

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization IMMACULATA UNIVERSITY Doing Business As		D Employer identification number 23-1352648
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (610) 647-4400
		CATHOLIC CONFERENCE City or town, state or country, and ZIP + 4 IMMACULATA, PA 19345-0631		G Gross receipts \$ 55,872,347.
F Name and address of principal officer: SISTER PATRICIA FADDEN 1145 KING RD IMMACULATA, PA 19345		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.IMMACULATA.EDU				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1946 M State of legal domicile: PA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE UNIVERSITY OFFERS UNDERGRADUATE AND GRADUATE PROGRAMS DIRECTED PRIMARILY TOWARD LIBERAL AND PROFESSIONAL EDUCATION. PLEASE SEE STATEMENT 1 FOR FURTHER DETAILS ON THE UNIVERSITY'S MISSION.</u>		
	2	Check this box <input type="checkbox"/> 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	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of employees (Part V, line 2a)	5	1,315
	6	Total number of volunteers (estimate if necessary)	6	18
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue			Prior Year	Current Year
	8	Contribution and grants (Part VIII, line 1h)	3,170,897.	2,356,379.
	9	Program service revenue (Part VIII, line 2g)	47,133,936.	51,572,882.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,455,742.	1,167,316.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,243.	535,110.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,102,818.	55,631,687.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,048,536.	9,112,951.
	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)	22,220,157.	23,436,101.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 715,478.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,475,129.	23,327,429.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,743,822.	55,876,481.
19	Revenue less expenses. Subtract line 18 from line 12	358,996.	-244,794.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	89,178,811.	84,520,809.
	21	Total liabilities (Part X, line 26)	55,858,727.	55,077,508.
22	Net assets or fund balances. Subtract line 21 from line 20	33,320,084.	29,443,301.	

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 ▶ Thomas J. Ford Signature of officer Date 5-10-2010

▶ Thomas J. Ford, VP Finance Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <u>A. RONARD TAXIN</u>	Date <u>5/5/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>0051122</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>WTAS LLC</u> <u>335 COMMERCE DRIVE - SUITE 201 FORT WASHINGTON, PA 19034</u>	EIN ▶ <u>33-1197384</u>	Phone no. ▶ <u>215-654-1600</u>	

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

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

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 \$ 33,994,691. including grants of \$ 8,846,091.) (Revenue \$ 44,587,373.)

TO EDUCATE AND PROVIDE RELATED SERVICES TO STUDENTS. IN THE FALL OF 2008, THIS PROGRAM BENEFITTED 4,194 STUDENTS, OF WHOM 2,684 WERE ENROLLED FULL TIME. IN THE SPRING OF 2009, THIS PROGRAM BENEFITTED 4,219 STUDENTS, 2,716 OF WHOM WERE ENROLLED FULL TIME. THIS PROGRAM ALSO CONTRIBUTED TOWARD THE GRADUATION OF 841 STUDENTS.

4b (Code:) (Expenses \$ 5,099,126. including grants of \$ 161,040.) (Revenue \$ 3,592,785.)

TO PROVIDE LIVING QUARTERS FOR STUDENTS. ON AN ANNUALIZED BASIS, THIS PROGRAM BENEFITTED 622 STUDENTS.

4c (Code:) (Expenses \$ 3,231,983. including grants of \$ 105,820.) (Revenue \$ 2,556,061.)

TO PROVIDE MEALS TO STUDENTS LIVING ON CAMPUS. ON AN ANNUALIZED BASIS, THIS PROGRAM BENEFITTED 624 STUDENTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 42,325,800. (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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including a table with Yes/No columns and numerical inputs.

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

Table with 3 columns: Question, Yes, No. Rows 1a-11. Includes questions about voting members, family relationships, management duties, organizational changes, asset diversions, members, and meeting documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b. Includes questions about conflict of interest policy, whistleblower policy, document retention, compensation review, and joint venture arrangements.

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.
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: THOMAS J FORD 1145 KING RD IMMACULATA, PA 19345 610-647-4400

Part VIII Statement of Revenue

23-1002648

			(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	67,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,046,680.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,242,699.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			2,356,379.			
	Program Service Revenue			Business Code			
2a TUITION/FEES		900099	44,587,373.	44,587,373.			
b RESIDENT HALLS		900099	3,761,065.	3,761,065.			
c STUDENT BOARD PLAN		900099	2,556,061.	2,556,061.			
d FOOD SVCS-CATERING		900099	275,639.	275,639.			
e IU CASH RECEIPTS		900099	231,704.	231,704.			
f All other program service revenue		900099	161,040.	161,040.			
g Total. Add lines 2a-2f				51,572,882.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,167,316.			1,167,316.	
	4 Income from investment of tax-exempt bond proceeds		NONE				
	5 Royalties		NONE				
	6a Gross Rents	(i) Real	207,605.				
		(ii) Personal					
		b Less: rental expenses		29,507.			
		c Rental income or (loss)		178,098.			
	d Net rental income or (loss)			178,098.		178,098.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			NONE			
	8a Gross income from fundraising events (not including \$ 67,000. of contributions reported on line 1c). See Part IV, line 18.		STMT 3				
		a	211,153.				
b Less: direct expenses			211,153.				
c Net income or (loss) from fundraising events		STMT 4.		NONE			
9a Gross income from gaming activities. See Part IV, line 19.							
	a						
	b Less: direct expenses						
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						
c Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue		Business Code					
11a FORFEIT STUDENT DEPOSITS	900099	25,734.			25,734.		
b TRANSCRIPT INCOME	900099	21,387.			21,387.		
c PARKING FEE	812930	18,495.			18,495.		
d All other revenue	900099	291,396.			291,396.		
e Total. Add lines 11a-11d			357,012.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			55,631,687.	51,572,882.		1,702,426.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,112,951.	9,112,951.		
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	461,371.	93,300.	202,593.	165,478.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	17,849,753.	14,703,952.	2,819,281.	326,520.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	885,090.	650,227.	214,249.	20,614.
9 Other employee benefits	2,946,637.	2,249,264.	631,971.	65,402.
10 Payroll taxes	1,293,250.	1,112,753.	156,443.	24,054.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	113,860.	9,573.	104,287.	
c Accounting	100,163.		100,163.	
d Lobbying	6,019.		6,019.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	135,763.		135,763.	
g Other	4,240,134.	2,933,762.	1,281,702.	24,670.
12 Advertising and promotion	749,639.	106,825.	642,814.	
13 Office expenses	6,456,657.	5,140,920.	1,244,231.	71,506.
14 Information technology	3,367,741.		3,367,741.	
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	251,497.	189,152.	55,507.	6,838.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	2,455,219.	1,890,518.	564,701.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	4,189,234.	3,225,710.	963,524.	
23 Insurance	434,859.	372,268.	62,591.	
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 EQUIPMENT RENTAL & MAINT.	508,932.	409,385.	92,591.	6,956.
b SISTERS RESIDENCE EXPENSE	168,280.	125,240.	39,600.	3,440.
c ASSET RETIREMENT OBLIGATION	149,432.		149,432.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	55,876,481.	42,325,800.	12,835,203.	715,478.
26 Joint Costs. Check here <input type="checkbox"/> 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	679,579.	1	1,352,195.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	932,194.	3	643,427.
	4	Accounts receivable, net	1,732,619.	4	1,580,652.
	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	403,394.	7	496,532.
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	553,166.	9	938,128.
	10a	Land, buildings, and equipment: cost basis	10a 108,980,540.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 49,059,707.		
			61,599,106.	10c	59,920,833.
	11	Investments - publicly traded securities	22,342,057.	11	18,711,103.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	936,696.	15	877,939.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	89,178,811.	16	84,520,809.	
Liabilities	17	Accounts payable and accrued expenses	3,097,850.	17	3,126,364.
	18	Grants payable		18	
	19	Deferred revenue	3,224,555.	19	2,793,379.
	20	Tax-exempt bond liabilities	39,478,446.	20	39,034,238.
	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	8,000,164.	23	7,922,875.
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities. Complete Part X of Schedule D	2,057,712.	25	2,200,652.
	26	Total liabilities. Add lines 17 through 25.	55,858,727.	26	55,077,508.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	17,063,439.	27	15,220,133.
	28	Temporarily restricted net assets	10,383,617.	28	8,269,399.
	29	Permanently restricted net assets	5,873,028.	29	5,953,769.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	33,320,084.	33	29,443,301.
	34	Total liabilities and net assets/fund balances	89,178,811.	34	84,520,809.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization IMMACULATA UNIVERSITY	Employer identification number 23-1352648
--	---

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 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?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>

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									

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization
IMMACULATA UNIVERSITY

Employer identification number
23-1352648

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **IMMACULATA UNIVERSITY**

Employer identification number

23-1352648

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>325,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>231,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>144,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>71,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>62,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **IMMACULATA UNIVERSITY**

Employer identification number

23-1352648

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 62,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 52,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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 IMMACULATA UNIVERSITY	Employer identification number 23-1352648
--	---

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-.

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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
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														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
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	
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		6,019.
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			6,019.
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?		X	

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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

PART II-B, LINE 1H

\$6,019 PAID TO:

CASSIDY & ASSOCIATES

700 THIRTEENTH ST. N.W. STE. 400

WASHINGTON, DC 20005

THE CASSIDY CONTRACT IS WITH THE SOUTH EASTERN PENNSYLVANIA CONSORTIUM OF
 HIGHER EDUCATION ("SEPCHE"). THE MONTHLY PAYMENT TO CASSIDY IS
 IMMACULATA'S SHARE OF THE CONTRACTUAL MONTHLY FEE. THE CONTRACT STATES
 THAT CASSIDY IS A CONSULTANT TO SEPCHE IN PURSUIT OF GOVERNMENT AFFAIRS
 AND STRENGTHENING GOVERNMENT RELATIONS. CASSIDY IS TO ASSIST SEPCHE WITH
 LONG TERM PLANNING AND EFFECTIVE STRATEGIES FOR SEPCHE AS A WHOLE.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2008

Open to Public Inspection

▶ **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 Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

	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?	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?	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 <u>THE UNIVERSITY PROVIDES A STATEMENT IN ALL PUBLICATIONS REGARDING ITS NONDISCRIMINATORY POLICY.</u>	X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
6a Does the organization receive any financial aid or assistance from a governmental agency? STMT. 5	X	
b Has the organization's right to such aid ever been revoked or suspended?		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.	X	

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

Schedule E (Form 990 or 990-EZ) 2008

JSA
8E1273 1.000

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		ART SHOW (event type)	GOLF TOURNAMENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	223,632.	54,521.	278,153.	
	2	Less: Charitable contributions	42,000.	25,000.	67,000.	
	3	Gross revenue (line 1 minus line 2)	181,632.	29,521.	211,153.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs		26,062.	26,062.	
	7	Other direct expenses	181,632.	3,459.	185,091.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(211,153.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				

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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$ _____		

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 TO VARIOUS STUDENTS	1,347		9,112,951.	FMV	SCHOLARSHIPS/FIN AID

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

SCHEDULE I, PART I, LINE 2

GRANTS ISSUED BY IMMACULATA UNIVERSITY ARE PRIMARILY IN THE FORM OF SCHOLARSHIP AND GRANTS AWARDED AS PART OF FINANCIAL AID. FINANCIAL AID GRANTS AWARDED TO STUDENTS ARE DIRECTLY APPLIED BY THE UNIVERSITY TO OFFSET BILLED AMOUNTS (I.E. TUITION) ON THE STUDENT'S ACCOUNT, THEREBY REDUCING THE NET BALANCE DUE TO THE UNIVERSITY. STUDENTS RECEIVING SCHOLARSHIPS ARE ASSESSED ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEEDS, AND SIMILAR STANDARDS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

IMMACULATA UNIVERSITY

Employer identification number

23-1352648

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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				
THOMAS J FORD	(i)	168,749.	NONE	NONE	20,393.	189,142.	97,622.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the Organization: **IMMACULATA UNIVERSITY** Employer Identification number: **23-1352648**

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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER LORRAINE MCGREW IHM TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER MARY ANNE BEDNAR IHM TRUSTEE	2.	X					NONE	NONE	NONE	
PEGGY A BEHM TRUSTEE	2.	X					NONE	NONE	NONE	
PHYLLIS BELLOPEDE TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER ELAINE DE CHANTAL BROOKES IH TRUSTEE	2.	X					NONE	NONE	NONE	
REVEREND GEORGE BUR SJ TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER ANNE VERONICA BURROWS IHM TRUSTEE	2.	X					NONE	NONE	NONE	
ANTHONY CELLUCCI TRUSTEE	2.	X					NONE	NONE	NONE	
WINSTON CHURCHILL JR TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER PATRICIA DAILEY IHM TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER CAROLYN M DIMICK IHM TRUSTEE	2.	X					NONE	NONE	NONE	
FRANK A FARNESI TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER ANITA PATRICK GALLAGHER IHM TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER MARIE ESTHER HART IHM TRUSTEE	2.	X					NONE	NONE	NONE	
BRIAN M HARTLINE TRUSTEE	2.	X					NONE	NONE	NONE	
GREGORY G KARABIN TRUSTEE	2.	X					NONE	NONE	NONE	
CHARLES KERRIGAN TRUSTEE	2.	X					NONE	NONE	NONE	
BERNADETTE MAGUIRE TRUSTEE	2.	X					NONE	NONE	NONE	
BRIAN G MCELWEE TRUSTEE	2.	X					NONE	NONE	NONE	
MARION A MCGOWAN TRUSTEE	2.	X					NONE	NONE	NONE	
SISTER EILEEN M MCGUIGAN IHM TRUSTEE	2.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

IMMACULATA UNIVERSITY

Employer Identification number

23-1352648

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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER ANNE B MCGUIRE IHM TRUSTEE	2.	X						NONE	NONE	NONE
HENRY J MCHUGH TRUSTEE	2.	X						NONE	NONE	NONE
SISTER PATRICIA MENGEL IHM TRUSTEE	2.	X						NONE	NONE	NONE
SISTER REGINA PLUNKETT IHM TRUSTEE	2.	X						NONE	NONE	NONE
SISTER JOANNE RALPH IHM TRUSTEE	2.	X						NONE	NONE	NONE
MARYANN HAMMEKE ROMEO TRUSTEE	2.	X						NONE	NONE	NONE
SISTER JOAN RYCHALSKY TRUSTEE	2.	X						NONE	NONE	NONE
MIMI DRAPER WALSH TRUSTEE	2.	X						NONE	NONE	NONE
JOSEPH F WUSINICH III TRUSTEE	2.	X						NONE	NONE	NONE
SISTER M ROSE YEAGER IHM TRUSTEE	2.	X						NONE	NONE	NONE
A J GABRIELE TRUSTEE EMERITI	2.	X						NONE	NONE	NONE
THE HONORABLE THOMAS A PITT JR TRUSTEE EMERITI	2.	X						NONE	NONE	NONE
EDWARD ROACH TRUSTEE EMERITI	2.	X						NONE	NONE	NONE
THOMAS J FORD VP FINANCE & ADMIN	40.			X				168,749.	NONE	20,393.
THERESA GRENTZ VP UNIVERSITY ADVANCEMENT	40.			X				86,686.	NONE	11,843.
STEPHEN J PUGLIESE VP STUDENT AFFAIRS	40.			X				74,365.	NONE	8,436.
SISTER PATRICIA FADDEN PRESIDENT	40.			X				NONE	NONE	NONE
SISTER CARROLL ISSELMAN VP ACADEMIC AFFAIRS	40.			X				NONE	NONE	NONE
SISTER REGINA KANE SECRETARY	40.			X				NONE	NONE	NONE
JED YALOF PROFESSOR	40.					X		116,646.	NONE	27,395.
WILLIAM B CARR PROFESSOR	40.					X		112,412.	NONE	13,869.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

72805J 827G 04/30/2010 12:27:06 V08-8.3

Department of the Treasury
Internal Revenue Service

Name of the organization

IMMACULATA UNIVERSITY

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		(h) On behalf of issuer	
						Yes	No	Yes	No
A CHESTER COUNTY HEALTH & EDUCATION FACILITIES AUTHO	23-2365260	165579DP5	06/29/2005	23,128,100.	CAMPUS RENOVATIONS AND UPGRADES		X		X
B									
C									
D									
E									

Employer identification number
23-1352648

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).

Part II Proceeds (Optional for 2008)

	A	B	C	D	E
1 Total proceeds of issue	24,793,035.				
2 Gross proceeds in reserve funds	3,848,147.				
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	685,133.				
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds	19,144,676.				
8 Year of substantial completion	2007				

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3 a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
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.		NONE%								%
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.		NONE%								%
6 Total of lines 4 and 5.		NONE%								%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

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?		X								
2 Is the bond issue a variable rate issue?		X								
3 a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4 a Were gross proceeds invested in a GIC?	X									
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

PART VI, LINE 10

REVIEW OF FORM 990

AN INDEPENDENT TAX PREPARATION FIRM IS ENGAGED TO ASSIST IN COMPILING
 FORM 990 WITH DATA PROVIDED FROM THE BUSINESS OFFICE. UNIVERSITY
 MANAGEMENT REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY. PRIOR TO
 FILING, MANAGEMENT PRESENTS THE FORM 990 TO THE FINANCE & PROPERTY/AUDIT
 COMMITTEE OF THE BOARD OF TRUSTEES. FORM 990 IS REVIEWED AND SIGNED BY
 THE VICE PRESIDENT FOR FINANCE & ADMINISTRATION.

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

PART VI, LINE 15A

PROCESS FOR DETERMINING COMPENSATION OF PRESIDENT OF UNIVERSITY:

SISTER PATRICIA FADDEN, IHM, PRESIDENT OF IMMACULATA UNIVERSITY IS A

MEMBER OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY RELIGIOUS

CONGREGATION AND DOES NOT RECEIVE COMPENSATION FOR THIS SERVICE IN

KEEPING WITH HER STATED VOW OF POVERTY.

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

PART VI, LINE 15B

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION OF ALL OFFICERS OF THE UNIVERSITY IS REVIEWED AND

APPROVED ANNUALLY BY THE BOARD OF TRUSTEES. SALARY DATA IS GATHERED FROM

INDUSTRY PUBLICATIONS, HIGHER EDUCATION ASSOCIATIONS AND PEER

UNIVERSITIES TO BENCHMARK COMPENSATION ON AN ANNUAL BASIS. COMPENSATION

IS SET WITHIN THE CONTRIANTS OF THE BOARD OF TRUSTEES' APPROVED OPERATING

BUDGET. SALARY DATA IS GATHERED FROM CUPA AND NACUBO AND IS USED TO

ESTABLISH BENCHMARKS FOR UNIVERSITY EXECUTIVE ADMINISTRATORS. THIS

PROCESS WAS LAST UNDERTAKEN FOR THE FISCAL YEAR 2009-2010.

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

THE BOARD OF TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE AN ANNUAL

CONFLICT OF INTEREST STATEMENT AND SUBMIT SUCH STATEMENT TO THE

UNIVERSITY PRESIDENT. THE PRESIDENT REVIEWS THOSE STATEMENTS FOR

POTENTIAL CONFLICTS. THE DISCLOSURE STATEMENT ALSO REQUIRES ALL MEMBERS

TO NOTIFY THE UNIVERSITY PRESIDENT PROMPTLY OF ANY ACTUAL, APPARENT, OR

POTENTIAL CONFLICT OF INTEREST AS IT ARISES, SO THAT IT CAN BE ADDRESSED

IMMEDIATELY. SHOULD THERE BE A CONFLICT OF INTEREST ANY AFFECTED TRUSTEE

OR OFFICER SHALL REFRAIN FROM ANY CONSIDERATION OF, OR ACTION UPON, THE

TRANSACTION OR PROPOSED TRANSACTION.

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

PART VII & SCHEDULE J

COMPENSATION OF MEMBERS OF RELIGIOUS ORDER

THE FOLLOWING TRUSTEES OF IMMACULATA UNIVERSITY'S BOARD OF TRUSTEES ARE

MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY

RELIGIOUS CONGREGATION AND DO NOT RECEIVE COMPENSATION FOR THIS SERVICE

IN KEEPING WITH THEIR STATED VOW OF POVERTY:

SISTER LORRAINE MCGREW, IHM

SISTER MARY ANNE BEDNAR, IHM

SISTER ELAINE DE CHANTAL BROOKES, IHM

SISTER ANNE VERONICA BURROWS, IHM

SISTER PATRICIA DAILEY, IHM

SISTER CAROLYN M. DIMICK, IHM

SISTER ANITA PATRICK GALLAGHER, IHM

SISTER MARIE ESTHER HART, IHM

SISTER EILEEN M. MCGUIGAN, IHM

SISTER ANNE B. MCGUIRE, IHM

SISTER PATRICIA MENGEL, IHM

SISTER REGINA PLUNKETT, IHM

SISTER JOANNE RALPH, IHM

SISTER JOAN RYCHALSKY, IHM

SISTER ROSE YEAGER, IHM

THE FOLLOWING OFFICERS OF IMMACULATA UNIVERSITY ARE MEMBERS OF THE

SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY RELIGIOUS CONGREGATION

AND DO NOT RECEIVE COMPENSATION FOR THIS SERVICE IN KEEPING WITH THEIR

STATED VOW OF POVERTY:

Name of the organization

Employer identification number

IMMACULATA UNIVERSITY

23-1352648

SISTER PATRICIA FADDEN, IHM - PRESIDENT

SISTER CARROLL ISSELMAN, IHM - VICE PRESIDENT, ACADEMIC AFFAIRS

SISTER REGINA KANE, IHM - SECRETARY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

IMMACULATA UNIVERSITY

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number
23-1352648

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ENSERV, INC. P.O. BOX 665 23-2731906 IMMACULATA, PA 19345	WATER TREAT	PA	NONE	418,033.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SISTERS, SERVANTS OF IHM VILLA MARIA GENERALATE 1140 KI IMMACULATA, PA 19345-0200 23-1352569	RELIGIOUS		501(C)(3)	501(C)(3)	N/A

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	SISTERS, SERVANTS OF IHM	IQ INTERES	318,570.
(2)	SISTERS, SERVANTS OF IHM	IQ INSURAN	368,156.
(3)			
(4)			
(5)			
(6)			

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

IMMACULATA UNIVERSITY (THE UNIVERSITY), IS A CATHOLIC UNIVERSITY
FOUNDED FOR WOMEN IN 1920 BY THE SISTERS SERVANTS OF THE IMMACULATE
HEART OF MARY (THE CONGREGATION). THE UNIVERSITY OFFERS
UNDERGRADUATE AND GRADUATE PROGRAMS DIRECTED PRIMARILY TOWARD LIBERAL
AND PROFESSIONAL EDUCATION. EFFECTIVE FALL 2005, THE UNIVERSITY
EXPANDED ITS MARKET IN HIGHER EDUCATION TO INCLUDE BOTH MEN AND WOMEN
IN ITS TRADITIONAL UNDERGRADUATE PROGRAM. THE UNIVERSITY, TO ATTAIN
THE GOAL OF DEVELOPING THE WHOLE PERSON OF ANY FAITH WITHIN A
CATHOLIC COMMUNITY, ENCOURAGES THE STUDENT TO SEE IN LIBERAL
EDUCATION AN INTEGRATIVE PROCESS CONTRIBUTING TO THE FORMATION OF A
TRULY EDUCATED PERSON: VALUE-ORIENTED AND COMMITTED TO SEEKING IN
TRUTH, PROMOTING JUSTICE, AND FOSTERING PEACE. THE UNIVERSITY OFFERS
COURSES IN DISTANCE AND ON-LINE INSTRUCTION IN ADDITION TO ON-CAMPUS
AND OFF-SITE GRADUATE AND UNDERGRADUATE PROGRAMS.

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SUNGARD HIGHER EDUCATION 2300 MAITLAND CENTER PARKWAY, SUITE 340 MAITLAND, FL 32751	CONSULTANT	2,441,852.
CANON BUSINESS SOLUTIONS 15004 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	COPY CENTER MGMT	459,527.
ARAMARK HIGHER EDUCATION FACILITIES P.O. BOX 198532 ATLANTA, GA 30384	FACILITIES MGMT	1,215,205.
STV ARCHITECTS 205 WEST WELSH DRIVE DOUGLASSVILLE, PA 19518	ARCHITECTS	1,158,779.
ARAMARK CORPORATION P.O. BOX 198532 ATLANTA, GA 30384-8532	CAMPUS SERVICES	1,890,662.
	TOTAL COMPENSATION	----- 7,166,025. =====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

ART SHOW

42,000.

GOLF TOURNAMENT

25,000.

TOTAL

67,000.
=====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
ART SHOW	181,632.	181,632.
GOLF TOURNAMENT	29,521.	29,521.
TOTALS	211,153.	211,153.