Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 **, 2008, and ending** 06/30 **, 20**09

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CABRINI COLLEGE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 610 KING OF PRUSSIA RD — Room/suite

City or town, state or country, and ZIP + 4: RADNOR, PA 19087

D Employer identification number 23-1526668

E Telephone number (610)902-8415

G Gross receipts $ 77,434,990.

F Name and address of principal officer: DR MARIE GEORGE
610 KING OF PRUSSIA RD RADNOR, PA 19087

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CABRINI.EDU

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1957 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the 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.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	1,211
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	133,658.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-103,643.

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	4,527,933.	2,259,468.
	9	Program service revenue (Part VIII, line 2g)	69,524,831.	77,635,883.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,099,800.	-3,499,957.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,390,102.	964,904.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,542,666.	77,360,298.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,246,179.	22,020,648.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,595,006.	22,501,916.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	68,800.	64,127.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 2,582,869.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,911,384.	27,867,558.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,821,369.	72,454,249.
	19	Revenue less expenses. Subtract line 18 from line 12	9,721,297.	4,906,049.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	138,601,301.	143,151,946.
	21	Total liabilities (Part X, line 26)	58,657,516.	58,127,480.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,943,785.	85,024,466.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00202198

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP
666 THIRD AVENUE NEW YORK, NY 10017-4011

EIN ▶ 36-6055558

Phone no. ▶ 212-599-0100

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

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Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 67,861,732. including grants of $ 21,990,673.) (Revenue $ 77,635,883.)
PROVIDING UNDERGRADUATE AND POST-GRADUATE EDUCATION AND RELATED PROGRAMS TO NEARLY 3,558 FULL AND PART-TIME STUDENTS. IN ADDITION, A TOTAL OF $21,990,673 WAS AWARDED TO APPROXIMATELY 3,410 STUDENTS.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 67,861,732. *(Must equal Part IX, Line 25, column (B).)*

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
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**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
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**		X
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**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	4,662		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	2a	1,211		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
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			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
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).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 28			
b	Enter the number of voting members that are independent 1b 26			
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	X	
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶STEPHEN J LIGHTCAP VP FIN/ADMN 610 KING OF PRUSSIA RD RADNOR, PA 19087 610-902-8276

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								2,517,020.	NONE	270,408.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 13

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	X	
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*	**4**	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 2		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 14

Part VIII Statement of Revenue 23-1526668

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 150,237.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,216,381.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 892,850.				
	g Noncash contributions included in lines 1a-1f: $ 117,051.					
	h **Total.** Add lines 1a-1f ▶		2,259,468.			
Program Service Revenue		**Business Code**				
	2a TUITION AND FEES	900099	66,308,818.	66,308,818.		
	b ROOM & BOARD	900099	10,914,956.	10,914,956.		
	c CHILDREN'S SCHOOL	900099	412,109.	412,109.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		77,635,883.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,385,490.			1,385,490.
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents	345,889.				
	b Less: rental expenses	5,340.				
	c Rental income or (loss)	340,549.				
	d Net rental income or (loss) ▶		340,549.			340,549.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	-4,885,447.				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	-4,885,447.				
	d Net gain or (loss) ▶		-4,885,447.			-4,885,447.
	8a Gross income from fundraising events (not including $ 150,237. of contributions reported on line 1c). See Part IV, line 18. a	91,170.				
	b Less: direct expenses b	69,352.				
	c Net income or (loss) from fundraising events ▶		21,818.			21,818.
	9a Gross income from gaming activities. See Part IV, line 19. a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		NONE			
	Miscellaneous Revenue	**Business Code**				
	11a BOOKSTORE COMMISSION	900099	118,860.			118,860.
	b OTHER COMMISSION	900099	2,626.			2,626.
	c ATHLETIC CENTER	713940	133,658.		133,658.	
	d All other revenue	900099	347,393.			347,393.
	e **Total.** Add lines 11a-11d ▶		602,537.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		77,360,298.	77,635,883.	133,658.	-2,668,711.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	29,975.	29,975.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,990,673.	21,990,673.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	686,771.	624,961.	27,471.	34,339.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,277,311.	1,162,353.	51,092.	63,866.
7 Other salaries and wages	15,553,939.	14,154,084.	622,158.	777,697.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	1,070,747.	974,380.	42,830.	53,537.
9 Other employee benefits	2,637,672.	2,400,281.	105,507.	131,884.
10 Payroll taxes	1,275,476.	1,160,683.	51,019.	63,774.
11 Fees for services (non-employees):				
a Management	214,420.	195,122.	8,577.	10,721.
b Legal	182,967.	166,500.	7,319.	9,148.
c Accounting	84,739.	77,112.	3,390.	4,237.
d Lobbying	57,552.	52,372.	2,302.	2,878.
e Professional fundraising services. See Part IV, line 17	64,127.			64,127.
f Investment management fees	77,099.	70,160.	3,084.	3,855.
g Other	6,284,717.	5,719,092.	251,389.	314,236.
12 Advertising and promotion	846,453.	770,272.	33,858.	42,323.
13 Office expenses	3,297,202.	3,000,454.	131,888.	164,860.
14 Information technology	2,384,010.	2,169,449.	95,360.	119,201.
15 Royalties	NONE			
16 Occupancy	2,276,025.	2,071,183.	91,041.	113,801.
17 Travel	1,104,245.	1,004,863.	44,170.	55,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	557,556.	507,376.	22,302.	27,878.
20 Interest	2,434,593.	2,215,479.	97,384.	121,730.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	4,821,391.	4,387,465.	192,856.	241,070.
23 Insurance	549,849.	500,363.	21,994.	27,492.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AMORTIZED BOND ISSUANCE COST	624,569.	568,358.	24,983.	31,228.
b EVENT AND PROGRAMMING EXPENS	533,590.	490,426.	16,217.	26,947.
c BAD DEBT EXPENES	465,481.	423,588.	18,619.	23,274.
d RESIDENT ASSISTANTS EXPENSE	431,769.	392,910.	17,271.	21,588.
e DUES AND SUBSCRIPTIONS	179,683.	163,512.	7,187.	8,984.
f All other expenses	459,648.	418,286.	18,380.	22,982.
25 **Total functional expenses.** Add lines 1 through 24f	72,454,249.	67,861,732.	2,009,648.	2,582,869.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	24,693,638.	1	17,602,391.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	96,747.	3	130,071.
	4	Accounts receivable, net	2,289,351.	4	2,615,446.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	711,013.	7	844,080.
	8	Inventories for sales or use	171,730.	8	93,216.
	9	Prepaid expenses and deferred charges	1,142,607.	9	1,298,558.
	10a	Land, buildings, and equipment: cost basis 10a 101,407,107.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 39,249,145.	63,785,190.	10c	62,157,962.
	11	Investments - publicly traded securities	25,647,699.	11	38,142,592.
	12	Investments - other securities. See Part IV, line 11	1,546,918.	12	2,312,528.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,516,408.	15	17,955,102.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	138,601,301.	16	143,151,946.
Liabilities	17	Accounts payable and accrued expenses	4,890,119.	17	4,890,255.
	18	Grants payable		18	
	19	Deferred revenue	2,901,374.	19	3,247,961.
	20	Tax-exempt bond liabilities	49,740,000.	20	48,835,000.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		24	
	25	Other liabilities. Complete Part X of Schedule D	1,126,023.	25	1,154,264.
	26	**Total liabilities.** Add lines 17 through 25	58,657,516.	26	58,127,480.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	71,293,116.	27	74,830,687.
	28	Temporarily restricted net assets	1,430,287.	28	3,214,641.
	29	Permanently restricted net assets	7,220,382.	29	6,979,138.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	79,943,785.	33	85,024,466.
	34	Total liabilities and net assets/fund balances	138,601,301.	34	143,151,946.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally Integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (See instructions.) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . **15** %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE 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

▶ **To be completed by organizations described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008

Open to Public Inspection

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
CABRINI COLLEGE	23-1526668

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.**
See the instructions for Schedule C for details.

1 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 **To be completed by all organizations exempt under section 501(c)(3).**
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
4a Was a correction made? . . . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**
See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $
3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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Schedule C (Form 990 or 990-EZ) 2008

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Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

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

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

		(a) Yes	(a) No	(b) 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:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		57,552.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			57,552.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	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 (line 2c total minus 3 and 4)	5	

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 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1

CABRINI COLLEGE ATTEMPTS TO INFLUENCE LEGISLATION BY THE FOLLOWING:

1) TESTIMONY BEFORE CONGRESSIONAL COMMITTEES ON TOPICS INVOLVING EDUCATION AND RELATED ISSUES AS REQUESTED BY MEMBERS OF CONGRESS.

2) LETTER WRITING AND MEETING WITH FEDERAL AND STATE REPRESENTATIVES TO REQUEST CONSIDERATION OF PENDING BILLS OF INTEREST TO INSTITUTIONS OF HIGHER EDUCATION IN GENERAL, AND IN RELATION TO THE INTEREST OF CABRINI COLLEGE.

IN CONNECTION WITH THESE EFFORTS, CABRINI COLLEGE HAS UTILIZED THE PROFESSIONAL ADVICE AND SERVICES OF THREE FIRMS, MARY E SHIELDS GOVERNMENT RELATIONS, BUCHANAN INGERSOLL, AND CASSIDY & ASSOCIATES. THESE FIRMS PROVIDE A FULL RANGE OF STRATEGIC AND TACTICAL COUNSELING, ISSUE MONITORING AND LEGISLATIVE SERVICES TO A VARIETY OF INSTITUTIONS, BOTH NON-PROFIT AND FOR-PROFIT. 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.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,186,038.				
b Contributions	392,815.				
c Investment earnings or losses	-1,568,743.				
d Grants or scholarships	117,921.				
e Other expenditures for facilities and programs					
f Administrative expenses	-2,884,274.				
g End of year balance	9,776,463.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ NONE %

b Permanent endowment ▶ 97.3900 %

c Term endowment ▶ 2.6100 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,937,593.		2,937,593.
b Buildings		81,164,468.	27,199,690.	53,964,778.
c Leasehold improvements				
d Equipment		16,691,202.	12,049,455.	4,641,747.
e Other		613,844.		613,844.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				62,157,962.

Part VII **Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should 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	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS HELD WITH TRUSTEE	16,338,436.
BOND ISSUANCE COSTS	1,593,416.
INFORMATION TECHNOLOGY - SPECIAL PROJECTS RESERVE	23,050.
BOOKSTORE PREPAID CARDS	200.
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	17,955,102.

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE GOVT LOAN FUND	817,505.
CONDITIONAL ASSET RETIREMENT	336,759.
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	1,154,264.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,360,298.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,454,249.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,906,049.
4	Net unrealized gains (losses) on investments	4	174,632.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	174,632.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,080,681.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	57,110,483.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	174,632.		
b	Donated services and use of facilities	2b	1,600,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,340.		
e	Add lines **2a** through **2d**			2e	1,779,972.
3	Subtract line **2e** from line **1**			3	55,330,511.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,114.		
b	Other (Describe in Part XIV)	4b	21,990,673.		
c	Add lines **4a** and **4b**			4c	22,029,787.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	77,360,298.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	52,029,802.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,600,000.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	5,340.		
e	Add lines **2a** through **2d**			2e	1,605,340.
3	Subtract line **2e** from line **1**			3	50,424,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,114.		
b	Other (Describe in Part XIV)	4b	21,990,673.		
c	Add lines **4a** and **4b**			4c	22,029,787.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	72,454,249.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V

LINE 1F - DEFICIENCIES IN HISTORICAL VALUE $ 355,933.
RECLASSIFICATION AND REDESIGNATION OF NET ASSET 2,528,341.

TOTAL 2,884,274.
=========

LINE 4 - THE ORGANIZATION'S ENDOWMENT FUND IS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT AND LONG-TERM FINANCIAL STABILITY.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

THE COLLEGE HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, FILES FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE COLLEGE FOLLOWS THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE

Part XIV Supplemental Information *(continued)*

PROVISIONS OF FIN 48 HAD NO IMPACT ON THE JUNE 30, 2008 AND 2009 STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

RECONCILIATION OF REVENUE

FORM 990, SCHEDULE D, PART XII

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN (LINE 2)

RENT EXPENSE 5,340.

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS (LINE 4)

SCHOLARSHIP EXPENSE $21,990,673.

RECONCILIATION OF EXPENSES

FORM 990, SCHEDULE D, PART XIII

OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN (LINE 2)

RENT EXPENSE 5,340.

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS (LINE 4)

SCHOLARSHIP EXPENSE $21,990,673.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to From 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain SEE STATEMENT 3	3	X	
4	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
6a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 4	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	X	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule E (Form 990 or 990-EZ) 2008

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Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2008

Open to Public Inspection

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.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
EUROPE	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	64,356.
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	20,856.
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	1,784.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	GOODS, INTERNET SRVCS	2,459.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	HONORARIUM	750.
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION IMMERSION	576.
SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	STUDENT INTERNSHIP	849.
EUROPE	NONE	NONE	PROGRAM SERVICES	SOFTWARE LICENSE	600.
Totals . . . . . ▶	NONE	NONE			92,230.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization: CABRINI COLLEGE
Employer identification number: 23-1526668

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [X] Yes [ ] No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SCHULTZ AND WILLIAMS	FEASIBILITY		X		36,625.	
MCL CONSULTING	CONSULTING		X		10,107.	
JAN GRIEFF ZINNER	RESEARCH		X		8,125.	
PENTERA INC	NEWSLETTER		X		5,830.	
Total . . . . . ▶					60,687.	

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

PA,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	241,407.			241,407.
	2 Less: Charitable contributions	150,237.			150,237.
	3 Gross revenue (line 1 minus line 2)	91,170.			91,170.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	40,000.			40,000.
	7 Other direct expenses	29,352.			29,352.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(69,352.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				21,818.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain: _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain: _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:				
Name ▶ _____				
Address ▶ _____				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.				
c If "Yes," enter name and address:				
Name ▶ _____				
Address ▶ _____				
16 Gaming manager information:				
Name ▶ _____				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶ _____				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABRINI MISSION FOUNDATION 222 E 19TH STREET STE SE NEW YORK, NY 10003	13-4000672	501(C)(3)	15,075.				FOR MISSION WORK
HABITAT FOR HUMANITY 848 CHERRY ST NORRISTOWN, PA 19401-3926	23-2544395	501(C)(3)	10,000.				FOR HABITAT HOME

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	3,410	21,990,673.			

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

GRANTS AND OTHER ASSISTANCE IN THE UNITED STATES

SCHEDULE I, PART 1, 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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I Questions Regarding Compensation

			Yes	No
1a	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; [X] Housing allowance or residence for personal use			
	[X] Travel for companions; [ ] Payments for business use of personal residence			
	[X] Tax indemnification and gross-up payments; [X] Health or social club dues or initiation fees			
	[ ] Discretionary spending account; [X] Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	[X] Compensation committee; [X] Written employment contract			
	[X] Independent compensation consultant; [X] Compensation survey or study			
	[ ] Form 990 of other organizations; [X] Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	**4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	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 must complete lines 5-8.			
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:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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**	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARIE ANGELELLA GEORGE	(i)	108,949.	12,000.	NONE	18,069.	18,648.	157,666.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN J LIGHTCAP	(i)	163,488.	NONE	NONE	15,125.	2,979.	181,592.	88,994.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONNIE GUERRA	(i)	173,949.	NONE	NONE	15,754.	6,771.	196,474.	92,174.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARGARET FOX-TULLY	(i)	141,501.	NONE	NONE	12,870.	36,545.	190,916.	80,892.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EUGENE CASTELLANO	(i)	127,085.	2,000.	NONE	11,626.	36,021.	176,732.	71,208.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTOINETTE IADAROLA	(i)	148,933.	75,000.	1,091,748.	17,160.	35,743.	1,368,584.	1,024,899.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART 1

LINE 1A - TRAVEL FOR COMPANIONS - MR. FRAN GEORGE, HUSBAND OF PRESIDENT MARIE GEORGE, TRAVELLED TO CIC (COUNCIL OF INDEPENDENT COLLEGES) CONFERENCE AND THE COLLEGE PAID FOR REGISTRATION AND AIR TRAVEL FOR THIS CONFERENCE. THIS WAS NOT TREATED AS TAXABLE COMPENSATION.

GROSS-UP PAYMENTS - A GROSS UP PAYMENT WAS DONE ON AN EMPLOYEE BONUS PAID TO PAMELA FARIA.

RESIDENCE FOR PERSONAL USE - DR. MARIE GEORGE, PRESIDENT AND DR. ANTOINETTE IADAROLA, FORMER PRESIDENT ARE/WERE PROVIDED RESIDENCES AS A CONDITION OF EMPLOYMENT. THIS BENEFIT IS/WAS NOT TREATED AS TAXABLE TO THESE INDIVIDUALS. UPON HER RETIREMENT, DR. ANTOINETTE IADAROLA RECEIVED A HOUSING ALLOWANCE; THIS WAS PAID AS TAXABLE COMPENSATION.

HEALTH/SOCIAL CLUB - ANTOINETTE IADAROLA, FORMER PRESIDENT HAD MEMBERSHIP

Part III Supplemental Information

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

AT A GOLF CLUB AND SOCIAL CLUB (UNION LEAGUE). THESE WERE NOT TREATED AS TAXABLE TO DR. IADAROLA.

PERSONAL SERVICES - THE HOUSE PROVIDED TO THE CURRENT AND FORMER PRESIDENT, DR. MARIE GEORGE AND DR. ANTOINETTE IADAROLA IS/WAS CLEANED BY A HOUSEKEEPING COMPANY AND THIS WAS A TAXABLE BENEFIT FOR THESE INDIVIDUALS. THE COLLEGE PAID FOR LEGAL SERVICES FOR DR. IADAROLA AND THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION.

LINE 1B - THERE ARE NO WRITTEN POLICIES ON THE ABOVE ITEMS IN SECTION 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 OF THE COLLEGE. THE PRESIDENT HAS AUTHORITY OVER ANY PAYMENTS OR REIMBURSEMENTS TO ALL EMPLOYEES OF THE COLLEGE.

LINE 4A -

SEVERANCE PAYMENT - MARK OSBORN RECEIVED A SEVERANCE PAYMENT FOR

Part III Supplemental Information

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

$49,325.

SEVERANCE PAYMENT - ANTOINETTE IADAROLA, FORMER PRESIDENT, RECEIVED A SEVERANCE AGREEMENT FOR A TOTAL OF $837,617 OF WHICH $222,783 WAS PAID DURING THE CALENDAR YEAR ENDING 12/31/2008.

LINE 4B -
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - PRESIDENT DR. MARIE GEORGE PARTICIPATED IN THIS TYPE OF PLAN; THE COLLEGE CONTRIBUTED $9,247. FORMER PRESIDENT DR. ANTOINETTE IADAROLA PARTICIPATED IN AND RECEIVED A PAYMENT FROM THIS TYPE OF PLAN IN THE AMOUNT OF $837,676.75.

LINE 7 - PRESIDENT ANTOINETTE IADAROLA (FORMER) RECEIVED A BONUS THAT WAS AT THE DISCRETION OF THE BOARD OF TRUSTEES.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: CABRINI COLLEGE

Employer Identification number: 23-1526668

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
THERESA A CAVANAUGH CHAIR, BOARD OF TRUSTEES	1.	X		X				NONE	NONE	NONE
DEB TAKES VICE CHAIR BOARD OF TRUSTEES	1.	X		X				NONE	NONE	NONE
MARIE ANGELELLA GEORGE PRESIDENT AND SECRETARY	35.	X		X				120,949.	NONE	35,741.
F SCOTT ADDIS TRUSTEE	1.	X						NONE	NONE	NONE
ELIZABETH RILEY BELL TRUSTEE	1.	X						NONE	NONE	NONE
JOHN BODNAR TRUSTEE	1.	X						NONE	NONE	NONE
JOAN M BUZZALLINO TRUSTEE	1.	X						NONE	NONE	NONE
ANGELA DOWD-BURTON TRUSTEE	1.	X						NONE	NONE	NONE
SISTER EILEEN CURRIE, MSC TRUSTEE	1.	X						NONE	NONE	NONE
WAYNE HERRING TRUSTEE	1.	X						NONE	NONE	NONE
CASWELL F HOLLOWAY III TRUSTEE	1.	X						NONE	NONE	NONE
MARY ELLEN JANIDL ROPER TRUSTEE	1.	X						NONE	NONE	NONE
EDWARD A KENNEDY TRUSTEE	1.	X						NONE	NONE	NONE
WARREN KUO TRUSTEE	1.	X						NONE	NONE	NONE
ZELINDA LEBOUTILLIER TRUSTEE	1.	X						NONE	NONE	NONE
MAUREEN MONAGHAN MATHESON TRUSTEE	1.	X						NONE	NONE	NONE
JOAN F NEAL TRUSTEE	1.	X						NONE	NONE	NONE
SISTER DIANE OLMSTEAD, MSC TRUSTEE	1.	X						NONE	NONE	NONE
VINCE POWERS TRUSTEE	1.	X						NONE	NONE	NONE
SISTER PIETRINA RACCUGLIA, MSC TRUSTEE	1.	X						NONE	NONE	NONE
DAVID REGN TRUSTEE	1.	X						NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: CABRINI COLLEGE

Employer Identification number: 23-1526668

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOHN D SCHANZ TRUSTEE	1.	X						NONE	NONE	NONE
MARY ELIZABETH SENKEWICZ TRUSTEE	1.	X						NONE	NONE	NONE
GEORGE B WEATHERSBY TRUSTEE	1.	X						NONE	NONE	NONE
STEPHEN E WESTHEAD TRUSTEE	1.	X						NONE	NONE	NONE
ROBERT F WHALEN TRUSTEE	1.	X						NONE	NONE	NONE
SHARON SHIPLEY ZUBRICKY TRUSTEE	1.	X						NONE	NONE	NONE
SISTER ROSELLE SANTIVASI, MSC TRUSTEE	1.	X						NONE	NONE	NONE
STEPHEN J LIGHTCAP TREASURER AND VP FINANCE & ADM	35.			X				163,488.	NONE	16,115.
PAMELA FARIA SECRETARY AND EXC ASST TO PRES	35.			X				101,114.	NONE	13,859.
JONNIE GUERRA PROVOST AND VP ACAD AFFAIRS	35.				X			173,949.	NONE	20,777.
MARGARET FOX-TULLY VP FOR MISSION AND INTEGRATION	35.					X		141,501.	NONE	47,753.
EUGENE CASTELLANO VP FOR MARKETING AND COMM	35.					X		129,085.	NONE	46,073.
JAMES HEDTKE PROFESSOR	35.					X		124,735.	NONE	11,386.
CHRIS LYSIONEK VP FOR STUDENT DEVELOPMENT	35.					X		123,788.	NONE	16,132.
MARK OSBORN VP FOR ENROLLMENT MANAGEMENT	35.					X		122,730.	NONE	11,138.
ANTOINETTE IADAROLA PRESIDENT RETIRED	NONE						X	1,315,681.	NONE	51,434.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I Bond Issues *(Required for 2008)*

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	DELAWARE CTY AUTH COLLEGE REV BONDS, SERIES 2003	23-1973437	246003HM2	10/16/2003	24,959,520.	REFUNDED OUTSTANDING 1997 BONDS FO		X		X
B	DELAWARE CTY AUTH COLLEGE REV BONDS, SERIES 2007	23-1973437	246003JS7	02/06/2007	12,443,242.	REFUNDED A PORTION OF OUTSTANDING		X		X
C										
D										
E										

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

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

Part III Private Business Use *(Optional for 2008)*

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

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Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 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 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
NULL	NULL	10,500. SCH/GRANT

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	X	4	82,329.	COST OR SALE PRICE
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles	X	8	1,520.	COST OR SALE PRICE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(STMT 5)		48.	16,492.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** NONE

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

GOVERNING BODY AND MANAGEMENT

FORM 990, PART VI, SECTION A

LINE 2 - TWO OF THE DIRECTORS, F SCOTT ADDIS AND ROBERT F WHALEN, WORK FOR ENTITIES OWNED BY THE SAME CORPORATION.

LINE 6 - THE PROVINCIAL AND PROVINCIAL COUNCILORS OF THE MISSIONARY SISTERS OF SACRED HEART (MSC'S), STELLA MARIS PROVINCE SERVE AS MEMBERS OF THE CORPORATION. IN RECOGNITION OF THE RESPONSIBILITY OF MEMBERS 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 (H) TO VOTE FOR ELECTION OR RE-ELECTION OF BOARD OF TRUSTEE MEMBERS. THE BOARD OF TRUSTEE MEMBERS ARE THE OTHER MEMBERS OF THE GOVERNING BODY. THEY HAVE FULL POWER TO CONDUCT, MANAGE AND DIRECT THE BUSINESS AND AFFAIRS OF THE COLLEGE AND TO EXERCISE ALL POWERS OF THE COLLEGE, EXCEPT THOSE SPECIFICALLY RESERVED TO THE PROVINCIAL AND PROVINCIAL COUNCILORS OF THE MISSIONARY SISTERS OF SACRED HEART(MSC'S).

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

LINE 7A - TRUSTEES SHALL BE ELECTED OR REELECTED BY A MAJORITY VOTE OF BOTH THE BOARD OF TRUSTEES AND THE MAJORITY VOTE OF THE MEMBERS ACTING SEPARATELY.

LINE 7B - THE MEMBERS (MISSIONARY SISTERS OF THE SACRED HEART) MUST APPROVE THE FOLLOWING ACTIONS WHICH FIRST MUST BE APPROVED BY EITHER A MAJORITY OR 2/3 OF THE BOARD OF TRUSTEES: (A) ANY CHANGES RECOMMENDED BY THE BOARD OF TRUSTEES IN THE PHILOSOPHY, OBJECTIVES AND PURPOSE OF THE COLLEGE; (B) APPROVE THE SALE OR OTHER DISPOSITION OF ASSETS OR THE CREATION OF ANY LIEN ON ASSETS; (C) TO APPROVE THE MERGER OR CONSOLIDATION OF THE COLLEGE; (D) TO APPROVE THE DISSOLUTION OF THE COLLEGE; (E) ANY CHANGES TO THE ARTICLES OF INCORPORATION.

LINE 10 - THE 990 REPORT IS REVIEWED IN ITS ENTIRETY BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO THE FEBRUARY TRUSTEE MEETING, AT WHICH TIME THE AUDIT COMMITTEE RECOMMENDS THE FULL BOARD APPROVE IT. FOLLOWING AUDIT COMMITTEE APPROVAL, THE ENTIRE 990 IS PRESENTED IN WRITTEN FORM TO THE ENTIRE BOARD OF TRUSTEES AT ITS FEBRUARY PLENARY SESSION WHERE IT IS DISCUSSED AND APPROVED FOR FILING. AFTER THIS THE 990 IS FORMALLY FILED WITH THE FEDERAL GOVERNMENT.

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

POLICIES

FORM 990, PART VI, SECTION B

LINE 12 - THE SECRETARY OF THE BOARD REVIEWS THE ANNUAL DISCLOSURE STATEMENTS TO DETERMINE WHETHER A CONFLICT OF INTEREST HAS BEEN DISCLOSED. ANY CONFLICTS ARE REVIEWED BY THE BOARD AUDIT COMMITTEE WITH A FINAL REVIEW AND DECISION BY THE BOARD OF TRUSTEES IF THE AUDIT COMMITTEE DETERMINES A CONFLICT MAY EXIST.

LINE 15 - COMPENSATION FOR CABRINI COLLEGE'S CEO AND OTHER INSTITUTIONAL ADMINISTRATORS IS DETERMINED AFTER A THOROUGH COMPENSATION COMPARATIVE ANALYSIS OF THE SPECIFIED JOB SCOPE IS CONDUCTED. THE DATA SOURCES USED FOR COMPILATION OF SALARY STRUCTURES ARE CUPA ADMINISTRATIVE SALARY SURVEYS, CHRONICLE OF HIGHER EDUCATION SALARY SURVEYS, BUREAU OF LABOR STATISTICS, AND OTHER INDEPENDENT COMPENSATION CONSULTANTS IF NEEDED. IN ADDITION COMPENSATION FOR THESE EMPLOYEES IS BASED ON HOW THEIR PERFORMANCE MEASURES AGAINST THEIR ANNUAL OBJECTIVES. ONCE THE SALARY SURVEY DATA IS PRESENTED, CABRINI'S BOARD OF TRUSTEES AND EXECUTIVE COMPENSATION COMMITTEE REVIEW THE DATA AND APPROVE THE FINAL PAY STRUCTURE OF THE SPECIFIED POSITION. COMPENSATION DECISIONS FOR THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMPENSATION COMMITTEE AND/OR BOARD OF TRUSTEES' MINUTES.

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

DISCLOSURE

FORM 990, PART VI, SECTION C

LINE 19 - THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC; HOWEVER THE CONFLICT OF INTEREST POLICY IS ON OUR WEBSITE VIA THE COLLEGE HANDBOOK (WHICH IS NOT A PASSWORD PROTECTED DOCUMENT).

Name of the organization: CABRINI COLLEGE

Employer identification number: 23-1526668

GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS

FORM 990, SCHEDULE L, PART III

ALUMNI LEGACY SCHOLARSHIP $1,500

ACHIEVEMENT GRANT $9,000

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
==========

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.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO INC AND AFFILIATES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICES	2,422,269.
EDUCATOR'S ADVANCEMENT GROUP 20624 ABBEY WOODS COURT NORTH FRANKFORT, IL 60423	STUDENT RECRUITMENT	2,229,029.
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	INFORMATION TECH	1,651,191.
CSI INTERNATIONAL INC 328 NEWMAN SPRING ROAD RED BANK, NJ 07701	CLEANING SERVICES	1,112,828.
MAYO SEITZ MEDIA 532 TOWNSHIP LINE ROAD BLUE BELL, PA 19422	MARKETING	567,646.
	TOTAL COMPENSATION	7,982,963.

SCHEDULE E - EXPLANATION FOR LINE 3
==========

CABRINI 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. FOR EXAMPLE, CABRINI COLLEGE ADMISSIONS DEPARTMENT PROVIDES THAT "APPLICATIONS ARE REVIEWED WITHOUT REGARD TO GENDER, CREED, COLOR, NATIONAL ORIGIN, AND DISABILITY".

SCHEDULE E - EXPLANATION FOR LINE 6A
==========

CABRINI COLLEGE RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES. CABRINI COLLEGE RECEIVED MONIES FROM PHEAA (PENNSYLVANIA HIGHER EDUCATIONAL ASSISTANCE AUTHORITY) AND HAS RECEIVED A PENNSYLVANIA INSTITUTIONAL ASSISTANCE GRANT.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SUNDRY ITEMS FOR HOME	X	14	3,515.	COST OR SALE PRICE
ENTERTAINMENT	X	28	7,617.	COST OR SALE PRICE
TRAVEL AND VACATIONS	X	6	5,360.	COST OR SALE PRICE
TOTALS		48.	16,492.	

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 07/01, 2008, and ending 06/30, 2009. ▶ See separate instructions.

OMB No. 1545-0687

2008

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year: 143,151,946.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.): CABRINI COLLEGE

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.: 610 KING OF PRUSSIA RD

City or town, state, and ZIP code: RADNOR, PA 19087

D Employer identification number (Employees' trust, see instructions for Block D on page 9.): 23-1526668

E Unrelated business activity codes (See instructions for Block E on page 9.): 713940

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ STEPHEN J LIGHTCAP VP FIN/AD Telephone number ▶ 610-902-8276

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See page 11 of the instructions; attach schedule.)	12	137,938.	STMT 2	137,938.
13	**Total.** Combine lines 3 through 12	13	137,938.		137,938.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	66,814.
15	Salaries and wages			15	67.
16	Repairs and maintenance			16	2,284.
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21	NONE		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	NONE
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	11,398.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) SEE STATEMENT 3			28	161,018.
29	**Total deductions.** Add lines 14 through 28			29	241,581.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-103,643.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-103,643.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-103,643.

JSA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
8E1610 3.000

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) (2) (3)		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) **(2)** Additional 3% tax (not more than $100,000)		
c	Income tax on the amount on line 34 ▶	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See page 16 of the instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	

Part IV Tax and Payments

40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit. Attached Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	
44 a	Payments: A 2007 overpayment credited to 2008	44a			
b	2008 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	NONE
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	NONE
49	Enter the amount of line 48 you want: **Credited to 2009 estimated tax** ▶ **Refunded** ▶			49	NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4 a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No: X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN P00202198
Firm's name (or yours if self-employed), address, and ZIP code ▶ GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011		EIN 36-6055558	Phone no. 212-599-0100

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income**. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.
==========

SALE OF MEMBERSHIPS TO FITNESS CENTER TO THE GENERAL PUBLIC.

PART I - LINE 12 - OTHER INCOME

DIXON CENTER MEMBERSHIP FEES	133,658.
MAILING LIST RENTAL- BANK OF AMERICA	1,331.
MAILING LIST RENTAL- LIBERTY MUTUAL	2,949.
PART I - LINE 12 - OTHER INCOME	137,938.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	5,562.
TELEPHONE & POSTAGE	2,035.
ALLOCATED OVERHEAD	152,421.
TAX PREPARATION FEES	1,000.
PART II - LINE 28 - OTHER DEDUCTIONS	161,018.