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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

		alendar yea	r, or tax year beginning 07-01-2008 and e C Name of organization	nding 06-30-2009		D Employer ider	ntification number
_	eck if applicable	Please use IRS	SPRINGFIELD COLLEGE				
_	Iress change	label or	Doing Business As			04-2104329 E Telephone nu	
l Nan	ne change	print or type. See				(442)740	0.00
Inıtı	ıal return	Specific Instruc-	Number and street (or P O box if mail is not deliv	ered to street address)	Room/suite	(413) 748-3 G Gross receipts	
Г Теп	mınatıon	tions.	263 Alden Street			d dross receipts	5 \$ 127,401,344
Г Am∈	ended return		City or town, state or country, and ZIP + 4		l		
┌ App	olication pending		Springfield, MA 01109				
			L ne and address of Principal Officer	1.	11/->		
			I B Flynn		n(a) Is this affiliat	s a group return tes?	for □Yes ▼No
			den Street				,,
	x-exempt status		ıeld, MA 01109 ı (3) ◀ (ınsert no)		• •	affiliates include	·
1 147	x-exempt status	→ 201(C	(insert no) 4947(a)(1) or 527				See instructions)
J W	eb site: 🟲 ww	w spfldcol e	du		H(c) Group	p Exemption Nur	nber 🟲
К Туре	e of organization	✓ Corpora	ion	l	L Year of For	mation 1890 M 9	State of legal domicile MA
Par		mary					
a1	1		e organization's mission or most significant		, for londor	hin in comuse to	. humanitu hu huildina
Governance		-	ingfield College is to educate students in s of Humanics and academic excellence. The	•		•	-
<u> </u>			sters and doctoral degrees		,		_
ξe	2 Check	this box 🦵	ıf the organızatıon dıscontınued ıts operatıo	ns or disposed of n	nore than 2!	5% of its assets	
Š	3 Numbe	r of voting	nembers of the governing body (Part VI, line	e 1a)		3 _	30
25	4 Numbe	r of indeper	dent voting members of the governing body	(Part VI, line 1b)		. 4 _	28
Activities &	5 Total n	umber of er	nployees (Part V , line 2a)			5 _	3,310
1	6 Totaln	umber of vo	lunteers (estimate if necessary)	•		6 _	300
Ac	7a Total g	ross unrela	ted business revenue from Part VIII, line 1	2, column (C) .		7a	6,025
	b Netun	elated bus	ness taxable income from Form 990-T, line	34		7b	-3,824
					Prio	r Year	Current Year
_	8 Contr	ıbutıons an	grants (Part VIII, line 1h)		15,372,635	10,343,801	
nue	9 Progra	am service	revenue (Part VIII, line 2g)	1	107,986,073	116,155,764	
Revenue	10 Inves	tment inco	ne (Part VIII, column (A), lines 3, 4, and 70	i)		1,131,781	886,419
Ħ	11 Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)		-3,128,400	(
		revenue—a	dd Iınes 8 through 11 (must equal Part VIII	, column (A), line		121 262 080	127 205 007
	12)			2)		121,362,089	127,385,984
			r amounts paid (Part IX, column (A), lines :	1-3)		31,498,777	35,169,626
			r for members (Part IX, column (A), line 4)			0	(
8	15 Saları 10)	es, other c	ompensation, employee benefits (Part IX, co	olumn (A), lines 5-		53,146,015	55,953,463
Expenses	1	sional fund	raising fees (Part IX, column (A), line 11e)	0	(
4De			penses, Part IX, column (D), line 25 ^{3,552,009}				
ш		_	Part IX, column (A), lines 11a-11d, 11f-2	/ 4 f)		33,245,220	37,779,347
			add lines 13-17 (must equal Part IX, line 2			117,890,012	128,902,436
	IIX I∩fal		penses Subtract line 18 from line 12	.5, column (A))		3,472,077	-1,516,452
		ue less avi			i	-, . , -, - , - ,	· · · · · · · · · · · · · · · · · · ·
ኤ ው		ue less ex	renses Subtract fine 16 nom fine 12		Reginni	ng of Year	
ances	19 Rever					ng of Year	175 945 280
issets or Balances	19 Rever	assets (Pa	t X, line 16)			178,363,729	175,945,280
et Assets or Ind Balances	19 Rever	assets (Pa			1	178,363,729 56,699,698	175,945,280 66,540,897
	 Rever Total Total Net as 	assets (Pa liabilities (I ssets or fur	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 20		1	178,363,729	175,945,280 66,540,897
	 19 Rever 20 Total 21 Total 22 Net as 111 Sign 	assets (Pa liabilities (I ssets or fur lature Bl	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 20		1	178,363,729 56,699,698 121,664,031	175,945,280 66,540,897 109,404,383
	20 Total 21 Total 22 Net as Under p	assets (Pa liabilities (I ssets or fur lature Bl penalties of pe	rt X, line 16) Part X, line 26) d balances Subtract line 21 from line 20 DCk Grupy, I declare that I have examined this return, incli		i hedules and st	178,363,729 56,699,698 121,664,031	175,945,280 66,540,897 109,404,383 ne best of my knowledge
Par	20 Total 21 Total 22 Net as t III Sign Under pand be	assets (Pa liabilities (I ssets or fur lature Bl penalties of pe	t X, line 16) Part X, line 26) d balances Subtract line 21 from line 20		thedules and st	178,363,729 56,699,698 121,664,031 tatements, and to the on of which prepare	175,945,280 66,540,893 109,404,383 ne best of my knowledge
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Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission The mission of Springfield College is to educate students in spirit, mind and body for leadership in service to humanity by building upon a foundation of Humanics and academic excellence. The College is a private, coeducational institution offering baccalaureate, masters and doctoral degrees.
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 \$ 66,026,309 including grants of \$ 0) (Revenue \$ 72,019,745) The College emphasizes the education of leaders for the allied health sciences, human and social services, sports movement activities, and the arts and sciences, and offers undergraduate degrees in 40 majors and graduate degree programs in 15 fields, including doctoral degrees in physical education and physical therapy. The expenses associated with these programs are included in this category.
4 b	(Code) (Expenses \$ 35,169,626 including grants of \$ 35,169,626) (Revenue \$ 35,169,626) The Colege offers a financial assistance program to assist qualified students in obtaining a Springfield College education. Aid is awarded on the basis of full-time enrollment, and considers various factors, including financial need, academic achievement, leadership and other personal qualitative attributes. Income and expenses associated with the assistance are included in this category.
4 c	(Code) (Expenses \$ 7,947,949 including grants of \$ 0) (Revenue \$ 20,196,613) The College operates ten student residences with relatively independent living for third and fourth year students, providing housing for 2000 students who live on the main campus. Dining and snack services are provided for all enrolled students through a variety of facilities. The expenses associated with these activities are included in this category.
4d	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Higher Education to provide an educational degree program leading to the awarding of Baccalaureate degrees (3,361 FTE) and Graduate and Post-Graduate Masters and Doctoral degrees(1,653 FTE) (statistics for the Fall 2009) (5,107 students) Other program services (Describe in Schedule O)
+ a	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses \$ 109,143,884 Must equal Part IX, Line 25, column (B).

Part TV	Checklist	of Regu	iired S	chedules
4·11 7 1/4	CHECKHSI	. UI KEUU	III EU 3	ciieuuies

			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		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	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		Νο
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	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		No
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		No
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		No
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	
b	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		Νο
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			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)

			Yes	No
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			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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 "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
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		No
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		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					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	260			
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 t	o ven	dors and reportable		V	
2-	gaming (gambling) winnings to prize winners?	 i		1 c	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	2a	3,310			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	30	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?		İ	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	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 con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		Nο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	$\label{eq:decomposition} Did the organization, during the year, pay premiums, directly or indirectly, on a persecutive problem of the	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	7h	Yes	
8	required?	· ·	ction 509(a)(3)	/11	165	
Ū	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
_	Did the organization make any taxable distributions under section 4966?		ľ	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	· •		9b		
10	Section 501(c)(7) organizations. Enter	10a	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
Б	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Gov	erning Body an	d Manag	gement	

			Yes	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty esses$, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 30						
Ь	Enter the number of voting members that are independent 1b 28						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization'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 one or more members of the governing body?						
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο			

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		Νo
	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		Νο
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 CA, MA, NY
- 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. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

John L Mailhot 263 Alden St Springfield, MA 01109 (413) 748-3145

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		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
				\vdash						
			1				<u> </u>			
			-							
				\vdash						
			1	\vdash						
1b Total			•				 	1,773,467	' c	0

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►24

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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 individual	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	5	103	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Symmes Maini McKee Associates 1000 Massachusetts Ave Cambridge, MA 02138	Architectural services	1,224,745
Erland Construction Inc 83 Second Street Burlington, MA 01803	Construction projects	15,132,011
Aramark Corporation 263 Alden Street Springfield, MA 01109	Food service	6,307,163
Pearson Systems Inc 123 Park Avenue West Springfield, MA 01089	Construction projects	1,016,930
Tassınarı Construction Inc 70 Maxwell Road Monson, MA 01057	Construction projects	654,748
2 Total number of independent contractors (including those in 1) who rec	. ,	9

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0		Nevende		
뱛	b	Membership d	ues	0				
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents	0				
iii ara	d	Related organ	1c izations 1d	0				
%E	e	_	nts (contributions) 1e	5,808,534				
ation: er sin	f		tions, gifts, grants, and	4,535,267				
를 음	g	similar amounts not included above 1f Noncash contributions included in						
25		lines 1a-1f \$						
•	h	Total (Add line	es 1a-1f)		10,343,801			
				Business Code				
TILLE	2a	Tuition and fees		611,310	92,521,834	92,521,834	0	0
e ke	b	Sales/services au	xılıary enterprises	611,310	20,196,613	20,196,613	0	0
a E	с	Sales/servcies ed	ucational departments	611,310	882,685	882,685	0	0
rws F	d	Other program in	come	611,310	2,554,632	2,548,607	6,025	0
33	e							
Program Serwce Revenue	f	All other prog	ram service revenue		0	0	0	0
£	g	Total. Add line ► \$ 116,155,7	es 2a-2f					
	3		come (including divid	dends, interest				
			amounts)		878,227	0	0	878,227
	4	Income from inve	estment of tax-exempt bo	and proceeds	0	0	0	0
	4	income nom mve	estiment of tax-exempt be	ona proceeds . ▶	_			_
	5	Royalties .			0	0	0	0
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	"	expenses						
	C	Rental income or (loss)	ome or (loss)	0				
	d	Net rental inco	(i) Securities					
	7a	Gross amount	23,552	(11) O ther				
		from sales of assets other	·					
	١.	than inventory	15,360					
	b	Less cost or other basis and sales expenses	15,360	o o				
	С	Gain or (loss)	8,192	0				
	d	Net gaın or (lo		•	8,192	0	0	8,192
	8a		from fundraising					
		\$	crualing					
ıne		of contribution	ns reported on line					
Other Revenue		1c) See Part : Attach Schedul	lv , line 18 le G if total exceeds					
æ		<i>\$15,000</i>	a	0				
횰	b	Less directe	xpensesb					
₹	С	Net income or	(loss) from fundraisi	ing events				
	9a	Gross income		-				
		activities See Complete Sched	e part IV , line 19 dule G if total					
		exceeds \$15,00						
			а					
	b		xpensesb					
	С	Net income or	· (loss) from gaming a	activities F				
	10a		fınventory, less lowances .					
			а					
	b	Less cost of	-					
	С	Net income or Miscellaneou	(loss) from sales of	Inventory Business Code				
	11a	miscellaffeou	13 Nevellue	Duamess Code				
	b							
	C							
	d	All other reve						
	e	Total. Add line	es 11a-11d	\$				
	12	Total Revenue	. Add lines 1h, 2g, 3		127,385,984	116,149,739	6,025	886,419
		8c,	l1e					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,169,626	35,169,626			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0			
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	1,045,090	0	1,045,090	0	
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	0	0	0	
7	Other salaries and wages	44,031,617	37,597,922	0	1,124,574	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,019,892	2,518,855		75,340	
9	Other employee benefits	4,655,370	3,517,558	1,035,269	102,543	
10	Payroll taxes	3,201,494	2,670,326	451,297	79,871	
11	Fees for services (non-employees)					
а	Management	0	0	0	0	
b	Legal	256,190	0	256,190	0	
c	Accounting	168,800	0	168,800	0	
d	Lobbying	0	0	0	0	
e	Professional fundraising See Part IV, line 17	0			0	
f	Investment management fees	207,009	207,009	0	0	
g	Other	0	0	0	0	
12	Advertising and promotion	16,876	0	16,876	0	
13	Office expenses	9,422,169	6,137,166	2,338,508	946,495	
14	Information technology	0	0	0	0	
15	Royalties	0	0	0	0	
16	Occupancy	6,606,895	5,149,012	1,270,975	186,908	
17	Travel	1,116,271	827,681	204,695	83,895	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0	
19	Conferences, conventions and meetings	0	0	0	0	
20	Interest	1,227,890	859,523	245,578	122,789	
21	Payments to affiliates	0	0	0	0	
22	Depreciation, depletion, and amortization	6,039,793	4,227,855	1,207,959	603,979	
23	Insurance	1,161,580	280,547	881,033	0	
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	Athletics	693,810	693,810	0	0	
b	Auxiliary enterprises	7,947,949	7,947,949	0	0	
c	Bad debts	628,491	628,491	0	0	
d	Miscellaneous expenses	2,285,624	710,554	1,349,455	225,615	
f	All other expenses	0	0	0	0	
25	Total functional expenses. Add lines 1 through 24f	128,902,436	109,143,884	16,206,543	3,552,009	
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0	

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,123,430		2,751,112
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net		8,083,207	3	5,817,539	
	4	Accounts receivable, net			10,213,172		10,194,140
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			0		0
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	section	4958(f)(1)) and	0	6	0
	7	Notes and loans receivable, net			0		0
	8	Inventories for sale or use			280,777	8	278,875
ø	9	Prepaid expenses and deferred charges			4,450,215		4,330,297
et	10a	Tropala expenses and determine that get			,		, ,
Assets		Land, buildings, and equipment cost basis	10a	171,084,892			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	61,809,804	91,886,254	100	109,275,088
	11	Investments—publicly traded securities	100	31,000,00	48,723,982		36,116,017
	12	Investments—other securities See Part IV, line 11 Complete in Schedule D	• • Part VI l	of	9,602,692		7,182,212
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	Part VI	II	0		
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	.		0		
	"	D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			178,363,729	16	175,945,280
	17	Accounts payable and accrued expenses .	12,735,967	17	23,306,074		
	18	Grants payable			4,038,650	18	4,038,650
	19	Deferred revenue			9,605,209	19	10,240,591
	20	Tax-exempt bond liabilities			26,883,225	20	25,314,585
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D		•	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s .		0	23	0
	24	Unsecured notes and loans payable			0	24	0
	25	Other liabilities Complete Part X of Schedule D		3,436,647	25	3,640,997	
	26	Total liabilities. Add lines 17 through 25			56,699,698	26	66,540,897
- s e s		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete l	ines 27			
anc	27	Unrestricted net assets			68,263,645	27	64,967,351
Balance	28	Temporarily restricted net assets			25,873,859	28	16,844,830
<u> </u>	29	Permanently restricted net assets		27,526,527	29	27,592,202	
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.					
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		
ΔS	32	Retained earnings, endowment, accumulated income, or other f			32		
Net	33	Total net assets or fund balances			121,664,031	33	109,404,383
Z	34	Total liabilities and net assets/fund balances			178,363,729	34	175,945,280
	1				l		ı
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			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		No
b	b Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2008

Open to Public
Inspection

SPRIN	GFIELD	COLLEGE							210422	0		
Da	rt I	Deacon	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-2104329 Instruct			
				ation because it is (Please					moduce	.10113)		
1				nurches, or association of ch					(A)(i).			
2	<u>'</u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	į.			e hospital service organizati			tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Ţ.	•	•	zation operated in conjuncti			•		• •		•	
	•		name, city, and			, , , , , , , , , , , , , , , , , , ,				(, (,-		
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						rıbed ın				
	·		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a govei	rnmental u	 ınıt or fror	n the gene	eral public	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)		_			_	·	
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% o	f its supp	ort from co	ontribution	ns, membe	ership fees	s, and gross	
		receipts fro	m activities re	ated to its exempt functions	-subject	to certair	nexceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	-	•	and operated exclusively fo		, ,			,	•		
			one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
			it describes the ype I b				nes lle t nally Integ		n d	□ Type	III - Other	
e	Г	•	• •	rtify that the organization is			-			' ''		
_	•	•	-	agers and other than one or			•				•	
		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g				as the organization accepted	d anv gift	or contrib	ution from	anv of the	1		,	
3		following pe			, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
				ty of a person described in (11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janization	supports					
		_	/ms ===.	· · · · · · · · · · · · · · · · · · ·							1	
	(i) Name o Supported		(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in	the orga	ou notify		Is the ation in	(vii) A mount of support?	
		nization		above or IRC section	col (i)) of your		organized	заррон	
	•			(See Instructions))	your go	verning	supp			US?		
					docur	nent?					_	
					Yes	No	Yes	No	Yes	No		
							1				1	

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) 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					 		
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) 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 stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
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 stop here. The organization qualifies a				,			▶ □
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				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
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	Private Foundation. 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	▶ □
	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) 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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(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						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	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	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493117009130

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ 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.

Open to Public Inspection

	me of the organization INGFIELD COLLEGE	Employer identification number				
Jr K	INOLICED COLLEGE		04-2104329			
Pa	rt I Organizations Maintaining Donor A			Complete if the		
	organization answered "Yes" to Form 99					
		(a) Donor advised funds	(b) Funds and oth	er accounts		
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised	┌ Yes ┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		·	□Yes □No		
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to		· · · · · · · · · · · · · · · · · · ·		
1	Purpose(s) of conservation easements held by the o		0 101111 990, 1 u1c 1 v ,	iiiic 7.		
_	Preservation of land for public use (e.g., recreat		historically importantly	land area		
	Protection of natural habitat	<u> </u>	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form	of a conservation easer	nent		
	on the last day of the tax your		Held at th	e End of the Yea		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	ts	2b			
c	Number of conservation easements on a certified h		2c			
d		• •	2d			
	Number of conservation easements included in (c)	·	<u> </u>			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization du	ring		
	the taxable year 🕨					
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and	┌ Yes ┌ No		
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$			
8	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		┌ Yes ┌ No		
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial				
Par	TIII Organizations Maintaining Collection Complete if the organization answered		or Other Similar As	sets.		
1a	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 fire	l for public exhibition, education or researc	ch in furtherance of publi			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		•		
	(i) Revenues included in Form 990, Part VIII, line 1	1	► \$	C		
	(ii) Assets included in Form 990, Part X		► \$	119,650		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide	the		
а	Revenues included in Form 990, Part VIII, line 1		► \$	0		
b Assets included in Form 990, Part X ▶\$						

Pari	Organizations Maintaining Col	llections of Art,	Hist	orio	cal Treas	ures, or Othe	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any o	of the	follo	owing that a	re a sıgnıfıcant u	ise of its collect	ion	
а	Public exhibition		d	Γ	Loan or exc	:hange programs	;		
Ь	Scholarly research e Other								
С	✓ Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explain	how	they	further the	organization's ex	xempt purpose	n	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							┌ Yes	√ No
Par	t IV Trust, Escrow and Custodial A					anızatıon answ	ered "Yes" to	Form 9	990,
	Part IV, line 9, or reported an am		•						
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermed	iary f	orco	ontributions	or other assets		│ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							An	ount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	217					Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete in								
4_	Barrana of ware balance	(a)Current Year 50,032,269	(b)	Prior '	Year (c)T	wo Years Back (d)	Three Years Back	(e) Four \	Years Back
1a L	Beginning of year balance	453,818							
b	Investment earnings or losses	-10,447,830							
c d	Grants or scholarships	2,189,729							
e	Other expenditures for facilities	715,279							
	and programs								
f	Administrative expenses	0							
g	End of year balance	37,133,249							
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment 🕨	9 %							
b	Permanent endowment 🕨 74 %								
c	Term endowment ► 17 %								
3a	Are there endowment funds not in the posses	sion of the organizati	ion th	nat a	re held and	admınıstered for	the		
	organization by						2-7	Yes	+
	(i) unrelated organizations		•	•			3a(_	N o N o
ь	(ii) related organizations						31	- 	1
4	Describe in Part XIV the intended uses of the	•						<u> </u>	
Par	t VI Investments—Land, Buildings	, and Equipment	t. Se	e Fo	orm 990, F	art X, line 10.			
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	and				0	3,349,813			3,349,813
Ь	Buildings		ľ		0	90,676,748	18,023,996		72,652,752
c l	easehold improvements		.		0	42,934,727	18,943,353		23,991,374
d I	Equipment		.		0	34,123,604	24,842,455		9,281,149
e (Other				0	0	C	1	0

109,275,088

uncertain tax positions under FIN 48

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products	5,936,690	
osely-held equity interests	1,245,522	
ther		
	+	
**! (Caluma (b) about a suel Farm 000, Bat V, ast (B) to a 12.)	7 102 212	
tal. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,182,212	
rt VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	+	
tal. (Column (b) should equal Form 990, Part X, col (B) line 13)	-	
	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
ort IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
ort IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Other Assets. See Form 990, Part X, (a) Desc	line 15.	
tal. (Column (b) should equal Form 990, Part X, col.(B) lin	line 15.	(b) Book value
tal. (Column (b) should equal Form 990, Part X, col.(B) line Other Assets. See Form 990, Part X, col.(B) line Other Liabilities. See Form 990, Part	line 15. cription see 15.) t X, line 25.	
other Assets. See Form 990, Part X, (a) Description of Liability Other Liability	line 15.	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Other Liabilities. See Form 990, Part X (a) Description of Liability deral Income Taxes	Ine 15. Eription Dec 15.) T X, line 25. (b) A mount 0	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability deral Income Taxes counts held for others	Ine 15. Eription The 15. Th	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability deral Income Taxes counts held for others set retirement obligation	Ine 15. Excription The 15.) The 1	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability deral Income Taxes counts held for others eset retirement obligation	Ine 15. Eription The 15. Th	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability deral Income Taxes counts held for others eset retirement obligation	Ine 15. Excription The 15.) The 1	
tal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability deral Income Taxes counts held for others eset retirement obligation	Ine 15. Excription The 15.) The 1	
otal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Ideral Income Taxes Counts held for others Esset retirement obligation	Ine 15. Excription The 15.) The 1	
otal. (Column (b) should equal Form 990, Part X, col.(B) lin	Ine 15. Excription The 15.) The 1	
otal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Ideral Income Taxes Counts held for others Esset retirement obligation	Ine 15. Excription The 15.) The 1	
otal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Ideral Income Taxes Counts held for others Esset retirement obligation	Ine 15. Excription The 15.) The 1	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	127,385,984
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	128,902,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,516,452
4	Net unrealized gains (losses) on investments	4	-10,743,196
5	Donated services and use of facilities	5	C
6	Investment expenses	6	C
7	Prior period adjustments	7	C
8	Other (Describe in Part XIV)	8	C
9	Total adjustments (net) Add lines 4 - 8	9	-10,743,196
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-12,259,648
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial		81,266,153
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	2-	10.742.100
e o	Add lines 2a through 2d	2e 3	-10,743,196
3	Subtract line 2e from line 1	3	92,009,349
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 207,009		
a b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	35,376,635
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	127,385,984
_	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	93,525,801
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	93,525,801
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 207,009		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	35,376,635
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	128,902,436

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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Art work was donated in 1978 Works are on display to public in various locations on the main campus and are preserved for future use
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 450 individual funds established for a variety of purposes, including scholarship support for individual students, specified expense support for academic purposes and individual projects. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments.
SchD_P10_S00_L00	Schedule D, Part X	The College has no reportable liability for uncertain tax positions under FIN 48
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial aid to students
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial aid to students

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SPRINGFIELD 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

04-2104329

	<u> </u>		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	3	Yes	
	The College publishes its polciy of nondiscrimination on the basis of race, color, sex, religion, national origin, or handicap in all internal and external publications, catalogues, brochures, etc			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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	
d	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)		103	
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	- - -		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	6b		Νo
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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DLN: 93493117009130

Schedule I (Form 990)

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

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

SPRINGFIELD 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

SPRINGFIELD COLLEGE						04-2104329	
Part I General Infor	mation on Grai	nts and Assistance	1			'	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran	nts or assistance?					▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
	524()(2)						
2 Enter total number of seconganizations3 Enter total number of oth					•		
For Paperwork Reduction Act No				Cat No 50055			hedule I (Form 990) 2008

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

·					
(a)Type of grant or assistance	(b) Number of recipients	(c)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
Financial aid toward tuition, room and board	3091	4,909,262	30,260,364		Non-cash awards consist of financial aid representing reductions in tuition, room and board charges for individual students

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 Batta Fable						
Ident if ier	Return Reference	Explanation				
SchI_P01_S00_L02		the College offers financial aid to assist qualified students on the basis of full-time enrollment. Factors influencing the amount and type of aid awarded include financial need, academic achievement, leadership and other personal qualitative attributes. The Free Application for Federal Student Aid, which helps to establish a student's financial need, serves as the application for financial aid. The College does not discriminate on the basis of race, color, sex, religion, age, national origin, or handicap when awarding financial aid.				

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DLN: 93493117009130

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Open to Public . Inspection

Name of the organization SPRINGFIELD COLLEGE

Employer identification number

04-2104329

Рα	Questions Regarding Compensation	<u>n </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		·			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	У			
	Compensation committee	<u> - </u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control [payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, is subject to the initial contract exception described in Part III		·			

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(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
	(I) (II)	306,306 0	0 0	102,451 0	28,087 0	60,772 0	497,616 0	0 0
	(I) (II)	173,330 0	0 0	1,427 0	12,797 0	0	187,554 0	0 0
	(I) (II)	156,533 0	0 0	6,059 0	11,782 0	0	174,374 0	0 0
	(I) (II)	152,507 0	0 0	5,347 0	7,893 0	0	165,747 0	0 0
	(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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a		As approved by the Board of Trustees, housing is provided for the President of the College as a condition of employment to allow him to more effectively fulfill his duties
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The President participates in a 457(f) nonqualified deferred compensation plan. The College does not contribute to the plan

Schedule J (Form 990) 2008

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

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.

Name of the organization SPRINGFIELD COLLEGE

Employer identification number

04-2104329

										0 7 210	, , , ,			
Р	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	Mass HEFA Revenue Bonds Springfield College Issue Series 2003	ingfield College Issue Series		07-01-2003				Construction of residence hall, redemption of outstanding debt				х		x
Pa	art II Proceeds (Optional for	2008)			_			•				1		
	•				Α.	ı	3		:)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fror	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion									1		I		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding iss	ue?											
10	Were the bonds issued as part of	an advance refunding i	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain ac final allocation of proceeds?													
Pa	rt III Private Business Use	(Optional for 2008))			_								
						<u> </u>	3			1	D		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		mber of an LLC,											
2	Are there any lease arrangements which may result in private busine	nanced property												
For	Paperwork Reduction Act Notice, see th	ne Instructions for Form	990.			Cat No 501	L93E			S	hedule K	(Form 99	0) 2008	

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

			A	E	3	(l	D		E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
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	t IV Arbitrage (Optional for 2008)							_		_	
		ı	Ą	E	3	С		D		1	E
	,	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?										
b	Name of provider										
c	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?										

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As Filed Data -

DLN: 93493117009130

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

2008

Open to Public Inspection

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.

Name of the organization SPRINGFIELD COLLEGE				Eı	nploy	er ide	nt if ica	tion n	on number				
				04	4-210	4329	9						
Part I Excess Benefit Transact	•	•											
To be completed by organization	ns that an	swered "Yes	" on Form 990, Part IV	⁷ , line 25a or 25t	o, or F	orm 9	90-EZ			√, lıne 40b			
1 (a) Name of disqualified	person		(b) Des	cription of transa	action			((c) Corrected? Yes No				
	•		(5, 5 5 5						Yes	No			
3 Enter the amount of tax, if any, on line Part II Loans to and/or From	Interes	ted Perso	ons			•	<u>. </u>		2.0				
To be completed by organizat	ions that	answered "Y	es" on Form 990, Part	IV, line 26, or Fo	orm 9	90-E.			: 38a T				
	(b) Loan				(e)	Ιn	(1 Appr		(g) Wr	utten			
(a) Name of interested person and	from t		(c)O riginal principal	principal (d) Balance due default? by		by bo		agreer					
purpose	organiza	tion?	amount				comm	ıttee?					
	То	From			Yes	No	Yes	No	Yes	No			

Part III Grants or Assistance Benefitting Interested Persons

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

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

Part IV 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	organı	aring of zation's nues?
	organization			Yes	No
John L Mailhot	Trustee and Officer		Trustee of org with 75 year ground lease		No
Jill Russell	Officer		Trustee of org with 75 year ground lease		No

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

DLN: 93493117009130

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M Non-Cash Contributions (Form 990)

Department of the Treasury Internal Revenue Service

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 SPRINGFIELD COLLEGE

Employer identification number

04-2104329

- 6	Types of Property			_				
		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of d	etermı	nıng	
		ıf applıcable		Form 990, Part VIII, line 1g	reven	ues		
1	Art—Works of art							
2	Art—Historical treasures .					,		
3	Art—Fractional interests							
4	Books and publications					,		
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	36	37.871	market value			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date			not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem						V	
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь 33	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	property for which Column (a	a) ıs			
	checked, describe in Part II							

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SchM_P01_S00_L32b Schedule M, Part I, Line 32b Gifts of publicly traded securities are forwarded to a broker with instructions to sell immediately

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization SPRINGFIELD COLLEGE

Employer identification number

04-2104329

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Form 990 and all supporting schedules were presented to the Audit and Compliance Committee of the Board of Trustees for review and analysis before being filed. The Committee was authorized to act on behalf of the Board.

ldentifie	er	Return Reference	Explanation
F990_P06_S0E	3_L12c		Conflict of interest statements for board members, officers and designated employees are completed annually and are reviewed by internal audit personnel

	ldentifier	Return Reference	Explanation
F!	990_P06_S0B_L15		The Board of Trustees reviews the President's overall compensation package in comparison to industry standards and peer institutions. Officers and key employees' salaries are determined by the President within budget constraints established by the Board of Trustees.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents, conflict of interest policy and financial statements are available upon request

DLN: 93493117009130

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

SPRINGFIELD COLLEGE 04-2104329 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity National Football Foundation Center for Youth Development Through Sport Inc 500 Alden Street Develop youth programs MA 501(c)(3) line 9 N/A Springfield, MA01109 41-2028358

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V Transactions with Related Organizatio	ns
--	----

P	art V	Transactions with Related Organizations					
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 [Ouring th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıons	with one or more related organizations listed in Parts II-	IV?			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıt	:y		1a		No
b	• Gift, ç	rant, or capital contribution to other organization(s)			1b		No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c		No
d	l Loans	or loan guarantees to or for other organization(s)			1d		No
e	Loans	or loan guarantees by other organization(s)			1e		No
f	Sale c	fassets to other organization(s)			1f		No
g	, Purch	ase of assets from other organization(s)			1g		No
h	E xcha	ange of assets			1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1 i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j		No
k	Perfor	rmance of services or membership or fundraising solicitations for other orga	anızatıon(s)	ļ	1k	Yes	
I	Perfor	mance of services or membership or fundraising solicitations by other organ	nızatıon(s)		11		No
r	n Sharır	ng of facilities, equipment, mailing lists, or other assets				Yes	
n	Sharır	ng of paid employees			1n		No
o	Reimb	pursement paid to other organization for expenses			10		No
P	Reimb	oursement paid by other organization for expenses			1р	Yes	
q		transfer of cash or property to other organization(s)			1q		No
r	Other	transfer of cash or property from other organization(s)			1r		No
	 If the	answer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered relationsh	ıps and transactıon thresholds			
		(A)	(B) Transaction	(c)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)	,						
(2)						
/2							
(3)	1						
(4))						
(5))						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r I	
			Yes	No		Yes	No		Yes	No	
			•	•		•		Cabadul	. D / Farms	9907 2008	

Software ID: Software Version:

EIN: 04-2104329

Name: SPRINGFIELD COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I 			(1)	(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	
Charisse F Duroure , Board Member	10	Х						0	0	0	
Richard B Flynn , President	75 00	Х		Х				408,757	0	0	
Sally M Griggs , Board Member	10	Х						0	0	0	
J Rockwell Allen , Board Member	10	Х						0	0	0	
J Mıchael Wallace , Board Member	10	Х						0	0	0	
Herbert H Jervis , Board Member	10	Х						0	0	0	
Robert M Sullivan Jr , Board Member	10	X						0	0	0	
James Frank , Board Member	10	Х						0	0	0	
John W Lund , Board Member	10	Х						0	0	0	
John L Mailhot , Vice President for Administration and Finance	50 00	×		х				162,592	0	0	
Denise Alleyne , Board Member	10	Х						0	0	0	
Peter Andruszkiewicz , Board Member	10	Х						0	0	0	
Helen D Blake , Board Member	10	Х						0	0	0	
Norman C Chambers , Board Member	10	X						0	0	0	
Neil J Nicoll , Board Member	10	X						0	0	0	
Mel Zuckerman , Board Member	10	X						0	0	0	
Jeffrey M Levy , Board Member	10	Х						0	0	0	
Susan Lundın , Board Member	10	X						0	0	0	
Thomas Marks , Board Member	10	Х						0	0	0	
Matthew R Siegel , Board Member	10	X						0	0	0	
James E Walsh , Board Member	10	Х						0	0	0	
Douglass L Coupe , Board Member	10	Х						0	0	0	
John L Doleva , Board Member	10	Х						0	0	0	
H Todd Stitzer , Board Member	10	Х						0	0	0	
Harold C Smith , Board Member	10	Х						0	0	0	
John A Odierna , Board Member	10	Х						0	0	0	
Benjamin Cannon , Board Member	10	Х						0	0	0	
Howard A Pulsıfer , Board Member	10	Х						0	0	0	
David J Fraboni , Vice President for Institutional Advancement	50 00			х				157,854	0	0	
Jill Russell , Executive Vice President	50 00			Х				137,300	0	0	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(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	
David Braverman , Vice President for Student Affairs	50 00			х				131,300	0	0	
Jean A Wyld , Vice President for Academic Affairs	50 00			х				174,767	0	0	
William Susman , Dean School of Health Sciences and Rehab Studies	40 00					х		117,742	0	0	
William Considine , Dean School of Health Science and Rehab Studies	40 00					х		115,558	0	0	
Mary Healey , Dean School of Arts Sciences and Professional Stu	40 00					х		118,581	0	0	
Robert Willey , Dean School of Human Service	40 00					х		126,608	0	0	
Albert Petitpas , Professor	40 00					Х		122,408	0	0	