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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

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 LESLEY UNIVERSITY	D Employer identification number 04-2103589
		Doing Business As	E Telephone number (617) 349-8685
		Number and street (or P O box if mail is not delivered to street address) Room/suite 29 EVERETT STREET	G Gross receipts \$ 348,317,676
		City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 021382790	
F Name and address of Principal Officer BERNICE BRADIN 29 EVERETT STREET CAMBRIDGE, MA 021382790		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) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site: WWW.LESLEY.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 1909	M State of legal domicile MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of employees (Part V, line 2a)	5	2,894
	6 Total number of volunteers (estimate if necessary)	6	293
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	6,848
b Net unrelated business taxable income from Form 990-T, line 34	7b	-101,786	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,278,379	5,766,306
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,323,215	96,467,268
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,031,152	2,361,202
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,454,165	2,616,456
		215,086,911	107,211,232
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,544,609
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		58,036,019	59,382,462
16a Professional fundraising fees (Part IX, column (A), line 11e)			58,627
b (Total fundraising expenses, Part IX, column (D), line 25 <u>1,412,228</u>)			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		38,512,512	35,552,146
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))		107,093,140	106,307,715
19 Revenue less expenses Subtract line 18 from line 12	107,993,771	903,517	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	301,575,714	310,283,007
	21 Total liabilities (Part X, line 26)	59,397,254	118,941,082
22 Net assets or fund balances Subtract line 21 from line 20	242,178,460	191,341,925	

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

Please Sign Here	***** Signature of officer	2010-05-14 Date		
	bernice bradin CFO, VP FINANCE Type or print name and title			
Paid Preparer's Use Only	Preparer's signature JOSEPH M GISO DIRECTOR MST	Date 2010-05-14	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ Tofias 350 Massachusetts Avenue Cambridge, MA 02139			EIN Phone no (617) 761-0600

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 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 \$ 41,058,866 including grants of \$) (Revenue \$ 87,434,190)

EXPENSES RELATED TO INSTRUCTING FULL TIME AND PART TIME STUDENTS The university is home to a number of important centers and institutes that conduct research, help shape public policy, and provide continuing education and professional development opportunities across a wide range of disciplines including *Math *Special education *Literacy*Conflict resolution *Evaluation and research *Families, children and social policyAt a Glance *Founded 1909 *Total Enrollment 8,962*Undergraduates 1,789 *Master's, C A G S , Ph D students 6,395*Non-Matriculating Students 778*Total Alumni 73,463*Campus locations *Boston, MA *Cambridge, MA Lesley University Academics *Undergraduate Study -The Art Institute of Boston -Lesley College -Audubon Expedition Institute -Adult Learning Degree Programs*Graduate Study -Courses + programs in Cambridge/Boston -Programs offered throughout the US -Online courses + programs*Unique Program Formats *Centers + Institutes *Continuing education + professional development *Threshold non-degree program*Accreditation -New England Association of Schools and Colleges -National Association of Schools of Art and Design

4b (Code) (Expenses \$ 17,248,944 including grants of \$) (Revenue \$ 91,928)

EXPENSES RELATED TO SERVICES PROVIDED TO THE STUDENT BODY, INCLUDING COUNSELING, CAREER GUIDANCE, ADMISSIONS, REGISTRAR, STUDENT ACTIVITIES, FINANCIAL AID AND HEALTH SERVICES AS WELL AS EXPENSES RELATED TO ATHLETIC PROGRAMS

4c (Code) (Expenses \$ 14,177,141 including grants of \$) (Revenue \$ 1,344,651)

EXPENSES RELATED TO ACADEMIC SUPPORT WHICH INCLUDES THE EXPENSES FOR THE LIBRARY, DEAN OF STUDENTS, VARIOUS ACADEMIC DEANS AND OTHER ACADEMIC SUPPORT ALSO, EXPENSES RELATED TO RESEARCH AND GENERAL INSTITUTIONAL OPERATIONS

(Code) (Expenses \$ 18,619,085 including grants of \$ 11,314,480) (Revenue \$ 9,427,035)

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

4e Total program service expenses \$ 91,104,036 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>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
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>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
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>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
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>	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	Yes	
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>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
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>		No
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>		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
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>		No
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>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
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>		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		No
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>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
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>		No
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>		No
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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
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> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
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>		No
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>		No
36	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>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 632		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,894		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country <u>IS</u> 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
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

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

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	Yes	
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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>MA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization BERNICE BRADIN VP CFO 29 EVERETT STREET CAMBRIDGE, MA 021382790 (617) 349-8685

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations . . . 1d _____					
	e	Government grants (contributions) 1e 2,579,778					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,186,528					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) h 5,766,306					
Program Service Revenue	2a	TUITION AND FEES Business Code 900,099	87,449,187	87,449,187			
	b	AUXILIARY Business Code 900,099	9,018,081	9,018,081			
	c	_____ Business Code _____					
	d	_____ Business Code _____					
	e	_____ Business Code _____					
	f	All other program service revenue Business Code _____					
	g	Total. Add lines 2a-2f g \$ 96,467,268					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) 3 2,208,593				2,208,593	
	4	Income from investment of tax-exempt bond proceeds 4					
	5	Royalties 5					
	6a	Gross Rents	(i) Real 3,967,405				
			(ii) Personal 2,393,609				
			Less rental expenses b 2,393,609				
			Rental income or (loss) c 1,573,796				
	d	Net rental income or (loss) d 1,573,796				1,573,796	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 238,865,444				
			(ii) Other 238,712,835				
			Less cost or other basis and sales expenses b 238,712,835				
			Gain or (loss) c 152,609				
	d	Net gain or (loss) d 152,609				152,609	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events c						
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities c						
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 c						
	Miscellaneous Revenue Business Code						
11a	Other income Business Code 900,099	1,035,812	1,035,812				
b	Art Gallery Income Business Code 900,099	6,848		6,848			
c	_____ Business Code _____						
d	All other revenue _____ Business Code _____						
e	Total. Add lines 11a-11d e \$ 1,042,660						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 107,211,232		97,503,080	6,848	3,934,998		

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	11,314,480	11,314,480		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,720,585	1,924,145	1,607,961	188,479
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	45,503,222	39,893,204		711,641
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,166,511	1,840,527	286,367	39,617
9 Other employee benefits	4,473,705	3,800,569	591,329	81,807
10 Payroll taxes	3,518,439	2,989,037	465,063	64,339
11 Fees for services (non-employees)				
a Management				
b Legal	218,063	3,000	215,063	
c Accounting	123,450		123,450	
d Lobbying	116,197	20,000	96,197	
e Professional fundraising See Part IV, line 17	58,627			58,627
f Investment management fees	143,159		143,159	
g Other	1,634,602	1,306,880	292,850	34,872
12 Advertising and promotion	1,350,086	1,317,562	32,524	
13 Office expenses	3,682,857	3,134,085	481,271	67,501
14 Information technology	2,041,426	412,365	1,591,903	37,158
15 Royalties				
16 Occupancy	6,644,280	6,581,209	62,106	965
17 Travel	3,515,751	3,262,274	213,658	39,819
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	230,701	212,836	16,089	1,776
20 Interest	1,642,995	819,693	823,302	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,036,329	3,800,995	235,334	
23 Insurance	275,799		275,799	
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 custodial contracts	3,158,977	3,158,977		
b food service	1,925,463	1,925,463		
c consulting	1,276,504	1,163,205	106,879	6,420
d security contracts	1,009,661	1,009,661		
e miscellaneous	889,405	359,288	499,120	30,997
f All other expenses	1,636,441	854,581	733,650	48,210
25 Total functional expenses. Add lines 1 through 24f	106,307,715	91,104,036	13,791,451	1,412,228
26 Joint Costs. Check <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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,087	1	2,807
	2 Savings and temporary cash investments	1,268,943	2	1,626,333
	3 Pledges and grants receivable, net	809,191	3	1,462,626
	4 Accounts receivable, net	7,203,909	4	6,569,127
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	1,630,562	7	1,633,293
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,495,769	9	2,955,755
	10a Land, buildings, and equipment cost basis			
		10a 153,035,509		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 34,544,384	88,973,567	10c 118,491,125
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	190,326,606	12	142,576,277
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	9,864,080	15	34,965,664	
16 Total assets. Add lines 1 through 15 (must equal line 34)	301,575,714	16	310,283,007	
Liabilities	17 Accounts payable and accrued expenses	13,100,556	17	15,215,833
	18 Grants payable	1,243,889	18	1,305,884
	19 Deferred revenue	13,744,613	19	14,515,514
	20 Tax-exempt bond liabilities	24,070,000	20	79,762,211
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,539,000	23	6,211,000
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	699,196	25	1,930,640
	26 Total liabilities. Add lines 17 through 25	59,397,254	26	118,941,082
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	214,622,370	27	167,029,537
	28 Temporarily restricted net assets	18,235,719	28	14,021,040
	29 Permanently restricted net assets	9,320,371	29	10,291,348
	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	242,178,460	33	191,341,925	
34 Total liabilities and net assets/fund balances	301,575,714	34	310,283,007	

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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?	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

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.

Open to Public Inspection

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

Part I Reason for Public Charity Status (to be completed by all organizations) (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
11g(i)		
11g(ii)		
11g(iii)		

- (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 the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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						<input type="checkbox"/>

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 for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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		<input type="checkbox"/>
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 "facts 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		<input type="checkbox"/>
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 organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 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 Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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 30 June, 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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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 for 2007 Schedule A, Part IV-A, line 27g	16	

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% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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)

- 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)

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization LESLEY UNIVERSITY

Employer identification number

04-2103589

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 in 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 internal 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 own internal 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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
1a 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—		
If the amount on line 1e, column (a) or (b) is:		
Not over \$500,000	The lobbying nontaxable amount is: 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 1a through 1f 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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, 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?		No	
b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		
i Other activities. If "Yes," describe in Part IV	Yes		116,197
j Total lines 1c through 1i			116,197
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes" enter the amount of any tax incurred under section 4912			
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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 the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
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.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE UNIVERSITY PAID PODESTA group, inc \$96,197 FOR FEDERAL FUNDING OF PRIORITY PROJECTS OF LESLEY UNIVERSITY THE UNIVERSITY PAID POLITICAL ADVANTAGE, LLC \$20,000 FOR STATE SUPPORT OF READING RECOVERY PROJECTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization LESLEY UNIVERSITY

Employer identification number 04-2103589

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 the 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 why in Part XIV and complete the following table

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

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 the 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	190,326,605				
b Contributions	5,347,004				
c Investment earnings or losses	-48,500,943				
d Grants or scholarships	344,703				
e Other expenditures for facilities and programs	4,251,686				
f Administrative expenses					
g End of year balance	142,576,277				

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

- a** Board designated or quasi-endowment ▶ 91.460 %
- b** Permanent endowment ▶ 6.760 %
- c** Term endowment ▶ 1.800 %

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)	No
(ii) related organizations	3a(ii)	No
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		10,291,547		10,291,547
b Buildings		61,116,278	18,298,822	42,817,456
c Leasehold improvements		55,036,872	9,961,868	45,075,004
d Equipment		12,670,585	6,283,694	6,386,891
e Other		13,920,227		13,920,227
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				118,491,125

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 CASH AND EQUIVALENTS	118,700,117	F
Other VENTURE CAPITAL	23,876,160	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	142,576,277	

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
BOND ISSUE COSTS	1,813,563
Assets held with outside trustees	540,333
DEPOSITS WITH TRUSTEES	4,967,830
TRUST ESCROW RECEIVABLE	4,214,041
Unexpended bond proceeds	23,429,897
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	34,965,664

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SWAP INVESTMENT	1,930,640
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,930,640

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	107,211,232
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	106,307,715
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	903,517
4	Net unrealized gains (losses) on investments	4	-50,508,607
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,231,445
9	Total adjustments (net) Add lines 4 - 8	9	-51,740,052
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-50,836,535

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	59,096,234
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-50,508,607
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,393,609
e	Add lines 2a through 2d	2e	-48,114,998
3	Subtract line 2e from line 1	3	107,211,232
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	107,211,232

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

1	Total expenses and losses per audited financial statements	1	95,326,595
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,393,609
e	Add lines 2a through 2d	2e	2,393,609
3	Subtract line 2e from line 1	3	92,932,986
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	143,159
b	Other (Describe in Part XIV)	4b	13,231,570
c	Add lines 4a and 4b	4c	13,374,729
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	106,307,715

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		UNREALIZED LOSS ON INTEREST RATE SWAP -1231445
Part XII, Line 2d - Other Adjustments		rental expenses 2393609
Part XIII, Line 2d - Other Adjustments		rental expenses 2393609
Part XIII, Line 4b - Other Adjustments		Institutional Financial Aid 11314476 Fundraising Expenses 1412228 Interest Expense under interest rate swap 504866

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
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?	Yes	
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. NEWSPAPERS, ON-LINE, ADVERTISEMENTS APPLICATIONS FOR EMPLOYMENT, ADMISSIONS AND FINANCIAL AID	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	Yes	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement		No
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	Yes	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Name of the organization LESLEY UNIVERSITY

Employer identification number

04-2103589

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

Table with 6 columns: (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. Includes data for Middle East and North Africa and a Totals row.

Schedule I (Form 990)

OMB No 1545-0047

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

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LESLEY UNIVERSITY

Employer identification number

04-2103589

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?
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 if additional space is needed.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

(a) Type of grant or assistance	(b) 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	1416	11,745,833			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All grants provided by the university are for financial aid to students Grants and other assistance are related to institutional financial aid for which students apply through the financial aid office All aid is awarded based on certain guidelines and is credited directly to students' tuition accounts All awards are directly related to the students' education at the institution's physical location in the United States Students are required to complete a review with instructors at the end of each semester to receive credit

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
LESLEY UNIVERSITY

Employer identification number
04-2103589

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p>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?</p>	Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a</p> <p>a Receive a severance payment or change of control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>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</p>		No								
<p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p>										
<p>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</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>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</p>		No								
<p>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</p>		No								

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-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 compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LESLEY UNIVERSITY

Employer identification number
04-2103589

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	Mass Development Finance Agency	04-3431814		05-19-2006	7,000,000	residence hall const /renovation		X		X
B	mass Development Finance Agency	04-3431814	57583F3B5	12-19-2003	26,000,000	refinancing of debt		X		X
C	Mass health and education authority	04-2456011	57586EGP0	03-10-2009	56,221,393	residence hall const /renovation		X		X

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								
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		B		C		D		E	
		Yes	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?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c 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 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 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								
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government 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 M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LESLEY UNIVERSITY

Employer identification number

04-2103589

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 9 is filled with 'X', '3', and '53,507'. Row 4 (Books and publications) is redacted.

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

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution reporting and policies.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EXPENSES RELATED TO FINANCIAL AID FOR STUDENTS The purpose of financial aid is to help you attain your goal of a Lesley University Education, by offering financial assistance in the form of grants, loans, and student work opportunities Please be assured that despite the current economic situation, the Office of Financial Aid remains very vigilant and has been proactive in assuring that both federal and private educational loan options are available to students Expenses \$ 11314480 including grants of \$ 11314480 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	AUXILIARY ENTERPRISES Expenses \$ 7304605 including grants of \$ 0 Revenue \$ 9427035

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The organization has restated it articles of organization since the prior year's form 990 filing The Restated Articles have been filed with the proper state officials All updates were in accordance with all federal and state guidelines Attached as pdf file Article II - The purpose of the organization to engage in the following activities has been expanded include various other Bachelor and Masters degrees Article III - Has been restated to state the corporation shall have no members Article IV - **Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows Article 4A, Powers Article 4B, Restrictions on Activities Article 4C, Discrimination Prohibited Article 4D, Restriction on Disposition of Assets Article 4E, Limitation of Liability Article 4F, Indemnification Article 4G, Amendment of By-Laws Article 4H, Definitions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Once management reviews the 990, it is forwarded to the audit committee for review Once their review is complete, it is placed on a secure website for all the trustees to review Once that review is complete, it is approved by the audit chairperson

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually the secretary of the board forwards the conflict of interest policy to the board members and they are asked to disclose any conflicts of interest The signed form stating that they have read the policy and disclosure of any conflicts is returned to the secretary

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Functional comparables were used on all the Senior Officers and the President through a Survey Group in determining compensation based on function, budget size and student populations, the CUPA-HR comparables were used, with the exception of the VP for National Planning and Administration The VP for National Planning and Administration was a newly developed position to the University looking at the compensation information with regard to the VP of Marketing and a review of the internal compensation within, the University determined the base salary CUPA provides a comprehensive and up to date salary data for college and universities they collect institution-specific and position salary and demographic data for administrative positions in relation to public and private institutions as well as the budget size and types of degrees granted within the institutions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Our Forms 990 (current and prior three years) are available on the Official Website of the Attorney General of Massachusetts at www.charities.ago.state.ma.us and GuideStar at www2.guidestar.org We also make our Form 990, Form 1023, Form 990-T, articles of incorporation, and bylaws available to the public upon request Our audited financial statements are also available on the Official Website of the Attorney General of Massachusetts at www.charities.ago.state.ma.us

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All governing documents and financial statements are available upon request Our financial statements are also available on the NACUBO website The conflict of interest policy is available on the university's website as a part of the employee's handbook Our Forms 990 (current and prior three years) are also available on the Official Website of the Attorney General of Massachusetts at www.charities.ago.state.ma.us and GuideStar at www2.guidestar.org We also make our Form 990, Form 1023, Form 990-T, articles of incorporation, and bylaws available to the public upon request Our audited financial statements are also available on the Official Website of the Attorney General of Massachusetts at www.charities.ago.state.ma.us

Identifier	Return Reference	Explanation
FORM 990, PAGE 11, PART XI - FINANCIAL STMTS & REPORTING	LINE 2C -DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT	Lesley University has an audit committee that is comprised of trustee members that oversee the audit

Identifier	Return Reference	Explanation
FORM 990, PART III, STATEMENT OF PROGRAM ACCOMPLISHMENTS Continuation		<p>Core Values Democracy The fundamental purpose of education in a democratic society is to provide opportunities for all to participate in the cultural, political, and economic life of the nation and the world At Lesley, these democratic ideals are reflected in an academic environment that encourages scholarship, freedom of expression, and an open exchange of ideas Inquiry Lesley University is devoted to academic excellence through active, transformative teaching and learning, artistic creativity, critical inquiry, and individual development across the lifespan We create and deliver innovative interdisciplinary programs, while valuing high-quality instruction, research and scholarship, advocacy, and outreach to local and global communities Equity We value and respect all individuals and their communities for their unique backgrounds and capacities Lesley learning communities educate students to pursue educational, social, scientific, and artistic endeavors to meet the needs of diverse populations and underscore the importance of social justice Community Learning is a collective endeavor that involves students, educators, families, and communities We believe in the power of individuals, working collaboratively and with integrity, to bring about constructive change in local, national, global, and ecological communities</p>

**Continuation Sheets for Lesley University
Restated Articles of Organization**

Article II:

The purpose of the corporation is to engage in the following activities:

To provide undergraduate education leading to the degree of Bachelor of Fine Arts and Bachelor and to provide graduate education leading to the degrees of Master, Master of Fine Arts in Visual Arts, Master of Fine Arts in Creative Writing, and Certificate of Advanced Study in order to prepare men and women in the fields of professional education and related educational services, general education, human services, mental health, management and organizational behavior, and to provide education leading to the degree of Associate in education and human services, and to provide graduate education leading to the degrees of Doctor of Philosophy in Expressive Therapies and Doctor of Philosophy in Educational Studies, together with authority to confer such degrees and such honorary degrees as Doctor of Humane Letters Honorary and Doctor of Fine Arts Honorary as may be appropriate to the courses of study offered at the university and as may be approved by the Board of Higher Education pursuant to applicable provisions of law; to receive, acquire by gift or purchase, hold, maintain, sell or otherwise acquire and dispose of such real and personal property, or both, as may be incidental to the carrying on of any of the above purposes; and to do things which can be helpful and advantageous from time to time in carrying out any of the foregoing purposes.

Article IV:

Article 4A, Powers: The Corporation shall have in furtherance of its corporate purposes all of the powers specified in Section 6 of Chapter 180 and in Section 9 of Chapter 156B of the Massachusetts General Laws (except those provided in paragraph (m) of said Section 9) as now in force or as hereafter amended, and may carry on any operation or activity referred to in Article 2 hereof; provided, however, that no such power shall be exercised in a manner inconsistent with said Chapter 180 or any other chapter of the Massachusetts General Laws or inconsistent with the exemption from federal income tax to which the Corporation shall be entitled under Section 501(c)(3) of the Code.

Article 4B, Restrictions on Activities: The Corporation shall operate as a nonprofit corporation under Chapter 180 of the General Laws of Massachusetts exclusively for educational and other purposes within the scope of Section 501(c)(3) of the Internal Revenue Code of 1986 as amended (the "Code"), or the corresponding provision of any future United States Revenue Law. None of the income or profits of the business of the Corporation shall be divided among or inure to the benefit of any officer or Trustee of the Corporation or any private individual, or be appropriated for any purposes other than the purposes of the Corporation as herein set forth. No contribution shall be made by the Corporation for other than educational and other purposes within the scope of said Section 501(c)(3), and no substantial part of the activities of the Corporation shall be or include the carrying on of propaganda or otherwise attempting to influence legislation; and the Corporation shall not participate in or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office. It is intended that the Corporation shall be exempt from federal income tax under the Code and that contributions to it shall be deductible under the Code, and all provisions of these Articles shall be interpreted and exercised consistently therewith.

Article 4C, Discrimination Prohibited: The Corporation stands committed to providing all students fair treatment and an educational environment free of discrimination, not only to comply with local, state and federal laws, but also to provide an educationally desirable environment. The Corporation is an affirmative action/equal opportunity institution and does not discriminate on the basis of age, race, religion, color, creed, national or ethnic origin, sex, sexual orientation, sexual preference, disability, or veteran status in admission to, access to, treatment in, or employment in any of its programs or activities. Discriminatory harassment based on age, race, religion, color, creed, national or ethnic origin, sex, sexual orientation, sexual preference, disability, or veteran status is illegal conduct and will not be tolerated by the Corporation. The Corporation has established procedures to address student complaints of unlawful discrimination and harassment. Complete copies of the procedures and Affirmative Action Policy are available in the Office of Student Affairs and in the Office of the Assistant to the President for Affirmative Action.

Article 4D, Restriction on Disposition of Assets: The Corporation shall not be dissolved except upon vote of two-thirds (2/3) of all the Trustees of the Corporation. In the event of the dissolution of the Corporation, after payment or provision for the payment of all liabilities of the Corporation, all of the assets of the Corporation shall be disposed of to one or more organizations with similar purposes which qualify for exemption from taxation under Section 501(c)(3) of the Code. Any assets not disposed of in this manner by the Corporation shall be distributed in accordance with an order of a court of competent jurisdiction in the county where the principal office of the Corporation is located, exclusively for such purposes or to such organizations as said court shall determine, provided that such organizations shall have similar purposes and be exempt from taxation under the provisions of said Section 501(c)(3).

Article 4E, Limitation of Liability: No officer or Trustee of the Corporation shall be personally liable to the Corporation for monetary damages for breach of fiduciary duty as an officer or Trustee notwithstanding any provision of law imposing such liability; provided, however, that this Article shall not eliminate or limit the liability of an officer or Trustee (i) for any breach of the officer's or Trustee's duty of loyalty to the Corporation, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or (iii) for any transaction from which the officer or Trustee derived an improper personal benefit; and provided further that such limitation shall be effective only to the extent that the Corporation's status as an organization exempt from taxation under the Code is not adversely affected thereby. No amendment or repeal of this Article shall adversely affect the rights and protection afforded to an officer or Trustee of the Corporation under this Article for acts or omissions occurring prior to such amendment or repeal. The provisions of this Article shall not eliminate or limit the liability of a Trustee or officer of the Corporation for any act or omission occurring prior to the date on which this Article became effective.

Article 4F, Indemnification:

Persons Eligible for Indemnification. The Corporation shall provide for indemnification of its Trustees, officers, employees and agents as specified in the Corporation's Bylaws or by a vote adopted by a majority of the Trustees. Indemnification of persons referred to in the preceding sentence who are not Trustees may be provided by the Corporation to the extent authorized by the Trustees. Indemnification may be provided although the person indemnified is no longer a Trustee, officer, employee, or agent of the Corporation.

No Indemnification. No indemnification shall be provided for any person regarding any matter as to which he or she shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interest of the Corporation.

Indemnification Payments. Indemnification may include payment by the Corporation of expenses, including damages and reasonable attorney's fees incurred in defending a civil or criminal action, or proceedings in advance of the final disposition of such action, if the person indemnified provides a written agreement to repay any payments made by the Corporation if the person indemnified shall be adjudicated not to be entitled to indemnification under Section 6 of Chapter 180 of the General Laws of Massachusetts.

Insurance. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is, or was, a Trustee, officer, employee or other agent of the Corporation against any liability incurred by him or her in any such capacity, or arising out of his or her position with the Corporation, whether or not the Corporation would have the power to indemnify him or her against such liability as provided in Section 6 of Chapter 180 of the General Laws of Massachusetts.

Article 4G, Amendment of Bylaws: The Bylaws may provide that the Board of Trustees may make, amend or repeal the Bylaws of the Corporation.

Article 4H, Definitions: All references herein: (i) to the Code shall be deemed to refer to the Internal Revenue Code of 1986, as now in force or hereafter amended; (ii) to the General Laws of The Commonwealth of Massachusetts, or any chapter thereof, shall be deemed to refer to said General Laws or chapter as now in force or hereafter amended; and (iii) to particular sections of the Code or said General Laws shall be deemed to refer to similar or successor provisions hereafter adopted.

Additional Data

Software ID:
Software Version:
EIN: 04-2103589
Name: LESLEY UNIVERSITY

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
JOSEPH B MOORE , PRESIDENT	40 00	X		X				339,525	0	62,431
Joyce london alexander , trustee	1 00	X						0	0	0
JAMES I BILDNER , TRUSTEE	1 00	X						0	0	0
GERALDINE m BLOOMBERG , TRUSTEE	1 00	X						0	0	0
RICHARD J DOUCETTE , TRUSTEE	1 00	X						0	0	0
dr BERNARD HARLESTON , TRUSTEE	1 00	X						0	0	0
CHARLES H HOOD , TRUSTEE	1 00	X						0	0	0
RICHARD A JALKUT , TRUSTEE	1 00	X		X				0	0	0
MATTHEW KOZOL , secretary, trustee	1 00	X						0	0	0
EILEEN LADIEU , TRUSTEE	1 00	X						0	0	0
HELENE MALTZMAN , TRUSTEE	1 00	X						0	0	0
CAROL MORIARTY , TRUSTEE	1 00	X						0	0	0
JOHN O PARKER , TRUSTEE	1 00	X						0	0	0
donald m perrin , trustee	1 00	X						0	0	0
DEBORAH SCHWARTZ RAIZES , Chairman, trustee	1 00	X		X				0	0	0
BARBARA RUSSELL , TRUSTEE	1 00	X						0	0	0
ROBERT SAGE , treasurer, trustee	1 00	X		X				0	0	0
MAURICE SKOLER , TRUSTEE	1 00	X						0	0	0
GARY SMITH , TRUSTEE	1 00	X						0	0	0
PATRICIA SQUIRE , TRUSTEE	1 00	X						0	0	0
ENID M STARR , TRUSTEE	1 00	X						0	0	0
HANS D STRAUCH , TRUSTEE	1 00	X						0	0	0
PAULA VANDERNOOT , TRUSTEE	1 00	X						0	0	0
CHRISTOPHER WILSON , TRUSTEE	1 00	X						0	0	0
CARL M YOUNGMAN , TRUSTEE	1 00	X						0	0	0
MARTHA MCKENNA , PROVOST	40 00			X				200,443	0	41,470
BERNICE BRADIN , Chief Financial Officer	40 00			X				184,757	0	19,865
MARYLOU BATT , VP for administration	40 00			X				179,375	0	14,251
SANDRA DORAN , VP & GENERAL COUNSEL	40 00			X				195,125	0	34,256
MARIO r BORUNDA , Dean Sch of Education	40 00				X			187,178	0	19,649

Form 990, Part VII - Section Aaa

(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			
JACQUELYN d ARMITAGE , V P NAT'L PLANNING	40 00				X			183,059	0	17,717
CAROL STREIT , VP ENROLLMENT	40 00				X			180,625	0	19,891
MARY LOU DYMSKI , VP BUDGETING	40 00				X			171,829	0	23,813
colm j renehan , VP advancement	40 00				X			171,792	0	16,687
Shaun mcNiff , Dean of Lesley College	40 00				X			163,965	0	23,934
Stanley Trecker , Dean Art Inst of Boston	40 00				X			152,250	0	11,542
Karen Boudreau shea , Chief Info Officer	40 00					X		168,459	0	13,499
Anne M Collins , Dir of Math Program	40 00					X		177,309	0	6,677
Leo F Rice Jr , Dir of Marketing	40 00					X		162,400	0	22,363
irene fountas , dir reading recovery	40 00					X		145,805	0	17,118
julia halevy , dean grad sch of arts	40 00					X		130,682	0	21,897
MARGARET MCKENNA , FORMER PRESIDENT	40 00						X	191,450	0	47,587

Software ID:
Software Version:
EIN: 04-2103589
Name: LESLEY UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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)
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Software ID:
Software Version:
EIN: 04-2103589
Name: LESLEY UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 compensation				
JOSEPH B MOORE	(i) (ii)	309,000	30,000	525	42,767	19,664	401,956	178,622
MARTHA MCKENNA	(i) (ii)	200,443			14,787	26,683	241,913	111,679
BERNICE BRADIN	(i) (ii)	184,757			12,933	6,932	204,622	100,513
MARYLOU BATT	(i) (ii)	179,375			13,453	798	193,626	94,456
SANDRA DORAN	(i) (ii)	195,125			23,165	11,091	229,381	112,945
MARIO r BORUNDA	(i) (ii)	187,178			18,718	931	206,827	101,888
JACQUELYN d ARMITAGE	(i) (ii)	183,059			12,814	4,903	200,776	98,939
CAROL STREIT	(i) (ii)	180,625			14,210	5,681	200,516	100,335
MARY LOU DYMSKI	(i) (ii)	171,829			12,887	10,926	195,642	96,452
colm j renehan	(i) (ii)	171,792			11,413	5,274	188,479	95,032
Shaun mcNiff	(i) (ii)	163,090		875	13,047	10,887	187,899	92,206
Stanley Trecker	(i) (ii)	152,250			10,658	884	163,792	80,642
Karen Boudreau shea	(i) (ii)	168,459			12,634	865	181,958	89,636
Anne M Collins	(i) (ii)	177,309			6,166	511	183,986	101,839
Leo F Rice Jr	(i) (ii)	162,400			11,368	10,995	184,763	91,092
irene fountas	(i) (ii)	145,805			11,584	5,534	162,923	79,802
julia halevy	(i) (ii)	130,682			9,148	12,749	152,579	75,252
MARGARET MCKENNA	(i) (ii)	191,450			26,750	20,837	239,037	199,614