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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

2008

Open to Public Inspection

			lendar yea	r, or tax year beginning 07-01- C Name of organization	·2008 and ending 06-30-20	09	D Employer ide	ntification number
_	eck if ap dress ch	pplicable	Please use IRS	Simmons College			04-210362	
_	me char	_	label or print or	Doing Business As			E Telephone nu	
_			type. See				(617) 521-	2016
_	tıal retur		Specific Instruc-	Number and street (or P O box if 300 The Fenway	mail is not delivered to street add	ress) Room/suit	·e	t <b>s</b> \$ 131,317,860
_	mınatıo		tions.	ŕ				
	nended r			City or town, state or country, and Boston, MA 02115	d ZIP + 4			
Ap	plication	pending		·				
			<b>F</b> Nan Helen [	ne and address of Principal Of	ficer		hıs a group return	
			300 Th	ne Fenway		affil	ıates?	⊤Yes ▼ No
				,MA 02115		H(b) Are	all affiliates include	ed?
I la	ıx-exem	ipt status	<b>У</b> 501(c)	) ( 3 ) ◀ (insert no )	l) or   527			See instructions )
J W	eb site	e: 🕨 wwv	vsimmons	edu		H(c) Gro	oup Exemption Nu	mber ►
<b>К</b> Тур	e of org	janization	Corporat	cion trust association other	<b>.</b>	<b>L</b> Year of I	Formation 1899 <b>M</b>	State of legal domicile MA
		<b>C</b>						
Рa	rt I	Sumr Briefly d		e organization's mission or mo	et eignificant activities			
		see sch		e organization's mission of mo	st significant activities			
Governance		500 5011	cuare o					
<u> </u>								
₹	2	Check t	hıs box 🦵	ıf the organization discontinue	d its operations or disposed	of more than	25% of its assets	5
	3	Number	of voting r	members of the governing body	(Part VI, line 1a)		. 3 _	37
න් ආ	4	Number	ofındepen	ndent voting members of the go	overning body (Part VI, line 1	lb)	. 4_	36
Activities &	5	Total nu	ımber of en	nployees (Part V , line 2a) .			5 _	3,515
<b>₹</b>	6	Total nu	ımber of vo	olunteers (estimate if necessar	-y)		6 _	1,704
ď	7a	Total gr	oss unrela	ted business revenue from Par	t VIII, line 12, column (C)		7a _	-18,330
	b	Net unre	elated busi	iness taxable income from Form	m 990-T, line 34		7b	-113,449
a.						Pi	rior Year	Current Year
	8	Contrib	butions and	d grants (Part VIII, line 1h)			13,112,747	11,979,155
Ä	9	Progra	m service	revenue (Part VIII, line 2g)			115,121,094	117,358,607
Rayenue	10			me (Part VIII, column (A), lıne			11,229,627	1,057,122
_	11		-	art VIII, column (A), lines 5, 6			921,050	922,976
	12	Total r 12)	evenue—a	dd lines 8 through 11 (must ec	ıual Part VIII, column (A), lı	ne	140,384,518	131,317,860
	13	Grants	and simila	ar amounts paid (Part IX, colur	nn (A), lines 1-3)		22,547,456	21,660,437
	14	Benefit	ts paid to c	or for members (Part IX, colum	n (A), line 4)			0
ø	15		s, other co	ompensation, employee benefit	s (Part IX, column (A), lines	5 –	67.075.053	69,830,658
Expenses	16-	10)		lenger of the American (Double)	(A.) lima 11 a.)		67,975,852	· · · · · · · · · · · · · · · · · · ·
क्	16a			raising fees (Part IX, column (			+	80,603
Δ	b		_	penses, Part IX, column (D), line 25 $\frac{2}{3}$	·		E1 101 0EE	46 650 363
	17 18			(Part IX, column (A), lines 11a -add lines 13–17 (must equal l			51,191,955	46,650,362 138,222,060
	19			penses Subtract line 18 from l			-1,330,745	-6,904,200
æ ø.	1.5	ve ve ill	1633 EX	Jonato Subtract fille 10 flofff f	1110 112	Regin	ning of Year	End of Year
<u> </u>	20	Total -	seete /Be	rt X, line 16)		Begin	429,506,991	385,045,322
7 TE							, ,	· · · · · ·
Net Assets or Fund Balances	21		·	Part X, line 26)	lura 20		209,352,015	212,616,285
	22			d balances Subtract line 21 fr	rom line 20		220,154,976	172,429,037
Pa	rt II		ature Blo		I this rature, including accompany	a schodulos ans	l statements and to t	he heat of my knowledge
				erjury, I declare that I have examined correct, and complete Declaration of				
Plea		<b>\</b>				201	10-05-14	
Sign Here		Signa	ature of office	er		Dat	e	
i i e l'	C			ASSISTANT VP FOR FINANCE				
		Type	or print nam	ne and title		T		
		Preparer'			Date	Check If self-	Preparer's PTIN (	See Gen Inst )
Paid		signature	• 🔻			empolyed 🕨 🎵	-	
	arer's		me (or yours	PricewaterhouseCoopers LLP		•	EIN Þ	
Use	Only		nployed), and ZIP + 4	125 High Street			-	
				Boston, MA 02110			Phone no 🕨 (6	17) 530-5000
May	tha ID	c diecne	e this ratii	rn with the preparer shown abo	wa? (Saa instructions)		1	Tyes TNo

Cat No 11282Y

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

1	Briefly describe the organization's mission
	see schedule o
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
	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 \$ 43,591,911 including grants of \$ 18,418,168) (Revenue \$ 56,800,531)  Instruction - Undergraduate Programs Simmons is a private, nonsectarian institution located in Boston's Fenway Area, and currently serves 2060 undergraduate women. The undergraduate curriculum offers 40 majors and programs. During the 2009 academic year, the College conferred 477 baccalaureate degrees. Instruction includes expenditures for the undergraduate program as well as financial aid provided by the College to students in the form of scholarships and grants. Approximately 84% of undergraduates received financial aid in the form scholarships or grants from the College.
4b	(Code ) (Expenses \$ 22,145,372 including grants of \$ 3,242,269 ) (Revenue \$ 42,651,833 )
	Instruction - Graduate Programs Simmons currently serves 2,873 men and women in five graduate programs at the master and doctoral levels. These programs are housed in the Graduate School of Library and Information Science, the School of Social Work, the School of Management, the School of Health Studies and in the College of Arts and Sciences. During the 2009 academic year, the College conferred 1,079 graduate degrees. Instruction includes expenditures for the graduate programs as well as financial aid. Approximately 20% of graduate students receive financial aid in the form of scholarships or grants from the College.
4c	(Code ) (Expenses \$ 12,916,756 including grants of \$ ) (Revenue \$ ) See Schedule O
4d	Other program services (Describe in Schedule O )
TU	(Expenses \$ 33,714,036 including grants of \$ ) (Revenue \$ 17,840,744)
4e	Total program service expenses \$ 112,368,075 Must equal Part IX. Line 25, column (B).

art IV	Chec	klist of	Required	Schedules
		NIISL VI	IXC quii Cu	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[3]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	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 ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			1 63	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νo
3	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</i> "Yes," complete Schedule R, Part I	33		Νo
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
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? If "Yes," complete Schedule R,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1a	268			
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 vei	ndors and reportable			
	gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	3,515			
b	If at least one is reported in 2a, did the organization file all required federal employment  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this returns.	tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the				
	return?		3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule  At any time during the calendar year, did the organization have an interest in, or a signat		3b	Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities account account)?	•	4a	Yes	
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report Financial Accounts.	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during th	e tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax s	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent	ity Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement that si	uch contributions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribu more?	tion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	•	70		No
a	file Form 8282?	1	7c		No
u	74				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay pre- benefit contract?	miums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a	Form 1098-C as			
	required?		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a spone excess business holdings at any time during the		8		
9	year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	į			
			0-		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? .		9a 9b		
10	Section 501(c)(7) organizations. Enter		90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club				
	facilities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

Yes

# 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 Bo	ody and Management	

				_				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstance.	s,				
1a	Enter the number of voting members of the governing body	1a		37				
ь	Enter the number of voting members that are independent	1b		36				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		No	
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	since	the prior Form 990 w		4	Yes		
5	Did the organization become aware during the year of a material diversion of the org	anızat	ion's assets?		5		Νo	
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a	Yes		
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons? .		7b		Νo	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the					
а	the governing body?				8a	Yes		
ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•		10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No	

#### Section B. Policies

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

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 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

PATRICIA C FALLON ASST VP FOR FINANCE 300 THE FENWAY Boston, MA 02115 (617) 521-2018

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

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

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

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

			(i tion that a			all			<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director			Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash$			
			<del>                                     </del>							
			<u> </u>				<u> </u>			
			-				$\vdash$			
41 7 1							<u> </u>	4,740,977	7	567,289
Total number of individuals (including			•	<u> </u>	•			1 ' '		307,209

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►85

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			
	remarks to the organization 1, 765, complete seneage 5,6, such person 1	5		Νo

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

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

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Lee Kennedy Co 122 Quincy Shore Drive S 1 NORTH QUINCY, MA 021712906	construction mgt	23,132,497
Aramark 1101 Market Street PHILADELPHIA, PA 19107	food services	2,905,872
Securitas Security Services PO Box 403412 ATLANTA, GA 303843412	secunty	725,554
Goodwin Procter LLP Exchange Place BOSTON, MA 02109	legal consultant	685,387
Unicco service company 18 tremont street BOSTON, MA 02108	facilities mgmt	2,487,070
Total number of independent contractors (including those in 1) who rece from the organization	• • • •	21

### Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campai	gns <b>1a</b>					
ants Ints	ь	Membership dues						
Contributions, gifts, grants and other similar amounts	c	Fundraising event	1b s 1c					
#ੁ≅	d	Related organizati	ons1d					
ξ, E	e	Government grants (c	ontributions) <b>1e</b>	2,873,181				
oution ther s	f	All other contributions, similar amounts not in	cluded above	9,105,974		j		
ontrij nd ot	g	Noncash contribu						
ပက	h	Total (Add lines 1		,	11,979,155			
				Business Code				
en e	2a	TUITION AND FEES		900,099	99,452,364	99,452,364		
wen	ь	AUXILIARY ENTERPRIS	SES	900,099	15,097,475	15,097,475		
<del>2</del>	С	OTHER SOURCES		900,099	1,943,247	1,877,748	65,499	
MCe	d	LEADERSHIP CONFERI	ENCE	900,099	865,521	865,521	,	
Š	e			300,022	333,322	000,022		
Program Serwce Revenue	f	All other program	service revenue					
Ŗ	g	Total. Add lines 2a ► \$ 117,358,607	a-2f					
	3	Investment incom	ie (including divid	dends, ınterest				
		other similar amo	unts)	[	1,250,710			1,250,710
	4	Income from investme	ent of tax-exempt bo	ond proceeds	0			
		Income from investment of tax-exempt bo		<b>•</b>				
	5	Royalties			0			
	6a	Gross Rents	(ı) Real 922,976	(11) Personal				
	b	Less rental	322,310					
		expenses Rental income	922,976					
	d	or (loss)  Net rental income	· .		922,976			922,976
			ı) Securities	(II) O ther				
	7a	Gross amount from sales of	-1,258,568	1,064,980				
	ь	assets other than inventory Less cost or						
		other basis and sales expenses						
	с	Gain or (loss)	-1,258,568	1,064,980				
	d	Net gain or (loss)		. •	-193,588		-83,829	-109,759
Ф	8a	Gross income from events (not included)	ıng					
Other Revenue		of contributions re 1c) See Part IV, Attach Schedule G	line 18 of total exceeds					
ř.	ь	\$15,000						
Othe	С	Less direct expended Net income or (los		ng events	0			
-	9a	Gross income fror activities See pai Complete Schedule	t IV, line 19					
		exceeds \$15,000	a					
	ь	Less direct expei						
	с	Net income or (los	ss) from gaming a	activities •	0			
	10a	Gross sales of inv returns and allowa						
	ь	Less cost of good	is sold <b>b</b>					
	с	Net income or (los	ss) from sales of	Inventory	0			
	11a	Miscellaneous Re	evenue	business Code				
	Ь							
	С							
	d	All other revenue						
	e	Total. Add lines 1	la-11d	\$				
	12	Total Revenue. A c	ld lines 1h, 2g, 3		131,317,860	117,293,108	-18,330	2,063,927
		8c, 9c, 10c, and 11e						

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,660,437	21,660,437		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,298,025	1,462,786	1,560,506	274,733
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	52,979,224	42,905,849		1,688,741
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,306,306	1,818,278	407,563	80,465
9	Other employee benefits	7,346,659	5,792,060	1,271,759	282,840
10	Payroll taxes	3,900,444	3,075,086	675,194	150,164
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	270,574	1,984	268,590	
c	Accounting	319,754		319,754	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	80,603			80,603
f	Investment management fees	283,717		283,717	
g	Other	3,176,863	1,433,011	1,721,572	22,280
12	Advertising and promotion	745,681	400,222	343,834	1,625
13	Office expenses	868,645	706,338	159,831	2,476
14	Information technology	1,120,545	368,489	750,906	1,150
15	Royalties	0			
16	Occupancy	5,258,312	4,259,530	998,782	
17	Travel	1,639,165	1,414,302	150,854	74,009
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	239,169	175,071	62,529	1,569
20	Interest	6,046,883	4,489,242	1,557,641	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,769,231	10,380,716	1,388,515	
23	Insurance	603,034	12,463	590,571	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTED SERVICES	6,043,573	5,256,731	782,518	4,324
b	FOOD SERVICE EXPENSE	3,507,661	3,088,337	365,919	53,405
c	LIBRARY EXPENSES	475,673	475,673		<u> </u>
d	PRINTING & PUBLICATION	691,762	244,389	383,020	64,353
e	ANNUITIES	535,631	535,631		·
f	All other expenses	3,054,489	2,411,450	612,996	30,043
25	Total functional expenses. Add lines 1 through 24f	138,222,060	112,368,075	23,041,205	2,812,780
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , -		rm <b>990</b> /2008)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			Beginning of year	1	End of year
	2	Savings and temporary cash investments	•		3,511,402		14,889,763
	3	Pledges and grants receivable, net		0,011,102	3	1 1,000,7 00	
	4	Accounts receivable, net	•		6,759,980	<del>-</del>	6,107,323
	5	Receivables from current and former officers, directors, trustee			5,100,000	5	0,101,020
	6	other related parties Complete Part II of Schedule L	ection	4958(f)(1)) and		6	
	7	persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net	Scnea 	ule L		7	
	8	Inventories for sale or use				8	
ø	9	Prepaid expenses and deferred charges			5,736,802	<u> </u>	5,524,636
et	10a	Topala stipological and acidinou charges	•		,		, ,
Assets		Land, buildings, and equipment cost basis	10a	324,572,271			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	110.302.398	208,374,665	100	214,269,873
	11	Investments—publicly traded securities			193,939,584	11	135,092,046
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	100,000,000	12	,
	13	Investments—program-related See Part IV, line 11 Complete in of Schedule D.	Part VI	II		13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		11,184,558		9,161,681	
		D	, ,	15	5,101,001		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			429,506,991	16	385,045,322
	17	Accounts payable and accrued expenses .	27,652,482	17	8,618,288		
	18	Grants payable			18		
	19	Deferred revenue		1,246,809	19	2,527,574	
	20	Tax-exempt bond liabilities	ı		163,091,864	20	189,762,668
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D			759,380	21	865,440
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D			16,601,480	25	10,842,315
	26	Total liabilities. Add lines 17 through 25			209,352,015	26	212,616,285
<b>У</b>		Organizations that follow SFAS 117, check here F and complete and ines 33 and 34.	nes 27				
anc	27	Unrestricted net assets			76,510,256	27	61,921,976
Balance	28	Temporarily restricted net assets			91,651,807	28	57,351,819
Ē	29	Permanently restricted net assets		51,992,913	29	53,155,242	
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	plete				
S Of	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ą	32	Retained earnings, endowment, accumulated income, or other for			32		
Net	33	Total net assets or fund balances			220,154,976	33	172,429,037
<b>z</b>	34	Total liabilities and net assets/fund balances			429,506,991	34	385,045,322
Do	rt VI	Financial Statements and Benerting					
Pa	rt XI	Financial Statements and Reporting					

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			V	NI.	
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes		

**Employer identification number** 

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Sımm	ons Coll	lege							,		
									-2103629		
	rt I			harity Status (to be con					Instruct	ions)	
	organı:			ation because it is (Please							
1	 	•		nurches, or association of ch			Section 1	L/U(B)(1)(	(A)(I).		
2	_		A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	<u> </u>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)								•	
4	ļ									nter the	
	_	•	name, city, and								
5	ı			or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desci	ribed in
	_			(Complete Part II )							
6	<u> </u>	•	_	overnment or governmental							
7	Г			ally receives a substantial p <b>p)(1)(A)(vi)</b> (Complete Par		support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
8	$\vdash$		-	ped in <b>Section 170(b)(1)(A)</b>	•	nlete Pari	+				
9	<u>'</u>		•	ally receives (1) more than			•	ontribution	is membe	rshin fees	and aross
-	'			lated to its exempt functions							
		•		estment income and unrelate	-		•	, ,	•	•	
				on after June 30, 1975 See						() 110111 Bu.	311103303
10	г		=	and operated exclusively to			-		-	e instruct	tions )
11	<u>'</u>	-	<del>-</del>	and operated exclusively fo	•		•				•
	'	_	=	·					•	•	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check the box_that describes the type of supporting organization and complete lines 11e through 11h									
		аГ⊺	ype I <b>b</b>	Type II c	Type III	- Function	nally Integ	grated	d	⊤уpе	III - Other
e	Г	•		rtify that the organization is						-	•
				agers and other than one or	more publ	icly suppo	orted orga	nizations	described	in section	1509(a)(1) or
f		section 50		d a written determination fro	m the IRS	Sthat it is	a Tyne I	Tyne II o	r Tyne III	sunnortin	ıa oraanızatıon
•		check this				, that it is	ч . , рч . ,	.,,,,,,,,,	, ро 111	очроти	
g		Since Augu	ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the	<u></u>		
		following pe									
			•	r indirectly controls, either a		_	tn persons	aescribe	a in (ii)		Yes No
			· -	ng body of the the supported	_	tion				11g(	
			•	erson described in (i) above						11g(	
_				ty of a person described in (						11g(	iii)
h		Provide the	tollowing infori	mation about the organizatio	ns the org	janization	supports				
	/** NI	-	/::> = T.N.	· · · · ·	(: ) .		( ) 5				
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s tne ation in		ou notify inization		s the ation in	(vii) A mount of support?
		nization		above or IRC section		listed in		i) of your		rganized	зарроп
	,			(See Instructions))	your go			ort?		บัร ?	
					docur	nent?					
	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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> 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 A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 04-2103629

Name: Simmons College

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	·									
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Carmen Aponte Baez , Trustee	1 0	Х						0	0	0
Robert E Branson , Trustee	1 0	Х						0	0	0
Lauren J Brisky , Trustee/chair	100	Х						0	0	0
Deborah C Brittain , Trustee	4 0	Х						0	0	0
Joyce L Elden , Trustee	4 0	Х						0	0	0
Atsuko Toko Fısh , Trustee	1 0	Х						0	0	0
Eileen M Friars , Trustee	4 0	Х						0	0	0
Helen K Gee , Trustee	1 0	Х						0	0	0
Maha R Ghandour , Trustee	1 0	Х						0	0	0
Jıll Greenthal , Trustee	1 0	Х						0	0	0
Hope Hirsch , Trustee	1 0	Х						0	0	0
Anne C Hodsdon , Trustee	1 0	Х						0	0	0
John W Humphrey , Trustee	1 0	Х						0	0	0
Pamela H Jackson , Trustee	1 0	Х						0	0	0
Stephen P Jonas , Trustee	4 0	Х						0	0	0
Kathleen Morrisey LaPoint , Trustee	1 0	Х						0	0	0
Ngına Lythcott , Trustee	4 0	Х						0	0	0
Judith S Mann , Trustee	4 0	Х						0	0	0
Stephen P McCandless , Trustee	1 0	Х						0	0	0
Jacqueline C Morby , Trustee	1 0	Х						0	0	0
A deena Weiss Ortiz , Trustee	1 0	Х						0	0	0
Kevın C Phelan , Trustee	1 0	Х						0	0	0
Regina M Pisa , Trustee	4 0	Х						0	0	0
Carol Waller Pope , Trustee	1 0	Х						0	0	0
Emily Scott Pottruck , Trustee	4 0	Х						0	0	0
Lucia Luce Quinn , Trustee	1 0	Х						0	0	0
Faith M Richardson , Trustee	4 0	Х						0	0	0
Jo-Ann Robottı , Trustee	1 0	Х						0	0	0
Barbara B Scolnick , Trustee	1 0	Х						0	0	0
Carole Seigel , Trustee	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit	(C tion ( hat a	chec		l			<b>(E)</b>	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Toby Sloane , Trustee	1 0	Х						0	0	0	
Helen Drinan , President/trustee	40 0	Х		Х				205,667	0	1,680	
Douglas Smith-Petersen , Trustee	4 0	Х						0	0	0	
Paula A Sneed , Trustee	1 0	Х						0	0	0	
Janet Trafton Tobin , Trustee	1 0	Х						0	0	0	
Andrea Waldstein , Trustee	1 0	Х						0	0	0	
A my White , Trustee	4 0	Х						0	0	0	
Michele Cloonan , Dean	40 0			Х				207,046	0	20,999	
Stefano Falconi , Sr VP Fin/Admin & Treasurer	40 0			x				157,099	0	16,795	
Cheryl E Howard , VP of Marketing	40 0			Х				230,568	0	3,233	
Gerald P Koocher , Dean	40 0			Х				166,949	0	31,221	
Stefan Krug , Dean	40 0			Х				160,979	0	37,510	
Adele M Langevin , VP of Human Resources	40 0			х				187,776	0	18,304	
Deborah M Merrill-Sands , Dean	40 0			Х				195,176	0	39,294	
Sheila J Murphy , Dean	40 0			Х				157,556	0	15,756	
Diane Raymond , Dean	40 0			Х				288,397	0	27,490	
Kathleen B Rogers , VP/General Counsel	40 0			Х				180,235	0	46,083	
Krıstına G Schaefer , VP of Advancement	40 0			Х				338,922	0	30,397	
Lynette M Robinson , Executive Director of ANAC	40 0					х		146,311	0	14,156	
Patricia C Fallon , dir of acctg and assoc treas	40 0					х		178,002	0	23,645	
Deborah M Kolb , Professor	40 0					Х		205,280	0	27,680	
Leonard J Soltzberg , Professor	40 0					Х		150,842	0	26,358	
Deborah G Taft , Associate VP of Advancement	40 0					х		199,910	0	12,469	
Lisa G Chapnick , Former Sr V P Admin/Planning	0 0						х	539,007	0	18,874	
Humberto F Goncalves , Former Sr VP for Fın/Treasurer	0 0						х	400,890	0	25,583	
Joseph M Regan , Former Dean	40 0						Х	105,817	0	26,736	
Susan C Scrimshaw , former President	0 0						Х	338,548	0	103,026	

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

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

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 990EZ, 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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr	oxy Tax)	(,,	
Na	me of the organization			Employer ider	ntıfıcatıon number
Sim	nmons College			04-2103629	
Par		y all organizations exempt e the instructions for Schedule (			527
1	Provide a description of the or	ganızatıon's dırect and ındırect polıtı	cal campaign act	tivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	٠٦	┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$					\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (loaid and indicate if the amount was ped and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			1		
			1		

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 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- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	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
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		1
j	Total lines 1c through			1
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
Dar	+ To be completed by all organizations exempt under section $501(c)(4)$ so	ction	501/6	1/5) or

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

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Schedule C, Part II-B, Line 1I	various educational associations	engage in lobbying activities on their members' behalf Simmons college is not aware of the actual amount of member fees associated with such lobbying efforts

1 \$

Part IV Supplemental I	art IV Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization Sımmons College 04-2103629

Par	Organizations Maintaining Donor Action organization answered "Yes" to Form 99		unds or Accounts. Complete if	the
		(a) Donor advised funds	(b) Funds and other accounts	
1 7	otal number at end of year			
2	aggregate Contributions to (during year)			
3 /	aggregate Grants from (during year)			
4	aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised <b>Yes</b> [	No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben mpermissible private benefit?		·	No
Part	<b>Conservation Easements.</b> Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.	
 	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space	ion or pleasure) Preservation of ar Preservation of ce	n historically importantly land area ertified historic structure	
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form		
_			Held at the End of the	rear
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement		2b	
C	Number of conservation easements on a certified h	• •	2c	
d	Number of conservation easements included in (c)	•	2d	
	Number of conservation easements modified, transfe :he taxable year ►	erred, released, extinguished, or terminate	ed by the organization during	
4	Number of states where property subject to conserva	ation easement is located 🕨		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and <b>Yes I</b> I	No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year ►	
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	rtion Yes I	No
	In Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the companization's accounting for conservation easer	the footnote to the organization's financia ments	l statements that describes	
	Organizations Maintaining Collection Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.		
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or resear	ch in furtherance of public service,	
_	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	·	
	(i) Revenues included in Form 990, Part VIII, line 1	L	<b>►</b> \$ 148,0	050
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	•	'	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
	Assets included in Form 990. Part X		<b>b.</b> #	

Par	Organizations Maintaining Collections of A	Art, His	tori	<u>cal Treas</u> i	ures, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	ne foll	owing that a	re a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	$\vdash$	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	plaın hov	w they	further the	organızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained						Yes	√ No
Pai	tt IV Trust, Escrow and Custodial Arrangement				anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount on Form	990, Pa	art X	, lıne 21.				
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	rmediary	for c	ontributions	or other assets r		Yes	✓ No
b	If "Yes," explain why in Part XIV and complete the following t	table						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part $\boldsymbol{X}$ ,	line 21?				<u> </u>	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizat	_					\= \ <i>V</i>	
1a	Beginning of year balance		)Prior	Year   (c) I	wo Years Back (d)	Three Years Back (	e)Four Y	ears Back
та Б	Contributions							
c	Investment earnings or losses37,983,							
d	Grants or scholarships							
e	Other expenditures for facilities 6,791,7							
_	and programs							
f	Administrative expenses							
g	End of year balance 140,053,2	294 ——						
2	Provide the estimated percentage of the year end balance he	ld as						
а	Board designated or quasi-endowment 🕨 30 %							
b	Permanent endowment ► 69 %							
c	Term endowment ► 1 %							
3a	Are there endowment funds not in the possession of the organ	nızatıon	that a	re held and	admınıstered for	the		
	organization by  (i) unrelated organizations					3a(i)	Yes	No No
	(ii) related organizations					3a(ii)		No
ь	If "Yes" to 3a(II), are the related organizations listed as requ		ched	ule R?		3b	1	
4	Describe in Part XIV the intended uses of the organization's	endowme	ent fu	nds				
Pai	rt VI Investments—Land, Buildings, and Equipn	n <b>ent.</b> S	ee F	orm 990, P	art X, line 10.			
	Description of investment			Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	Land				840,933	'		840,93
b	Buildings				258,078,216	67,290,092	1	9,788,12
c	Leasehold improvements							
d	Equipment				65,653,062	43,012,307	2	2,640,75!
e	Other							

43,269,812

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) ▶		
Part VIII Investments—Program Related.	Soo Form 000 Part V June 1	2	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) 🕨		
Part IX Other Assets. See Form 990, Part >			
<u> </u>	scription		( <b>b)</b> Book value
CONT RECEIVABLE - CURRENT			1,305,391
LOANS TO STUDENTS - NET			6,070,586
CONT RECEIVABLE - OTHER			1,439,930
OTHER ASSETS			333,384
INT ACCRUED & RECEIVABLE			12,390
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ıne 15.)		
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CURRENT PORTION OF LOAN PAYABLE	222,222		
LOAN PAYABLE	1,629,630		
U S GOVERNMENT LOAN ADVANCES	3,435,588		
OTHER LIABILITIES	3,599,998		
DEPOSIT PAYABLE	1,954,877		
Total. (Column (b) should equal Form 990, Part X. col (B) line 25	10.842.315		

	Reconciliation of change in Net Assets from Form 950 to Financial Statemen		1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	131,317,860
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	138,222,060
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,904,200
4	Net unrealized gains (losses) on investments	4	-40,669,140
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-152,599
9	Total adjustments (net) Add lines 4 - 8	9	-40,821,739
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-47,725,939
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		90,496,121
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	40.004.700
e	Add lines 2a through 2d	2e	-40,821,739
3	Subtract line <b>2e</b> from line <b>1</b>	3	131,317,860
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)	_	
_ C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	131,317,860
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	1	138,222,060
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	130,222,000
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	138,222,060
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	138,222,060
Dar	t XIV Supplemental Information		

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Schedule D, Part III, Line 4	is comprised of paintings, drawings,	prints, sculpture, and photography which is used to support the college's curriculum Schedule D, Part IV, Line 2b The College maintains agency accounts and acts as a fiscal agent for the funds Schedule D, Part V, Line 4 The Simmons Endowment Fund is used to support the educational mission of the college It is intended to provide an intergenerational source of funding for student scholarships, research, instructional programs, and general operations of the College Schedule D, Part X - Fin 48 Simmons College does not have a FIN 48 footnote as any uncertain tax positions were deemed immaterial for the year ended June 30, 2009 Schedule D, Part XI, Line 8, & Part XII, Line 2d Gain on interest rate swap 401,080 debt extinguishment charges (553,679) Total (152,599)

#### OMB No 1545-0047

**SCHEDULE E** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Simmons College

Name of the organization

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.

**Schools** 

**Employer identification number** 

04-2103629

	·		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	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?	2	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	_	<sub>V</sub>	
	A description of the College's Non-Discriminatory Policy is published in all of its primary Admission and recruiting publications and in the Student Handbook. It is also posted in several locations on the College's website under "policies," the Office of General Counsel, and Human Resources	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	students' rights or privileges?	5a		No
Ł	Admissions policies?	5b		Νo
c	: Employment of faculty or administrative staff?	5c		No
c	Scholarships or other financial assistance?	5d		No
•	Educational policies?	5e		Νο
f	Use of facilities?	5f		No
ç	Athletic programs?	5g		Νo
ŀ	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νο
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	_		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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As Filed Data -

DLN: 93493134056540

OMB No 1545-0047

**SCHEDULE F** (Form 990)

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

2008

Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection** 

	ne of the organization mons College					Employer ider	nt if icat io	n numb	er
,,,,,	mons Conege					04-2103629			
Pä	General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the organi	ization a	inswer	ed
1	<b>For grantmakers.</b> Doe assistance, the grante	es the organiza	tion maintain r or the grants or	ecords to substantiate sassistance, and the se	lection crite	rıa used to av		Yes	┌ No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outside	e the		
3	Activites per Region (Us	se Schedule F-1	(Form 990) ıf add	ditional space is needed )					
	(a) Region	<b>(b)</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)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	( <b>f)</b> Total	expend region	ıtures ır
	tral America and the ibbean	0	0	Program Services	study abroa	d			
Sou	th Asia	0	0	Program Services	study abroa	d			
Sou	th America	0	0	Program Services	study abroa	d			
	ope (Including Iceland and enland)	0	0	Program Services	study abroa	d			
as	t Asıa and the Pacıfic	0	0	Program Services	study abroa	d			
1ıd	dle East and North Africa	0	0	Program Services	study abroa	d			
Sub	-Saharan Afrıca	0	0	Program Services	study abroa	d			
	ope (Including Iceland and enland)	0	0	Program Services	conference				
	ope (Including Iceland and enland)	0	1	Program Services	stud teach 11	nternship			

Totals.

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part		in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
rm 990, Part I, Column (F)	The organization does not currently track foreign expenditures for each	program separately Therefore, pursuant to IRS guidance, disclosure in this column is not required in the current year

Software ID:

**Software Version:** 

**EIN:** 04-2103629

Name: Simmons College

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493134056540

OMB No 1545-0047

2008

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

Internal Revenue Service	inies 17, 18, 61 19, and b
Name of the organization	

Employer identification number

11111	шоп	s College			04-2103629	
Pa	rt I	Fundraising Activities. Complete if the organiza	tıo	n a	iswered "Yes" to Form 990, Part IV, line 17.	•
b c	। तत	dicate whether the organization raised funds through any of the Mail solicitations Email solicitations Phone solicitations In-person solicitations	fol e f g	low 기고	ng activities Check all that apply Solicitation of non-government grants Solicitation of government grants Special fundraising events	
2a		d the organization have a written or oral agreement with any in key employees listed in Form 990, Part VII) or entity in conno			·	N
b		"Yes," list the ten highest paid individuals or entities (fundrais be compensated at least \$5,000 by the organization Form 99	•		•	

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu Yes	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Washburn McGoldrick Inc	Consulting		Νο		64,656	
Core group Inc	consulting		Νο		15,947	
Total						

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493134056540

Schedule I (Form 990)

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

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Simmons College

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

Open to Public Inspect ion

Employer identification number

							04-2103629	
Pa	rt I General Infor	mation on Grai	nts and Assistance				•	
1	Does the organization mathe selection criteria use Describe in Part IV the o	ed to award the gran	nts or assistance?					√ Yes
2						t <b>es.</b> Complete if the o	raanization answere	d "Vac" on
Pa	Form 990, Part Part IV and Sch		ny recipient that rece tional space is		00. Check this box	f no one recipient rec		
1(	a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2	Enter total number of seconganizations					•		
3	Enter total number of oth	ner organizations .		<u></u>	<u> </u>			<u> </u>
For F	Paperwork Reduction Act No	tice, see the Instruct	tions for Form 990.		Cat No 500551	)	Scl	nedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United State	s. 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>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student Financial Aid	3434	21,501,263			

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

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Schedule I, Part I, Line 2	A cademic excellence and demonstrated financial need are used to	determine each student's financial aid. The financial aid consists of any combination of grants and loans and are reviewed each year based on a student's academic record and/or demonstrated need. The free application for federal student aid, which helps to establish a student's financial need, serves as the application for tuition scholarships. Schedule I, Part III Cash grants are credits to student accounts.

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As Filed Data -

DLN: 93493134056540

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

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

2008

Open to Public Inspection

Name of the organization **Employer identification number** Sımmons College 04-2103629

Ρа	Questions Regarding Compensation	_	
		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First class or charter travel ☐ Housing allowance or residence for personal use		
	▼ Travel for companions		
	▼ Tax idemnification and gross-up payments		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain  1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
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  Compensation committee  Written employment contract		
	✓ Independent compensation consultant ✓ Compensation survey or study		
	Form 990 of other organizations  Approval by the board or compensation committee		
	, Applications , Applications		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
а	Receive a severance payment or change of control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
а	The organization?		Νo
ь	Any related organization?		Νo
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
а	The organization?		Νo
b	Any related organization?		Νo
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	Yes	

Cat No 50053T

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

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

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

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

#### Part III Supplemental Information

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

2008) and an additional lump sum of \$30,000 Humberto F Goncalves, former senior vice president for finance and treasurer, received \$120,000 of severance (which was previously reported on the 2008 Form 990) This payment was consistent with the terms of Mr. Goncalves' contract, which provided for severance of \$20,000 per month for 6 months. Schedule J, Part I, Line 4b Simmons. College established a 457 (f) long term savings plan to provide certain key employees of the college with additional retirement benefits. Plan amounts are subject to forfeiture and/or payment only if certain conditions are met, including a length of service requirement as designated in the participant agreement. Payments were made to the following individuals and are disclosed in Schedule J, Part II, column B(III). Name amount Humberto F. Goncalves former senior vice president for administration and finance \$120,000. Diane Raymond dean \$80,000. Lias G. Chapnick former senior vice president for administration and planning. Schaefer vice president of advancement \$100,000. Schedule J, Part I, Line 7. Lias G. Chapnick, former senior vice president for administration and planning, received a \$156,000 transition bonus. This payment was consistent with the terms of Ms. Chapnick's contract, which provided for up to 8 months of salary. Schedule J, Part I, Line 8. The current president's contract is a three year contract, effective July 1, 2008 through June 30, 2011. Susan C. Scrimshaw, former president's, contract was a five year contract, effective July 1, 2006 through June 30, 2011. This contract was superseded by a separation agreement signed on April 23, 2008. Deborah M. Merrill-Sands, dean's, contract is a four year.	Complete tills	part to provide	the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 6 Also complete this part for any additional information
mployment for the convenience of the college, and was not considered taxable. Humberto F. Goncalves, former senior vice president for finance and treasurer, received tax gross-up payments on his deferred compensation. Schedule J, Part I, Line 1b The salary agreements and benefits contained therein for Susan C. Scrimshaw, former president, and Humberto F. Goncalves, former senior vice president for finance and treasurer, were approved by the Board of Trustees. The College is currently drafting policies for all applicable benefits provided to officers, key employees, highest compensated employees, and former officers. Schedule J, Part I, Line 4a Lisa G. Chapnick, former senior vice president for administration and planning, received \$147,000 of severance (which was previously reported on the 2008 form 990). This payment was consistent with the terms of Ms. Chapnick's contract, which provided for salary continuation for 12 months (6 months in 2008) and an additional lump sum of \$30,000. Humberto F. Goncalves, former senior vice president for finance and treasurer, received \$120,000 of severance (which was previously reported on the 2008 form 990). This payment was consistent with the terms of Ms. Chapnick's contract, which provided for salary continuation for 12 months (6 months in 2008) and an additional retirement benefits. Plan amounts are subject to forfeiture and/or payment only if certain conditions are met, including a length of the college with additional retirement benefits. Plan amounts are subject to forfeiture and/or payment only if certain conditions are met, including a length of service requirement as designated in the participant agreement. Payments were made to the following individuals and are disclosed in Schedule J, Part II, Line 7 Lisa G. Chapnick former senior vice president for administration and finance \$150,000. Diane Raymond dean \$80,000. Schedule J, Part II, Line 7 Lisa G. Chapnick former senior vice president for administration and planning, received a \$156,000 transition bonus. This pa	Ident if ier		Explanation
	Part I, Line 1a	was provided for Susan C Scrimshaw, former president,	employment for the convenience of the college, and was not considered taxable. Humberto F. Goncalves, former senior vice president for finance and treasurer, received tax gross-up payments on his deferred compensation. Schedule J., Part I., Line 1 b The salary agreements and benefits contained therein for Susan C. Scrimshaw, former president, and Humberto F. Goncalves, former senior vice president for finance and treasurer, were approved by the Board of Trustees. The College is currently drafting policies for all applicable benefits provided to officers, key employees, highest compensated employees, and former officers. Schedule J., Part I., Line 4a Lisa G. Chapnick, former senior vice president for administration and planning, received \$147,000 of severance (which was previously reported on the 2008 form 990). This payment was consistent with the terms of Ms. Chapnick's contract, which provided for salary continuation for 12 months (6 months in 2008) and an additional lump sum of \$30,000. Humberto F. Goncalves, former senior vice president for finance and treasurer, received \$120,000 of severance (which was previously reported on the 2008 Form 990). This payment was consistent with the terms of Mr. Goncalves' contract, which provided for severance of \$20,000 per month for 6 months. Schedule J., Part I., Line 4b Simmons College established a 457(f) long term savings plan to provide certain key employees of the college with additional retirement benefits. Plan amounts are subject to forfeiture and/or payment only if certain conditions are met, including a length of service requirement as designated in the participant agreement. Payments were made to the following individuals and are disclosed in Schedule J., Part II, Line 7 Lisa G. Chapnick former senior vice president for administration and planning, received a \$150,000 Diane Raymond dean \$80,000 Lisa G. Chapnick former senior vice president for administration and planning, received a \$156,000 transition bonus. This payment was consistent with the terms of Ms.

Software ID: Software Version:

**EIN:** 04-2103629

Name: Simmons College

Form 990, Schedule J, Pa	art :	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	Highest Compens	sated Employees		
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Michele Cloonan	(I) (II)	) 196,013 ) 0	, o	11,033	18,810 0	2,189 0	228,045 0	0
Helen Drinan	(ı) (ıı)		29,167	3,073	0	1,680 0	207,347	0
Stefano Falconi	(ı) (ıı)		, 0	1,194	4,650 0	12,145 0	173,894 0	0
Cheryl E Howard	(ı) (ıı)		, 0	1,518	1,721 0	1,512 0	233,801	0
Gerald P Koocher	(I) (II)	) 149,196 ) 0	, 0	17,753 0	15,705 0	15,516 0	198,170 0	0
Stefan Krug	(ı) (ıı)	) 157,143 ) 0	, 0	3,836	15,120 0	22,390 0	198,489	0
A dele M Langevin	(I) (II)	) 170,450 ) 0	, 0	17,326	16,987 0	1,317 0	206,080	0
Deborah M Merrill- Sands	(I) (II)		, 0	1,290	18,000	21,294 0	234,470	0
Sheila J Murphy	(ı) (ıı)		, 0	1,531	14,620 0	1,136 0	173,312 0	0
Diane Raymond	(ı) (ıı)	) 205,431 ) 0	0 0	82,966	18,900 0	8,590 0	315,887 0	0
Kathleen B Rogers	(ı) (ıı)	) 179,200 ) 0	, 0	1,035	16,875 0	29,208 0	226,318 0	0
Krıstına G Schaefer	(ı) (ıı)		0 0	116,874	21,960 0	8,437 0	369,319 0	0
Lynette M Robinson	(I) (II)	) 144,975 ) 0	, 0	1,336	13,122	1,034 0	160,467 0	0
Patricia C Fallon	(I) (II)	) 176,298 ) 0	, o	1,704	15,570 0	8,075 0	201,647 0	0
Deborah M Kolb	(I) (II)		, o	2,720	13,464 0	14,216 0	232,960 0	0
Leonard J Soltzberg	(I) (II)	) 149,467 ) 0	0 0		13,419 0	12,939 0	177,200 0	0
Deborah G Taft	(I) (II)	) 194,548 ) 0	, o o	5,362 0	4,275 0	8,194 0	212,379 0	0
Lisa G Chapnick	(I) (II)		156,000	285,228	12,474 0	6,400 0	557,881 0	0
Humberto F Goncalves	(ı) (ıı)	) 76,079 ) 0	, o o	324,811	10,274 0	15,309 0	426,473 0	0
Joseph M Regan	(I) (II)	) 100,506 ) 0	0 0	5,311 0	9,963 0	16,773 0	132,553 0	0
Susan C Scrimshaw	(ı) (ıı)	286,196 ) 0	0 0	1	29,862 0	73,164 0	441,574 0	0

DLN: 93493134056540

2008

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public **Inspection** 

Name of the organization Employer identification number Simmons College 04-2103629 **Bond Issues** (Required for 2008) (h) O n Behalf of (g) Defeased (c) CUSIP # (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Simmons College MDFA Revenue REnovations & improvements to Bonds Series F 04-2456011 57585K2U1 04-23-2006 Χ Χ 36,940,000 Simmons College MDFA Revenue New academic bldg, garage, and oth Bonds Series G 04-3431814 57583REX9 01-12-2006 49,610,000 Х Χ Simmons College MDFA Revenue Bonds Series H 57583RJG1 01-04-2007 Χ Χ 04-3431814 39,885,000 Refinance Series C, D, F Bonds Simmons College MDFA Revenue Bonds Series I 04-2456011 57586eEL1 01-22-2009 61,055,000 Refinance Series E Bonds Χ Х Proceeds (Optional for 2008) В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 3 Proceeds in Refunding or Defeasance Escrows Other Unspent Proceeds 4 5 Issuance Costs from Proceeds Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C D Ε Α Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			A	E	3	(	С	I	D	Е		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?											
3b	Are there any research agreements with respect to the financed property which may result in private business use?											
3с	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?											
Pai	rt IV Arbitrage (Optional for 2008)											
		ı	<u> </u>	E	3	(	<u> </u>	ı	<u> </u>		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T been filed wth 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?											
ь	Name of provider											
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?											
b	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?											
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1	

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Transactions with Interested Persons** 

<b>Name of</b> Simmons (	<b>t he organization</b> College		Employer identification	number		
			04-2103629			
Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).						
	To be completed by organizations that answered "Ye	es" on Form 990, Part IV, line 25a or 2	25b, or Form 990-EZ, Par	rt V , lıne	40b	
4	(a) Name of disqualified person	<b>(b)</b> Description of trai	ncaction	(c) Corr	ected	
1	(a) italie of alsqualified person	(b) Description of trai	isaction	Vac	No	

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under	

Z	Enter the amo	unt	OF	tax	ımpo	osec	ı on	tne	org	ganı	zatı	on i	mar	ıage	rs c	rai	squ	aliti	ea p	pers	ons	aur	ing	tne	yea	ar ur	ıaer			
	section 4958																										-	Φ.		
	30000011 4330	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	-	Ψ		
			_		_																						-			

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

#### Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	( <b>b</b> ) Loar from torganiza	the	(c)O riginal principal amount	(d)Balance due	( <b>e)</b> defa	ult?			(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
			·							
T - 4 - 1			lina.							

**Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of Interested person	( <b>b)</b> Relationship between interested person and the organization	(c)A mount of grant or type of assistance

#### **Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Blue Cross Blue Shield	President is director	5,698,744	Medical Insurance Coverage		No	

#### OMB No 1545-0047

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## **Non-Cash Contributions**

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

Name of the organization Employer identification number Sımmons College 04-2103629

Pa	rt I Types of Property				04-2103029			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermı	nıng	
1	Art—Works of art	Х	1	<u> </u>	Appraised Value			
	Art—Historical treasures	X	1		Appraised Value			
	Art—Fractional interests			2,000	repressed value			
4	Books and publications							
_	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	51	369,022	faır market value			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential .							
16								
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	''							
24	•	×	1	12 500	ratail valua			
25	Other (describe Lift Sys )		1	12,500	retail value			
26	Other (describe) Other (describe)							
	Other (describe)							
28 29	Number of Forms 8283 received	L by the ora	anization during the tax ve	I for contributions for				
	which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of	of the initial	contribution, and which is	not required to be used for (	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
h	If "Yes", describe in Part II							
	If the organization did not report	revenuesi	n Column (c) for a type of n	roperty for which Column (a	a) is			
	checked, describe in Part II		(3) 101 4 2, 50 01 5		-,			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Schedule M, Part I, Column (B) The amounts listed in column (b) received, not individual items represent total number of contributions

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Simmons College

Name of the organization

### **Supplemental Information to Form 990**

OMB No 1545-0047

Open to Public Inspection

► 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.

Employer identification number

04-2103629

ldentifier	Return Reference	Explanation
Form 990, Part I, Line 1, and Part III, Line 1	Mission Statement	Simmons College exists to educate, empower and transform the lives of its students, preparing them for leadership in the professions, in their communities, and in the world. Simmon's enduring commitment is to provide an exceptional higher education experience that distinctively integrates theory and practice academic excellence in the liberal arts and sciences combined with rigorous professional training. Simmon's history is rooted in visionary thinking and social responsibility, our mandate to prepare undergraduate women for professional success and meaningful lives remains at the core of our mission. Our graduate schools serve women and men who are passionate about learning, leading, and making a difference in their professions. Simmons students graduate intellectually equipped, professionally skilled and technologically proficient for cutting-edge careers that address our global society's greatest challenges and unmet needs, today and in the future. Form 990, Part III, Line 4c Academic Support and Student Services include expenditures for activities that support and enhance the student's education, as well as contribute to their emotional and physical well being. Included in this category is the College library which houses over 209,000 bound books and periodicals, 49,000 full text e-journals, 182 electronic databases, and over 1,300 print periodical subscriptions. During fiscal year 2009, book circulations provided to students from the Simmons library totaled 55,024 while circulations of e-Reserves totaled 39,564. Also included in this category is the College's health center whose staff handled over 5,909 student/patient visits during fiscal year 2009. Another component of this category is the Office of Career Educational Services which had 2,690 student contacts during fiscal year 2009 through multiple channels such as career coaching, in-class workshops, recruitment activities and career fairs. Form 990, Part III, Line 4d Other Program Service expenses. Form 990, Part V, Line 4b Simmons College has a fina

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	On February 5, 2009 the Board of Trustees voted to amend Article III,	Section 2(a) of the Simmons Corporation By-Law's to clarify that the President is a voting member of the Executive Committee On May 14, 2009, this amendment was ratified by the Corporation at its Annual Meeting Form 990, Part VI, Lines 6 & 7a Simmons currently has 57 Corporators (The Corporation) 37 members of the Board of Trustees plus 20 additional members serving as a consultative body to the President and Board of Trustees, and as non-voting members of five Board Committees. The Corporation's primary duties are to elect annually the Trustee membership and amend the Simmons College By-Law's Form 990, Part VI, Line 10 The Form 990 is prepared and signed by Pricew aterhouseCoopers as paid preparer. The Form 990 is eview ed with the audit committee, and the compensation sections of the Form 990 are review ed with the compensation committee. The Form 990 is provided to the Board of Trustees prior to the Form's filling with the IRS Form 990, Part VI, Line 12c In its conflict of interest disclosure form the College asks all trustees and officers to declare any conflict of interest Completed Conflict of Interest Disclosure Statements are reviewed by the General Counsel and Secretary to the Board. The General Counsel prepares a written report for the Audit Committee which sets forth all disclosure or comments made by respondents concerning potential or actual conflicts and that report is presented to the Audit Committee, President and Board Chair for discussion and necessary follow-up each year. At a minimum, those with conflicts are instructed to refrain from voting on matters where there are or may be perceived to be a conflict and to recuse themselves during any discussion of the issue. Form 990, Part VI, Line 15 The Executive Development and Compensation Committee is governed by a detailed Charter which grants it jurisdiction over compensation matters for all Simmons officers. President, Vice President, and Deans - 11 individuals total. The President makes salary recommendations for the officers against salary d

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b	, ,	not associated with a specific fundraising event. Schedule L, Part IV President. Drinan is a member of the board of directors of blue cross blue shield.