						
1				on of churches, or a			= -			_							
2	Ţ.		-	in section 170(b)(1					(-)(-)(-)								
3	Ė			perative hospital se			*	on 170(b)(	L)(A)(iii).								
4	,			n organization opera	=					)(1)(A)(iii).	Enter the						
-	•	hospita	al's name, ci	ty, and state			•		•								
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	a governme	ntal unit des	cribed in						
		sect ior	170(b)(1)(	A)(iv). (Complete P	art II )												
6	$\vdash$	A fede	al, state, or	local government o	or governmental unit described in <b>section 170(b)(1)(A)(v).</b>												
7	Γ			at normally receives			support fron	n a governn	nental unit or	from the ge	neral public						
8	Г			n 170(b)(1)(A)(vi). described in <b>sectio</b> r			mplete Part I	Ι)									
9	į.		•	at normally receives	. , . , .	, , ,	•	•	ibutions, mei	mbership fee	es, and gross						
	•	_		ities related to its e					· ·	-	-						
		•			· ·	_											
		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	$\Gamma$			, ganized and operated													
11	Ė	_		ganized and operated	•				. , . ,		t the purposes of						
	·	one or the box	more public that descri	ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr or <u>ti</u> ng organ	ibed in sec ization and	tion 509(a)(1 complete lin	.) or sectio es 11e th <u>ro</u>	n 509(a)(2) ugh 11h	See <b>section</b>	<b>509(a)(3).</b> Check						
e	Γ	By che other t	cking this b	ox, I certify that the on managers and ot	organization	ıs not cont	trolled directl	y or indirec	tly by one or	more disqu	alified persons						
f		If the c		received a written d	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Typ	e III suppor	ting organization,						
g				2006, has the organ	ızatıon accer	oted any gif	t or contribut	ion from an	y of the		,						
_		followir	ng persons?	-	•												
				irectly or indirectly o	•		•	n persons d	escribed in (i	_	Yes No						
		•		governing body of th	• •	_	n?				.g(i)						
			•	er of a person descr	• •						g(ii)						
				lled entity of a perso						11	g(iii)						
h		Provide	e the follown	ng information about	the supporte	ed organıza	tion(s)										
_	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) Is		(vii) A mount of						
	suppoi			organization (described on	organızatı col (i) lıs		the organ		organiza		monetary						
organization		ation		lines 1- 9 above	your gove		ın col (i) suppo		col (i) or in the	_	support						
				or IRC section	docume	_											
				(see													
				instructions))	Yes	No	Yes No		Yes	No							
Total			I		1	i .		1	1	- 1							

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	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 Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose										
3	Gross receipts from activities that										
	are not an unrelated trade or										
	business under section 513			-							
4	Tax revenues levied for the										
	organization's benefit and either										
	paid to or expended on its behalf										
5	The value of services or facilities										
3	furnished by a governmental unit to										
	the organization without charge										
6	<b>Total.</b> Add lines 1 through 5										
	Amounts included on lines 1, 2,										
<i>7</i> a	and 3 received from disqualified										
	persons										
b	Amounts included on lines 2 and 3										
_	received from other than										
	disqualified persons that exceed										
	the greater of \$5,000 or 1% of the										
	amount on line 13 for the year										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c										
	from line 6 )										
_Se	Section B. Total Support										
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total				
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai				
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 income (less section 511 taxes)										
	from businesses acquired after										
	June 30, 1975										
c	Add lines 10a and 10b										
11	Net income from unrelated										
11	business activities not included										
	in line 10b, whether or not the										
	business is regularly carried on										
12	Other income Do not include										
	gain or loss from the sale of										
	capital assets (Explain in Part										
	IV)										
13	Total support. (Add lines 9, 10c,										
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)					
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►				
	check this box and stop here	a Cunnaut Da					<u> </u>				
	ction C. Computation of Public			1.2		T I					
15	Public support percentage for 2012			13, column (T))		15					
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16					
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge							
17	Investment income percentage for 20				nn (f))	17					
					. , ,	<del>                                     </del>					
18	Investment income percentage from					18					
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□				

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493063001234

### 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.

Inspection

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CABRINI COLLEGE 23-1526668 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	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,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable 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)).

For a	and "Voc." recognized to lines 15 through 1, below, provide in Part IV a detailed description of the lebburg	(6	1)	(D)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,000
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		45,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		902
i	O ther activities?		No	
j	Total Add lines 1c through 1i			46,902
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c	)(5), o	r section

# 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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	
_	ravable amount or lobbying and pointed expenditures (see instructions)	, ,	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, lin  Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE 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 EMAIL COMMUNICATION 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 (3) THE COLLEGE BELONGS TO HIGHER EDUCATION MEMBERSHIP ORGANIZATIONS IN WHICH WE PAY DUES PARTS OF THESE DUES ARE FOR EITHER DIRECT OR INDIRECT LOBBYING ACTIVITIES THE ESTIMATED COST FOR THESE SERVICES TO THE COLLEGE IS \$902 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

DLN: 93493063001234

OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CABRINI COLLEGE 23-1526668 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?

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

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1

<b>b</b> Assets included in Form 990, Part X
h

Part												ntinued)
	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cr	neck :	•		_		significant i	ise of	its	
a [	Public exhibition		d	ı	Loan	orexc	hange progr	ams				
b [	Scholarly research		e	Γ	Other							
c [	Preservation for future generations											
	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furthe	rthe	organızatıon	's ex	empt purpos	e in		
	During the year, did the organization solicit o								ıılar	_		<b>-</b>
Part	assets to be sold to raise funds rather than t  Escrow and Custodial Arrang		-						oc" to Forn	,	Yes	│ No
rait	Part IV, line 9, or reported an an						ii aliswelet	<i>.</i> .	es to roili	1 330	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbu	tions	or other ass	ets i	not	Г	Yes	┌ No
<b>b</b> 1	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
							_			Amo	ınt	
C	Beginning balance						_	1c				
d	Additions during the year						L	1d				
e	Distributions during the year						L	1e				
f	Ending balance							1f				
<b>2a</b> [	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
<b>b</b> ]	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has b	een p	rovided in P	art >	KIII			厂
Part	EV Endowment Funds. Complete											
		(a)Current year	(b)	Prior y		<b>b (c)</b> ⊺			Three years ba		Four y	ears back
	Beginning of year balance	36,107,936			598,131		10,906,070	⊢	9,420,5	_		8,186,038
	Contributions	297,105		22,	567,614		441,922		443,6	69		392,815
c i	Net investment earnings, gains, and losses	4,666,657			64,495		2,526,751		1,067,1	03	-	1,568,743
d (	Grants or scholarships	144,221			122,304		276,612		25,2	32		117,921
	Other expenditures for facilities and programs	1,997,061										
f /	Administrative expenses										-	2,528,341
g i	End of year balance	38,930,416		36,	107,936		13,598,131		10,906,0	70		9,420,530
2	Provide the estimated percentage of the curi	ent year end baland	ce (lın	e 1g	columi	n (a))	held as					
a [	Board designated or quasi-endowment ►	63 000 %										
b i	Permanent endowment ► 34 000 %											
	Temporarily restricted endowment > 3 0 The percentages in lines 2a, 2b, and 2c sho	00 %										
					اساماما			ı <b>.</b>	<b>.</b> .			
	Are there endowment funds not in the posse: organization by	ssion of the organiza	ation	tnata	are neid	and a	administered	TOF	tne		Yes	No
	(i) unrelated organizations								[:	Ba(i)		No
(	(ii) related organizations								🛚	Ba(ii)		No
	If "Yes" to 3a(II), are the related organizatio								[	3b		
	Describe in Part XIII the intended uses of th											
Part		nt. See Form 99	0, Pa				4110				/ I) D	
	Description of property				Cost or o		( <b>b)</b> Cost or ot basis (othei		(c) Accumula depreciatio		(а) во	ok value
<b>1a</b> La	and		-				5,204,	936				5,204,936
<b>b</b> B	uildings		•				92,299,	875	39,901	,693	5	2,398,182
<b>c</b> Le	easehold improvements											
d E	quipment						4,909,	380	3,000	,466		1,908,914
Total.	Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colu	ımn (	R) line	10(0)	`		▶	I -	_	9,512,032

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
			f-year market value
T-1-1 (Column (b) must a must form (000 Part V and (0) to a 12)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(h) Poek velve
((-)	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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		(b) Book value
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  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	ne 15. tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value	, , , , , <b>b</b>	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  Federal income taxes  CONDITIONAL ASSET RETIREMENT OBLIGATION	) , line 25. (b) Book value		(b) Book value

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	48,810,563
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,548,630		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,294,605
3	Subtract line <b>2e</b> from line <b>1</b>	3	44,515,958
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,112		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,831,384
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	69,347,342
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	52,439,008
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,745,975
3	Subtract line <b>2e</b> from line <b>1</b>	3	50,693,033
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 43,112		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	19,946,274
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	70 639 307

### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE COLLEGE'S ENDOWMENT FUND IS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT AND FOR LONG-TERM FINANCIAL STABILITY
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 5,259 SPECIAL EVENT EXPENSES 140,716
PART XI, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 19,903,162 ENDOWMENT AND OTHER GIFTS 676,425 INVESTMENT INCOME 1,124,427 CHANGE IN MARKET VALUE OF INVESTMENTS NET OF ENDOWMENT SPENDING 3,084,258
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 140,716 RENTAL EXPENSES 5,259
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 19,903,162

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OMB No 1545-0047

### **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.

**Employer identification number** 

CABRINI COLLEGE 23-1526668 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY POLICY THROUGH NEWSPAPER AND BROADCAST MEDIA IN A WAY THAT MAKES THE POLICY KNOWN TO ALL PARTS OF THE GENERAL COMMUNITY IT SERVES
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	CABRINI COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES CABRINI COLLEGE RECEIVED MONIES FROM PHEAA (PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AUTHORITY) AND HAS RECEIVED A PENNSYLVANIA INSTITUTIONAL ASSISTANCE GRANT

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493063001234

OMB No 1545-0047

**Inspection** 

Open to Public

No

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CABRINI COLLEGE

**Employer identification number** 

23-1526668

Part I	General Information on Activities Outside the United States. Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside 2 the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	19,479
EUROPE	0	0	PROGRAM SERVICES	GOODS AND SERVICES	3,921
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GOODS AND SERVICES	676
NORTH AMERICA	0	0	PROGRAM SERVICES	GOODS AND SERVICES	5,559
<b>3a</b> Sub-total	0	0			29,635
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			29,635

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	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	+
			<del></del>		<u> </u>		
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						1	

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL METHOD
		C-b-d-d- E (E 000) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493063001234

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE G

**Supplemental Information Regarding** Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization CABRINI COLLEGE

Employer identification number

23-1526668

Part I	Fundraising	Activities.	Complete i	f the c	organization	answered	"Yes"	to Form	า 990,	Part IV	, line 1	17.
--------	-------------	-------------	------------	---------	--------------	----------	-------	---------	--------	---------	----------	-----

- Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ▼ Phone solicitations ✓ Special fundraising events ▼ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (ii) Activity (i) Name and address of (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) Amount paid to (or retained by) (or retained by) ındıvıdual fundraiser have from activity fundraiser listed in or entity (fundraiser) custody or organization col (i) control of contributions? Yes No CONSULTING GONSER GERBER 100 NAPERVILLE Νo 0 31.359 0 NAPER VILLE, IL 60563 PROSPECT WEALTH ENGINE RESEARCH PO BOX 674398 Νo 0 3,300 DETROIT, MI 48267 MANAGEMENT EXECUTIVE SERVICES DIVERSIONS 1870 COLT ROAD SUITE 0 31,032 0 Nο MEDIA, PA 19063
- 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

65,691

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut					
			(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))		
Revenue		_	415,548		(total number)	415,548		
	1 2	Gross receipts						
	3	Less Contributions  Gross income (line 1	326,513	3		326,513		
	<u> </u>	minus line 2)	89,03!	5		89,035		
	4	Cash prizes						
မွာ	5	Noncash prizes						
ense.	6	Rent/facility costs	85,937	7		85,937		
Expenses	7	Food and beverages .						
Direct	8	Entertainment						
à	9	Other direct expenses .	54,779	P		54,779		
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(140,716)		
	11	Net income summary Combine III	<del>-</del>	•		-51,681		
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep			
Revenue	1	\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
		Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes	│ Yes			
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	<u> ►</u>			
9	Ent	Enter the state(s) in which the organization operates gaming activities						
a b		the organization licensed to operate gaming activities in each of these states?						
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No  If "Yes," explain							

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No				
.2		neficiary or trustee of a trust or a men						
	formed to administer charitable of	gamıng <sup>,</sup>		· · · · Fyes F No				
.3	Indicate the percentage of gamir	ng activity operated in						
а	The organization's facility			13a				
b	An outside facility			13b				
.4	Enter the name and address of th	nter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ►							
	Address 🟲							
	revenue?	ntract with a third party from whom the						
	amount of gaming revenue retain	ied by the third party 🟲 \$						
С	If "Yes," enter name and address	s of the third party						
	Name 🕨							
	Address 🟲							
<b>.</b> 6	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	<b>*</b> \$						
	Description of services provided	<b>&gt;</b>						
	☐ Director/officer	Employee	☐ 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?							
b		required under state law distributed t	o other exempt organizations or sp	ent				
		activities during the tax year > \$						
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical					
	Identifier	Return Reference	Explana	tion				

DLN: 93493063001234 OMB No 1545-0047

Open to Public

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Name of the organization Employer identification number CABRINI COLLEGE 23-1526668 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . .

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
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or a	ssistance	( <b>b)</b> Number of recipients		<b>(c)</b> 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			
(1) SCHOLARSHIPS		2486		19,903,162		N/A	N/A			
Complete this part to provide	the information	required in Part I, li	ne 2, P	art III, column (b), and	any other additional inf	formation				
Identifier	Identifier Return Reference Explanation									

Identifier	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 CABRINI COLLEGE DOES NOT PROVIDE GRANTS TO OTHER ORGANIZATIONS, HOWEVER, ON OCCASION DONATIONS ARE MADE TO OTHER NON-PROFIT ORGANIZATIONS SINCE THESE ARE DONATIONS, THEY ARE NOT MONITORED FOR A SPECIFIC USE

DLN: 93493063001234

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CABRINI COLLEGE

**Employer identification number** 

23-1526668

Pai	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	ID		INO
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations 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 rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)MARIE AGEORGE PRESIDENT	(i) (ii)		10,762 0	43,290 0	44,755 0	12,147 0	7 341,909 0	0
(2)STEVE FELD VICE PRESIDENT FINANCE AND ADMINISTR	(i) (ii)	135,692 0	0	10,689	11,064 0	21,445	5 178,890 0 0	0
(3)ANNE SKLEDER PROVOST AND VP, ACADEMIC AFFAIRS	(i) (ii)	164,603 0	0	0	14,798 0	7,496 0	186,897 0	0
(4)GENE CASTELLANO VICE PRESIDENT, ADVANCEMENT AND EXTE	(i) (ii)	152,411 0	0	16,950 0	13,770 0	7,411 0	. 190,542 0 0	0
(5)DENNIS KELLY VICE PRESIDENT, ENROLLMENT MANAGEMEN	(i) (ii)	144,406 0	0	0	13,760 0	13,733 0	171,899 0 0	0
(6)CHRISTINE LYSIONEK VICE PRESIDENT, STUDENT DEVELOPMENT	(i) (ii)	146,917 0	0	0	13,158 0	7,435 0	167,510	0

Schedule J (Form 990) 2012

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

A 130 Complete this part for any additi							
Identifier	Return Reference	Explanation					
	PART I, LINE 1A	DR MARIE A GEORGE - TRAVEL FOR COMPANIONS - NOT TREATED AS TAXABLE COMPENSATION DR MARIE A GEORGE - HEALTH AND SOCIAL CLUB DUES - THE COLLEGE PAID DUES FOR TWO CLUBS FOR THE USE OF ITS PRESIDENT SOLELY IN CONDUCTING COLLEGE BUSINESS USE OF THE CLUBS WAS NOT TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT DR MARIE A GEORGE - RESIDENCE FOR PERSONAL USE - THE COLLEGE REQUIRED ITS PRESIDENT TO LIVE IN A RESIDENCE WHICH HAS A SUBSTANTIAL COLLEGE BUSINESS USE USE OF THE PRIVATE PORTION OF THE RESIDENCE WAS TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT DR MARIE A GEORGE - PERSONAL SERVICES - A HOUSEKEEPING SERVICE CLEANED THE PRESIDENTIAL RESIDENCE THE COLLEGE TREATED ITS COST OF CLEANING THE PRIVATE PORTION OF THE RESIDENCE AS TAXABLE COMPENSATION TO THE PRESIDENT DR MARIE A GEORGE - GROSS-UP PAYMENTS - THE TAXES THE PRESIDENT PAID FOR THE HOUSING BENEFIT WERE REIMBURSED TO HER AND GROSSED-UP					
	PART I, LINE 1B	THERE ARE NO WRITTEN POLICIES ON THE ITEMS IN SCHEDULE J, PART I, LINE 1, 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 AND VICE PRESIDENTS OF THE COLLEGE THE PRESIDENT HAS AUTHORITY OVER ANY PAYMENTS OR REIMBURSEMENTS TO ALL EMPLOYEES OF THE COLLEGE					
	PART I, LINE 4B	DR MARIE A GEORGE - SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN A CONTRIBUTION OF \$23,555 WAS MADE FOR CALENDAR YEAR 2012 FOR THE 457F PLAN					
	PART I, LINE 7	DR MARIE A GEORGE - PER EMPLOYMENT CONTRACT IS ENTITLED TO VARIABLE PAY UP TO 15% OF 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, 2012, DR GEORGE RECEIVED \$10,762					

Schedule J (Form 990) 2012

DLN: 93493063001234

2012

OMB No 1545-0047

Schedule K (Form 990)

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

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

Open to Public **Inspection** 

Name of the organization CABRINI COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number

СА	BRINI COLLEGE									23-	15266	68			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	<b>(e)</b> Issue	price	(f	<b>f)</b> Descriptio	n of purpose	(g) Defeased					Pool ncing
										Yes	No	Yes	No	Yes	No
A	DELAWARE COUNTY AUTHORITY	23-1973437	246003HM2	10-16-2003	24,95				ANDING 1997 PROJECTS		Х		x		x
В	DELAWARE COUNTY AUTHORITY	23-1973437	2460003JS	02-06-2007	12,44			REFUND OUTSTANDING 1999 BONDS			Х		х		х
Pa	art II Proceeds														
						4		В			С			D	
1	A mount of bonds retired					4,369,	,520		1,348,242						
	A mount of bonds legally defea														
3	Total proceeds of issue					24,959,520 12,443,242		. 2,443,242							
4						1,615,	,326								
5	Capitalized interest from proc														
6	Proceeds in refunding escrows					2,700,	,000								
7	Issuance costs from proceeds	S			302,850 223,429		223,429								
8	Credit enhancement from prod	ceeds			914,861 184,844		184,844								
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds			19,426,483										
11	O ther spent proceeds					12,034,	,969	1	2,034,969						
12	O ther unspent proceeds														
13	Year of substantial completion	n			20	06		200	)9						
					Yes	No	,	Yes	No	Yes	N	•	Yes		No
14	Were the bonds issued as par	t of a current refund	ing issue?			Х			x						
15	5 Were the bonds issued as part of an advance refunding issue?			Х			Х								
16	6 Has the final allocation of proceeds been made?			Х			х								
17	Does the organization maintai	ın adequate books a	nd records to suppo	ort the final	Х			Х							
Pa	rt IIII Private Business U	Jse			_										
						4		В			С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				Α		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			X		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government		%		%		%			%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			X		Х				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		×				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all noncombonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х		х				
Par	t IV Arbitrage			1					<u> </u>	<u> </u>
		А			В		С		D	
		Yes	No	Yes	No	Yes	5	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X						
2	If "No" to line 1, did the following apply?						I	<u> </u>	I	
a	Rebate not due yet?								I	
b	Exception to rebate?									
c	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed							I		
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

	37						D	
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		Х				
Name of provider								
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		×		Х				
Has the organization established written procedures to monitor the requirements of section 148?		×		Х				
t V Procedures To Undertake Corrective Action								
	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х		Х				
	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  V Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  V Procedures To Undertake Corrective Action  A Yes  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  **To Procedures To Undertake Corrective Action*    A   Yes   No	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  **To Procedures To Undertake Corrective Action**  A B  Yes No Yes  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  X  X  X  X  X  X  X  X  X  X  X  X  X	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  X  X  X  X  X  X  X  X  X  X  X  X  X	Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  **Y*** Procedures To Undertake Corrective Action**  **A*** B**** C***  **Yes*** No*** Yes*** No*** Yes*** No***  **Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if**  **X****  **X****  **X****  **X****  **Yes***  **No***  **Yes***  **No***  **Yes***  **X***  **X**  **X***  **X**   Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  A B C D  Yes No Yes N	

Schedule K (Form 990) 2012

**Explanation** 

DLN: 93493063001234

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization CABRINI COLLEGE

**Employer identification number** 

Da	rt I Types of Property				23-1526668			
Pa	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	( <b>d</b> Method of d noncash contrib	etermı	_	ts
1	Art—Works of art			3				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	4	106,104	MARKET VALUE			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
<b>15</b>	Real estate—Residential .							
16	Real estate—Commercial							
17								
	Collectibles	Х	6	645	SELLING PRICE			
19	Food inventory							
20	J							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	SUNDRY Other►( <u>ITEMS</u> )	Х	82	5,308	SELLING PRICE			
	Other►( <u>ENTERTAINMENT</u> )	Х	39	38,705	SELLING PRICE			
	Other (		_		CELLING SSIGE			
	VEL/VACATIONS )	X	8		SELLING PRICE			
	Other ► (SERVICE)	X	5		SELLING PRICE			
29	Number of Forms 8283 received for which the organization comple				29			0
				L	<b>I</b>		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif	ft acceptand	ce policy that requires the r	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	in column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II							

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	,	NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF ITEMS RECEIVED FOR ALL ITEMS EXCEPT FOR SECURITIES WHICH ARE THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) (2012)

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DLN: 93493063001234

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization CABRINI COLLEGE	Employer identifi	cation number
	23-1526668	

ldentifier	Return Reference	Explanation
EXPLANATION OF ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	,	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

ldentifier	Return Reference	Explanation
EXPLANATION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	EDUCATION 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

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON, THE CHAIRS OF THE STANDING COMMITTEES AND SUCH OTHER TRUSTEES AS THE BOARD MAY DESIGNATE BY RESOLUTION THE CHAIRPERSON OF THE BOARD SHALL BE THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD, EXCEPT THAT IT SHALL NOT HAVE ANY POWER OR AUTHORITY AS TO THE FOLLOWING 1) THE GRANTING OF DEGREES 2) THE AUTHORIZATION OF THE COLLEGE TO INCUR INDEBTEDNESS OR TO MAKE EXTRAORDINARY AND UNBUDGETED EXPENDITURES IN EXCESS OF SUCH AMOUNT AS IS SET FROM TIME TO TIME BY THE BOARD OF TRUSTEES 3) THE ENTERING INTO OF ANY MATERIAL COMMITTMENT AFFECTING THE CAPITAL ASSETS OF THE COLLEGE, UNLESS SPECIFICALLY AUTHORIZED TO DO SO BY RESOLUTION OF THE BOARD OF TRUSTEES 4) THE SUBMISSION TO THE MEMBERS OF ANY ACTION REQUIRING APPROVAL OF MEMBERS UNDER NON PROFIT CORPORATION LAWS 5) THE CREATION OR FILLING OF VACANCIES IN THE BOARD OF TRUSTEES 6) THE ADOPTION, AMENDMENT OR REPEAL OF THE BY LAWS 7) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD THAT BY ITS TERMS IS AMENDABLE OR REPEABLE ONLY BY THE BOARD 8) ACTION ON MATTERS COMMITTED BY THE BY LAWS OR A RESOLUTION OF THE BOARD EXCLUSIVELY TO ANOTHER COMMITTEE OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	AN INDEPENDENT CONSULTANT, BOB ALLISON, WAS INTERIM CHIEF FINANCIAL OFFICER FROM JANUARY TO JUNE 2013

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE PROVINCIAL AND PROVINCIAL COUNCILORS OF THE MISSIONARY SISTERS OF SACRED HEART, STELLA MARIS PROVINCE SERVE AS MEMBERS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	TO CARRY OUT THEIR DUTIES EFFECTIVELY, THE FOLLOWING POWERS ARE RESERVED ONLY TO THE MEMBERS OF THE CORPORATION (A) TO APPROVE ANY CHANGES RECOMMENDED BY THE BOARD OF TRUSTEES IN THE PHILOSOPHY, OBJECTIVES AND PURPOSES OF THE COLLEGE, (B) TO AMEND, ALTER, MODIFY OR REPEAL THE ARTICLES OF INCORPORATION OF THE COLLEGE, (C) TO APPROVE THE SALE OR DISPOSITION OF ASSETS OR THE CREATION OF ANY LIEN ON ASSETS (TRANSACTION REQUIRES CANONICAL APPROVAL), (D) TO APPROVE THE MERGER OR CONSOLIDATION OF THE COLLEGE, (E) TO APPROVE DISSOLUTION OF THE COLLEGE, (F) TO APPROVE THE ARTICLES OF INCORPORATION OF ANY FOUNDATION, SUBSIDIARY OR AFFILIATED CORPORATION TO CABRINI COLLEGE, (G) TO APPROVE THE FINALISTS FOR THE OFFICE OF PRESIDENT OF CABRINI COLLEGE, AND (H) TO VOTE FOR ELECTION OR RE-ELECTION OF BOARD OF TRUSTEES MEMBERS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED IN ITS ENTIRETY BY THE AUDIT, RISK, LEGAL AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO THE FEBRUARY TRUSTEE MEETING, AT WHICH TIME THE COMMITTEE RECOMMENDED FULL BOARD APPROVAL FOLLOWING COMMITTEE APPROVAL, THE PUBLIC INSPECTION COPY OF THE FORM 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 FORM 990 WAS FORMALLY FILED WITH THE FEDERAL GOVERNMENT IN ORDER TO MAINTAIN THE CONFIDENTIALITY OF OUR DONOR BASE, THE BOARD OF TRUSTEES WAS PROVIDED A PUBLIC INSPECTION COPY OF THE 990 FOR REVIEW THE AUDIT, RISK, LEGAL AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES WAS PROVIDED WITH THE COMPLETE COPY AND ANY OTHER BOARD MEMBER MAY REVIEW SCHEDULE B UPON REQUEST

Identifier	Return Reference	Explanation
		THE AUDIT, RISK, LEGAL AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE ANNUAL DISCLOSURE STATEMENTS TO DETERMINE WHETHER A CONFLICT OF INTEREST HAS BEEN DISCLOSED IF THE COMMITTEE DETERMINES A CONFLICT EXISTS, THERE WILL BE A FINAL REVIEW AND DECISION BY THE BOARD OF TRUSTEES

	Return ference	Explanation
PART	TVI, TION B, E 15	COMPENSATION FOR CABRINI COLLEGE'S PRESIDENT 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, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE DATA AND APPROVES THE FINAL PAY STRUCTURE OF THE SPECIFIED POSITION THE PRESIDENT'S SALARY AND OTHER COMPENSATION REQUIRES FURTHER APPROVAL BY THE FULL BOARD OF TRUSTEES 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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS 990 AND 990-T IS AVAILABLE AT WWW CABRINI EDU

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC HOWEVER, THE CONFLICT OF INTEREST POLICY IS ON THE COLLEGE WEBSITE VIA THE COLLEGE HANDBOOK