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DLN: 93493018005020

# Form **990**

**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)

OMB No 1545-0047 2008

Open to Public

Department of the Treasury

Internal	Revenue	Service	► The or	ganization may have	e to use a copy	of this return to satisfy	state repo	orting red	luiremen	its	Inspection
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginn		and ending 06-30-20	009				
<b>B</b> Che	eck if a	pplicable	Please	C Name of organization REGIS COLLEGE	1			D	Employe	r iden	ntification number
☐ Add	lress ch	ange	use IRS label or						04-2104		
┌ Nar	ne chai	nge	print or	Doing Business As					Telephon	e nur	mber
┌ Inıt	ıal retui	rn	type. See Specific	Number and street (o	or P O box if mail i	is not delivered to street add	dress) Room/	cuuto	(781) 76		
┌ Ter	mınatıo	n	Instruc- tions.	235 WELLESLEY STRE				G	Gross rec	ceipts	<b>s</b> \$ 40,857,169
<b>✓</b> Am	ended i	return		City or town, state or	country, and ZIP	+ 4					
Г <sub>Арг</sub>	lication	pending		WESTON, MA 02493							
		ŀ	F Nan	ne and address of Pr	incipal Officer		н/э\ т			<b></b> 4	
			THOMA	AS PISTORINO				s tills a iffiliates?	group ret ?	turni	TYes ▼ No
				ELLESLEY STREET ON, MA 02493							
Ta:	x-exem	npt status		) (3) <b>◄</b> (insert no )	4947(a)(1) or	<b>527</b>	1 ' '		i <b>liates inc</b> attach a		d?
J W	eb sit	e: 🕨 wwv	v regiscolle	ege edu			H(c)	Group Ex	xemption	Nun	nber ►
<b>К</b> Тур	e of org	janızatıon	<b>✓</b> Corporat	ion trust association	on  other ►		<b>L</b> Year	of Format	ion 1927	M S	State of legal domicile MA
Pa	rt T	Sumr	marv								
	1		•	ne organization's mis	sion or most si	ignificant activities					
ဋ	See A	Additiona	al Data Tab	ole							
Ë	2	Check	this box 🦵	if the organization o	liscontinued its	operations or dispose	d of more th	nan 25%	of its as	ssets	<b>;</b>
Governance	3	Numbe	r of voting	members of the gove	erning body (Pa	rt VI, line 1a)				3 _	28
	4	Numbe	r of ındepeı	ndent voting membe	rs of the goverr	ning body (Part VI, line	1b)			4 _	28
Activities &	5	Total n	umber of e	mployees (Part V , lii	ne 2a)					5 _	962
Ě	6			olunteers (estimate	• •					6 _	0
ទ្ធ		_				II, line 12, column (C)					0
	ь	Net unr	related bus	iness taxable incom	ie from Form 99	90-1, line 34		Prior Ye		7b	0
		Contributions and grants (Part VIII, line 1h)							ear 3,179,11		Current Year
≗	8 9						•		3,009,82	_	3,162,283
enue	10					4, and 7d)	. —		650,97	+	558,901
Hey	11					c, 9c, 10c, and 11e)	•	1	.,602,22	-	703,000
	12	Totalr	-			Part VIII, column (A), l	ıne		3,442,14		40,510,441
	13	12) Grants	and simila	ar amounts paid (Par	t IX column (A	) lines 1 – 3)			3,555,21	_	9,313,639
	14			or for members (Part					,333,21	+	0
	15					art IX, column (A ), lines	5 5 -				
Expenses		10)	•	, , ,	•	, , , ,		17	,055,50	1	19,036,105
क्	16a	Profes	sional fund	raising fees (Part IX	(, column (A ), lı	ne 11e)					0
ਡੋ	ь	(Total fu	ındraısıng ext	penses, Part IX, column (	(D), line 25 <u>1,976,</u>	548)					
	17			(Part IX, column (A)					3,736,20	+	14,925,025
	18					IX, line 25, column (A)	)		,346,92	+	43,274,769
<u></u>	19	Revenu	ue less exp	enses Subtract line	18 from line 1	2			-904,78	7	-2,764,328
Not Assets or Fund Balances							Beg	ginning o		_	End of Year
sse Bafa	20		•	t X, line 16)					.,867,43	_	62,704,305
줉	21	Totall	ıabılıtıes (F	Part X, line 26)				30	,803,52	9	45,458,149
	22	Netas	sets or fun	d balances Subtrac	t line 21 from li	ine 20		21	,063,91	0	17,246,156
Par	t II	_	ature Blo								
						eturn, including accompanyi irer (other than officer) is ba					
Plea		****	**					2010-01-1	12		
Sign		Signa	ature of office	er				Date	_		
Here	5			NO VP OF FINANCE & BU	SINESS						
		Type	or print nam	e and title			T	-			
		Preparer'		AS A WASHBURN CPA		Date	Check If self-	Pi	reparer's P	TIN (S	See Gen Inst )
Paid -	_	signature	<b>F</b> 1110111	D. A. HABIBORN CEA			empolyed	· ୮			
•	arer's		ame (or yours	ALEXANDER ARONS	ON FINNING & CO	PC		F	IN Þ		
Use (	nly		and ZIP + 4	21 EAST MAIN STRE	ET						
				WESTBORO, MA 01	1581			PI	hone no 🕨	• (50	08) 366-9100

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . .

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

1	Briefly describe the organization's mission				
	Regis College, through education in the arts, s Catholic college, Regis is a diverse and welcor				cally, to serve and to lead A
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ıgnıfıcant program se	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	ng or make significan	t changes in how it cond	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organizati others, the total expenses, and rever	ons and 4947(a)(1)	trusts are required to re	port the amount of grants a	
4a	(Code ) (Expenses : Instruction - knowledge generation and the programs in two schools, the school of nurs lifelong learning	delivery of education to			
4b	(Code ) (Expenses : ACADEMIC AFFAIRS - OPERATING THE LIBR STUDIES, NURSING, UNDERGRADUATE, GR	ARY, FINE ARTS CENTER			6,115,512 ) AL SERVICES TO PROFESSIONAL
<b>4c</b>	(Code ) (Expenses : STUDENT AFFAIRS - PROVIDE HEALTH SERV COLLEGIATE ATHLETICS AND REGISTRATION	/ICES, ADMISSIONS, CAR		) (Revenue \$ ETY AND TRANSPORTATION, CAN	8,772,115 ) IPUS MINISTRY, INTER-
	(Code ) (Expenses :	\$ 12,523,716	including grants of \$	) (Revenue \$	6,356,005 )
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	ıncludıng grants o	f \$	) (Revenue \$	)
4e	Total program service expenses \$	32,497,48	6 Must equal Part IX,	Line 25, column (B).	

art IV	Check	list of	Require	d Sch	edules
	CIICCN	1136 01	IXC dull C	u ocii	Cuulcs

			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		N o
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 V 🕏	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		N o
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		Νο
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		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		N o
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		Νo
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		Νo
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	Yes	
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 $I$	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		Νο
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 VI . . . .

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

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
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	Yes	
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	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
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		Νο

Pa	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			
	<b>1a</b> 131			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 962			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	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 of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
а	file Form 8282?			110
u	The rest, indicate the number of forms 5252 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
-	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
	year <sup>?</sup>		<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
				No
а	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?			No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a b	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a b	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a b 11 a	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a b 11 a	Did the organization make a distribution to a donor, donor advisor, or related person?			No
b 10 a b 11 a b	Did the organization make a distribution to a donor, donor advisor, or related person?			No
10 a b 11 a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No

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

Section A	<u> Governing</u>	Body and	Management	

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 28			
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νο
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	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	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	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. 

  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

thomas pistorino 235 wellesley street weston, MA 02493 (781) 768-7075

# 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

### Part VII Continued

	(B) Average hours per week		(i tion that a			II		(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	Former			Estimated amount of other compensation from the organization and related organizations
			-							
			1							
				$\vdash$						
1b Total			<u>.                                      </u>	<u>Ш</u>			<b>&gt;</b>	1,419,212		342,832

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "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 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 I for such person	5	163	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>B</b> ) Description of services	(C) Compensation
Aramark Corporation 1101 Market Street Philadelphia, PA 19107	Food Service	1,506,235
RICHARD WHITE SONS 70 Rowe Street auburndale, MA 02466	construction CONTRACTOR	1,013,332
hinckley allen & snyder 28 state street boston, MA 02109	legal services	526,987
Vanasse Hangen Brustlin 101 Walnut Street watertown, MA 02471	engineering	437,142
D & R General Contracting 138 Franklin Street stoneham, MA 02180	Construction	404,539
2 Total number of independent contractors (including those in 1) who re from the organization	, ,	19

Form 9	_		f Dovonuo					Page <b>9</b>
Par VIII		Statement of	r kevenue					
					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
٠	1a	Federated can	npaigns 1a			Revende		312, 313, 61 311
Contributions, gifts, grants and other similar amounts	b	Membership d	ues					
s, gi	С	Fundraising ev	vents <b>1c</b>					
<u>a</u> g	d	Related organ	ızatıons1d					
ons, sim	e	_	nts (contributions) 1e					
butí Ber	f	similar amounts r	tions, gifts, grants, and not included above <b>1f</b>	2,598,838				
ontri od o	g	Noncash contributions included in						
∓ ٽ	h	Innes 1a-1f \$  Total (Add lines 1a-1f)			3,162,283			
				Business Code				
enne	2a	Tuition and fees		900,099	29,730,252	29,730,252		
Fe.	С	auxiliary enterpris	ses	900,099	6,356,005	6,356,005		
wce.	d							
Ŷ	e							
Program Serwoe Revenue	f	All other prog	ram service revenue					
Š	g		es 2a-2f					
	3	► \$ 36,086,25 Investment in	come (including divi	dends, interest				
		other sımılar a	amounts)		558,166			558,166
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
	6a	Gross Rents	(ı) Real 1,034,048	(II) Personal				
	b	Less rental expenses	331,048					
	С	Rental income or (loss)	703,000					
	d	` '	ome or (loss)		703,000			703,000
		Cura a management	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	16,415					
	ь	than inventory Less cost or	15,680					
		other basıs and sales expenses						
	c d	Gain or (loss) Net gain or (lo	735		735			735
		<u> </u>	<u> </u>	. ▶				
	8a	events (not in	from fundraising cluding					
nue			ns reported on line					
e∧e		1c) See Part : Attach Schedul	IV, line 18 <i>le G if total exceeds</i>					
Σ C		\$15,000						
Other Revenue	b c		xpensesb (loss) from fundrais					
_	9a	Gross income		<u> </u>				
		activities See Complete Scheo	e part IV , line 19 dule G if total					
		exceeds \$15,00						
	b	Less directe	xpensesb					
	С	Net income or	(loss) from gaming	activities •				
	10a		f inventory, less					
		returns and al	a a					
	b	Less cost of						
	С	Net income or Miscellaneou	(loss) from sales of	Business Code				
	11a							
	ь							
	С							
	d e	All other rever	nue es 11a-11d	<u>+</u>				
	12		e. Add lines 1h, 2g, 3		40,510,441	36,086,257	0	1,261,901
		8c, 9c, 10c, and 1	l1e	. ▶				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org		plete columns		).
Do r	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,313,639	9,313,639		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	871,075	300,923	491,152	79,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,211,476	11,049,445		606,919
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	776,205	627,176	112,482	36,547
9	Other employee benefits	2,110,868	1,649,942	367,868	93,058
10	Payroll taxes	1,066,481	827,521	192,655	46,305
11	Fees for services (non-employees)				
а	Management				
b	Legal	96,178		96,178	
c	Accounting	72,025		72,025	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,259,112	976,990	227,453	54,669
12	Advertising and promotion	286,503	48,875	237,378	250
13	Office expenses	3,762,500	1,654,309	1,469,711	638,480
14	Information technology	32,324	18,117	14,207	
15	Royalties				
16	Occupancy	2,353,219	1,580,203	634,620	138,396
17	Travel	293,531	247,025	25,210	21,296
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,323,399	1,026,873	239,066	57,460
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,259,375	1,753,130	408,146	98,099
23	Insurance	242,626		242,626	
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	miscellaneous	1,136,873	123,304	930,892	82,677
ь	FOOD SERVICE	1,036,553	1,036,553		
c	equipment rental and ma	364,460	82,167	282,293	
d	special programs	185,133	75,683	95,239	14,211
e	dues/memberships	151,951	80,898	61,872	9,181
f	All other expenses	69,263	24,713	44,550	
25	Total functional expenses. Add lines 1 through 24f	43,274,769	32,497,486	8,800,735	1,976,548
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				000 (200s)

Part X	Balance	Shoot
	Balance	Sneer

					(A)		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year 41.391		37,175
	2	Savings and temporary cash investments	953,966		1,964,657		
	3	Pledges and grants receivable, net	33,040		267,685		
	4	Accounts receivable, net	•		1,418,677		1,337,290
	5	Receivables from current and former officers, directors, trustees		employees or	1,410,077	_	1,557,250
	3	other related parties Complete Part II of Schedule L	•			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			1,852,071	7	2,129,291
	8	Inventories for sale or use				8	
\$	9	Prepaid expenses and deferred charges			2,208	9	15,707
Assets	10a	Land, buildings, and equipment cost basis		1			
⋖			10a	71,886,10	9		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	43,247,43	2 25,196,635	100	28,638,677
	11	Investments—publicly traded securities			7,428,200		7,246,279
	12	Investments—other securities See Part IV, line 11 Complete Pa			5,628,252		5,440,220
	12	Schedule D	11 C VII	O.	0,020,202	12	0,110,220
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VII	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	9,312,999	15	15,627,324		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			51,867,439	16	62,704,305
	17	Accounts payable and accrued expenses			2,972,988	17	4,890,451
	18	Grants payable				18	
	19	Deferred revenue			1,791,378	19	1,855,007
	20	Tax-exempt bond liabilities			19,111,436	20	28,601,241
<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			4,015,000	23	7,680,000
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D	2,912,727	25	2,431,450		
	26	Total liabilities. Add lines 17 through 25			30,803,529	26	45,458,149
- S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
Balance		through 29, and lines 33 and 34.					
<u>8</u>	27	Unrestricted net assets			6,431,347		2,789,257
ă	28	Temporarily restricted net assets	2,805,346		2,330,671		
Fund	29	Permanently restricted net assets		_	11,827,217	29	12,126,228
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	plete			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			21,063,910	33	17,246,156
_	34	Total liabilities and net assets/fund balances			51,867,439	34	62,704,305
Pa	rt YT	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		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
3а	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		
h	If "Yes" did the organization undergo the required audit or audits?	3h	Yes		

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DLN: 93493018005020

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Open to Public Inspection

	ne of the organization S COLLEGE							Employer identification number			
KLOIC	COLLEC	JL						04	-210445:	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organız	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)			
1		A church, o	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	<b>▽</b>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospital	or a cooperative	e hospital service organizati	ion descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	i <b>ii).</b> (Attac	h Schedul	e H )
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	·	-	·	(Complete Part II )		•		, ,			
6	Г			overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7		•	-	ally receives a substantial p						n the gene	ral public
	·	=		o)(1)(A)(vi) (Complete Par			_			_	·
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	, and gross
		receipts fro	m activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	k) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	<b>(a)(4).</b> (Se	ee instruc	tions )
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Che the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Dther						· ·			
e	$\vdash$		• •	Type II <b>c</b> rtify that the organization is					d one or mor		
-	,	•	foundation man	agers and other than one or			•				•
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ig organization,
		check this						6.11			Γ
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	9		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	nd (III) below, the governing body of the the supported organization?							(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports				
	Supp	1 ' ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1		(iii) Type of organization (described on lines 1-9		atıon ın	the orga	ou notify inization	organiz	s the ation in	(vii) A mount of support?
Organ		ızatıon		above or IRC section (See Instructions))	yourgo	listed in verning ment?		i) of your oort?		rganized US?	
					Yes	No	Yes	No	Yes	No	1
								<u> </u>			
Tota	ı										

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, 100, 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						
c	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

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

► 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

Internal Revenue Service Name of the organization

**Employer identification number REGIS COLLEGE** 04-2104451 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year

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

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat
- Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Held at the End of the Year
- h Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d

Total number of conservation easements

- 2a 2b 2c 2d Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

**►** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	dule D (Form 990) 2008					
	<b>IIII</b> Organizations Maintaining Co	llections of Art, H	listorical Treası	ıres, or Othe	r Similar Assets	(continue
	Using the organization's accession and other items (check all that apply)	r records, check any of	f the following that ar	e a significant u	se of its collection	
а	Public exhibition	c	<b>i</b> Loan or exc	hange programs		
b	Scholarly research	•	Other			
c	Preservation for future generations					
4	Provide a description of the organization's co Part XIV	ollections and explain h	now they further the	organization's ex	empt purpose in	
	During the year, did the organization solicit of assets to be sold to raise funds rather than t		•		ılar <b> Y</b> e	es   No
Pari	Part IV, line 9, or reported an an			anızatıon answ	ered "Yes" to For	m 990,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary for contributions	or other assets r	not 🔽 Ye	es 「No
b	If "Yes," explain why in Part XIV and comple	te the following table		<u></u>		
					A mount	:
С	Beginning balance			1c		91,6
d	Additions during the year			1d		135,15
е	Distributions during the year			1e		126,08
f	Ending balance			1f		100,67
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?		ΓYe	es 🔽 No
b	If "Yes," explain the arrangement in Part XIV	,				
Par	t V Endowment Funds. Complete	f the organization a	nswered "Yes" to	Form 990, Par	t IV, line 10.	
		(a)Current Year	(b)Prior Year (c)Tr	wo Years Back (d)	Three Years Back (e)Fo	our Years Ba
1a	Beginning of year balance	12,341,070				
b	Contributions	299,011				
C	Investment earnings or losses	-465,013				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	435,187				
f	Administrative expenses					
g	End of year balance	11 720 991				
		11,739,881				
2	Provide the estimated percentage of the yea					
2 a	Provide the estimated percentage of the yea  Board designated or quasi-endowment					
а	,	r end balance held as				
a b	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 %	r end balance held as				
a b c	Board designated or quasi-endowment Fermanent endowment 100 000 %	r end balance held as 0 %	on that are held and a	administered for	the	
a b c 3a	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by	r end balance held as 0 %	on that are held and a	admınıstered for		res No
a b c 3a	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses	r end balance held as 0 %	on that are held and a	admınıstered for	3a(i)	No
a b c 3a	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization		admınıstered for		
a b c 3a	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 %  ssion of the organization	n Schedule R?	administered for	3a(i)	No
a b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or				No
a b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or	n Schedule R? ment funds . See Form 990, P	art X, line 10.		No
a b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or			3a(i) 3a(ii) 3b	No
a b c 3a b 4 Part	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or	n Schedule R?  ment funds  See Form 990, P	art X, line 10.	3a(i) 3a(ii) 3b	No No
a b c 3a b 4 Pari	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or	n Schedule R?  ment funds  See Form 990, P	art X, line 10.  (b)Cost or other basis (other)	3a(i) 3a(ii) 3b	No No
a b c 3a b 4 Pari	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 % ssion of the organization  ins listed as required or	n Schedule R?  ment funds  See Form 990, P	art X, line 10.  (b)Cost or other basis (other)  540,925	(c) Depreciation (c	No No No 1) Book valu
b c 3a b 4 Part	Board designated or quasi-endowment  Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the VI Investments—Land, Buildings  Description of investment	r end balance held as  0 % ssion of the organization  ins listed as required or	n Schedule R?  ment funds  See Form 990, P	art X, line 10. (b)Cost or other basis (other) 540,925 23,285,765	(c) Depreciation (c)	No No No 1) Book valu 540,5
a b c 3a b Pari t d E e C	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment 0 %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as  0 %  ssion of the organization  ins listed as required on the organization's endow  and Equipment.	n Schedule R?  ment funds  See Form 990, P  (a) Cost or other basis (investment)	art X, line 10. (b)Cost or other basis (other) 540,925 23,285,765 27,032,708	(c) Depreciation (c) 13,249,312 18,270,600	No No No 1) Book valu 540,9 10,036,4 8,762,1

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other non-publicly traded land and equity funds managed by the common fund	5,440,220		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,440,220		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II	l		
(a) Descri			(b) Book value
Restricted Cash			9,502,058
project under development			4,884,083
DEBT ISSUES COSTS			431,397
BENEFICIAL INTEREST IN REMAINDER TRUST			809,786
Total. (Column (b) should equal Form 990, Part X, col.(B) line			15,627,324
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability Federal Income Taxes	(b) A mount		
advances for other student loans	1,538,006		
annuity payment liability	240,168		
DEPOSITS HELD FOR OTHERS	653,276		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,431,450		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,510,441
Total expenses (Form 990, Part IX, column (A), line 25)	2	43,274,769
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,764,328
4 Net unrealized gains (losses) on investments	4	-891,649
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-161,777
9 Total adjustments (net) Add lines 4 - 8	9	-1,053,426
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,817,754
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial		30,474,424
statements	1	
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	-	
b Donated services and use of facilities	-	
c         Recoveries of prior year grants	1	
	2e	-10,367,065
e Add lines <b>2a</b> through <b>2d</b>	3	40,841,489
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	ب	40,041,409
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
<b>b</b> Other (Describe in Part XIV)	1	
c Add lines <b>4a</b> and <b>4b</b>	4c	-331,048
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	40,510,441
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1 Total expenses and losses per audited financial statements	1	34,292,178
A mounts included on line 1 but not on Form 990, Part IX, line 25		
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 2a through 2d	2e	331,048
3 Subtract line <b>2e</b> from line <b>1</b>	3	33,961,130
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Other (Describe in Part XIV)	1	
c Add lines 4a and 4b	4c	9,313,639
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,274,769

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

Ident if ier	Return Reference	Explanation
Part IV , Line 1b		The College acts as fiscal agent for a Boston area school in accordance with its contract with the Boston Public Schools The College receives and disburses funds on behalf of this organization
Part V , Line 4	Description of Intended Use of Endowment Funds	endowment funds are categorized into two areas, financial aid and institutional. The College uses the annual spending rate on the financial aid funds to provide scholarships to students that meet the required criterial the college uses the spending rate on the institutional funds for capital appropriations.
		PART XI LINE 8 - CHANGE IN CARRYING VALUE OF SPLIT- INTEREST AGREEMENTS of \$(28,202), CHANGE IN THE CARRYING VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST of \$(133,575)
		Part XII Line 2d - grants and scholarships netted with revenue on the financial statements of \$9,313,639, the change in carrying value of split interest agreements of \$(28,202), and the change in carrying value of beneficial interest in remainder trust \$(133,575)
		Part XII Line 4b - rent expenses netted with revenue on the 990
		Part XIII Line 2d - rent expenses netted with revenue on the 990
		Part XIII Line 4B - Grants and scholarships netted with revenue on the financial statements

### OMB No 1545-0047

IB NO 1545-004

2008

Open to Public

#### SCHEDULE E

(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 answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization Employer identification number **REGIS COLLEGE** 04-2104451 YES NO 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 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 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 THROUGH ADVERTISEMENT IN GENERAL CIRCULATION NEWSPAPERS, JOURNALS, CATALOG OFFERS, NATIONAL COLLEGE & UNIVERSITY PUBLICATIONS AND OTHER MEANS ALSO, PROGRAMS INCLUDE IN THEIR SOLICITATION MATERIAL, A SUMMARY STATEMENT OF THE NON-DISCRIMINATION POLICY Does the organization maintain the following? a 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 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) Does the organization discriminate by race in any way with respect to a 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 e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- ${f b}$  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 🧈

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

Cat No 50085D

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

5h

6a

6b

Yes

Νo

Νo

h Other extracurricular activities?

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

DLN: 93493018005020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

REGIS COLLEGE							
						04-2104451	
Part I General Infor  1 Does the organization mathe selection criteria use 2 Describe in Part IV the organization	aintain records to s ed to award the gran	nts or assistance?	t of the grants or assista				F Yes □ I
Part IV and Sch	IV, line 21 for ar ledule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=			•		
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

art 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>b)</b> Number of recipients	<b>(c)</b> 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
See Additional Data Table					

**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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The College complies with the U.S. Depof Education policy regarding Title IV funds and other grant awards. The College has dedicated individuals perform the work outlined in the scope of the grant. These individuals are classified as financial aid professionals and grant administrators who work in conjunction with finance professionals to ensure proper stewardship of funds. These individuals follow the statutory and regulatory requirements set forth in the grant. Funds are drawn after expenses are incurred. Progress reports are submitted in compliance with the grant requirements and appropriate documentation is maintained.

Software ID: Software Version:

EIN: 04-2104451
Name: REGIS COLLEGE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States						
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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	
REGIS GRANTS UNDERGRADUATE	584	8,100,904				
SEOG GRANTS UNDERGRADUATE	239	51,398				
ALUMNAE SPONSORSHIP AWARDS UNDERGRADUATE	108	206,000				
CITY YEAR SCHOLARSHIP UNDERGRADUATE	1	1,181				
MASSACHUSETTS UPLAN UNDERGRADUATE	6	3,329				
SIBLING DISCOUNT UNDERGRADUATE	11	26,250				
OUT OF STATE ROOM SCHOLARSHIP UNDERGRADUATE	36	201,300				
COMMUTER GRANT UNDERGRADUATE	5	13,500				
SCHRAFFTS BOSTON SCHOLARSHIP	3	25,000				
SHARING OPPORTUNITIES	7	113,589				
HANNAH BRADLEY SPECIAL NEEDS	1	423				
YAWKEY FOUNDATION	20	47,222				
STACY STOTT SCHOLARSHIP	2	1,000				
HRSA SCHOLARSHIPS FOR DISADVANTAGED STUDENTS UNDERGRADUATE	6	21,679				
PATRICIA T SULLIVAN SCHOLARSHIPS	23	50,000				
HRSA NURSING WORKFORCE DIVERSITY SINE GRANT	15	32,860				
S BOGAN COMMUNICATIONS	6	3,200				
TUITION DISCOUNTS	1	800				
REGIS GRANTS NON-TRADITIONAL	147	196,911				
NURSING GRADUATE ASSISTANTSHIP	16	92,500				
NURSING DNP SCHOLARSHIP	8	20,000				
HRSA ADVANCED EDUCATION NURSING TRAINEESHIPS	84	104,093				
S DINNEEN CATHOLIC TEACHERS	1	500				

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DLN: 93493018005020

OMB No 1545-0047

#### Schedule J (Form 990)

# **Compensation Information**

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

2008

Department of the Treasury
Internal Revenue Service

Compensated Employees

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

Open to Public Inspection

Name of the organization REGIS COLLEGE

**Employer identification number** 

04-2104451

Рa	Questions Regarding Compensation	n				
					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 wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·			
	✓ Compensation committee	<u>~</u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	✓	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 p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
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		Νο
	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, p subject to the initial contract exception described in in Part III			g		N.o.

#### 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

(5.2.1)		(2) 5 11 6			(0) D ( )	(5) N	(E) = 1   (	<b>(F)</b> Compensation
(A) Name		(i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MARY JANE ENGLAND	(I)	260,867			110,814	29,803	401,484	
THOMAS PISTORINO	(I) (II)	158,645				29,073	187,718	
Paula Harbecke	(ı) (ıı)	153,991				22,132	176,123	
donald bowman	(ı) (ıı)	139,000				27,816	166,816	
robert BELLAVANCE	(ı) (ıı)	96,414				22,090	118,504	
	(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	Ret urn Ref erence	Explanation
	Part I, Line 1a	The College provided housing allowance in 2009 to the following individuals Mary Jane England-President, Lynn Coleman-VP Student life, Shawn Edie-Residence Life Director, Glenn Barrows-Resident Assistant, Nicole Dyson-Resident Assistant, Jessica Homer-Resident Assistant, Gradyflor Nicolas-St Clair-Resident Assistant, Kamille Carthy-Resident Assistant The benefit to these individuals is considered non taxable compensation

DLN: 93493018005020

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

2008

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 0.

Open to Public Inspection

	ie or the organization									Employer	dentifica	tion numi	рег	
REG	GIS COLLEGE									04-210	4451			
Pa	art I Bond Issues (Require	d for 2008)						_						
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue	e Price	(f) Description of Purpose		( <b>g)</b> De	feased	Beh	On alf of suer	
											Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY			07-31-	2008	10,	000,000	Constructio improvemer athletic field	t <sup>°</sup> and equip	•		х		x
Pa	rt III Proceeds (Optional for	r 2008)		•	•	_		•			•			•
	Total Business In (Table)				Α		В		С	ı	<u> </u>		E	
	Total Proceeds of Issue  Gross Proceeds in Reserve Fund	_												
3	Proceeds in Refunding or Defease	ance Escrows												
4	Other Unspent Proceeds													
	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro													
<b>7</b>	Capital Expenditures from Proces	eds ————————————————————————————————————												
8	Year of Substantial Completion				ı	1	ı	I	i I	I	1	1		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of													
10	Were the bonds issued as part of	an advance refunding i	ssue?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)	1	1						ı				
				<u> </u>			B 		C		) 		E	
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangement which may result in private busin		nanced property											
For	Paperwork Reduction Act Notice, see the	he Instructions for Form	990.			Cat No 50:	193E			s	chedule K	(Form 99	0) 2008	3

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

			A	E	3	(	С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
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	Ą	E	3		<u>c</u>	l	<u> </u>	1	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?										
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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## OMB No 1545-0047

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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** 

vame	OI	the	orga	mza	LION
FCIC	COI	LEGE			

**Employer identification number** 

REGIS COLLEGE							04	4-210	445	1			
Part I Excess Benefit Trans							(4) organiz	zatıor	ns or	ıly).			
To be completed by organiz			nswered "Ye T	s" on	Form 990, Part IV	, line	25a or 25b	o, or F	orm 9	990-EZ			
1 (a) Name of disqual	ıfıed p	erson			<b>(b)</b> Des	crıpt	on of transa	ction				(c) Cor Yes	No No
			L									1 03	110
<b>2</b> Enter the amount of tax imposed section 4958									nder <b>►</b>	\$			
3 Enter the amount of tax, If any, o	n line	2, abov	e, reımburs e	ed by t	the organization .				►	\$			
Part II Loans to and/or Fro													
To be completed by organ				Yes" (	on Form 990, Part	IV, I	ine 26, or Fo	orm 9	90-E	Z, Part (f		ne 38a 	
(a) Name of interested person and purpose		( <b>b)</b> Loar from f organiza	the	(c)	Original principal amount	( <b>d</b> )B	alance due	(e) defa		A ppr	oved ard o	r agree	/ritten ement?
		То	From					Yes	No	Yes	No	-	No
	-+					-					<del>                                     </del>		+
	-												
	+												
Total													
Part III Grants or Assistance To be completed by or						90.	Part IV. lın	ie 27	_				
(a) Name of interested person	<u> </u>		<b>)</b> Relatıonshı	p betv	veen interested pe					nt or tv	pe of	assista	ance
			and	the o	rganization		` '			•	·		
Part IV Business Transactio													
To be completed by or	ganız				"Yes" on Form 9	90,	Part IV, lın	e 28	a, 28	Bb, or	<u> 28c.</u>		
			Relationshi een interest	٠ .	(c) A mount of	f						(e) Sha organiz	_
(a) Name of interested person			rson and the		transaction		( <b>d)</b> Descr	iption	of tra	ansactı	on	rever	
			rganızatıon									Yes	No
Kathleen Dawley		Truste	e of Board		116,		Kathleen Da of Maguire A						Νo
							company th	at pro	vides	5			
							consulting s College	ervic	es to	ine			
		İ					-				$\neg$		•

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DLN: 93493018005020

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Non-Cash Contributions** 

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

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	e of the organization S COLLEGE				Employer identificat	ion nu	mber	
LOI	o college				04-2104451			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d rever	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		_	126 122	- M - L - L - L - L			
	Securities—Publicly traded .	X	5	136,422	Fair Market Value			
	Securities—Closely held stock							
.1	Securities—Partnership, LLC, or trust interests							
L <b>2</b>	Securities—Miscellaneous	X	8	200.902	Fair Market Value			
L3	Qualified conservation							
	contribution (historic structures)							
L <b>4</b>	Qualified conservation contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
) E	Furniture and Other (describe Fixtures )	×	1	20,000	Cost			
	Other (describe)			20,000	10031			
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received	hv the ora	anization during the tax vea	r for contributions for				
	which the organization complete  Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
	9						Yes	No
30a	During the year, did the organization bold for at	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date	of the initial	l contribution, and which is	not required to be used for	exempt purposes			ĺ
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part I	II					
	Does the organization have a gi					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not repor	t revenues i	ın Column (c) for a type of p	roperty for which Column (	a) ıs			l

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

# OMB No 1545-0047

2008

Open to Public Inspection

# **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.

Name of the organization REGIS COLLEGE

**Employer identification number** 

04-2104451

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	auxiliary enterprises - provide dining services, residential hall services, children's learning center, bookstore services, telecommunications services for approximately 1,600 full-time equivalent students. Expenses \$ 3210077 including grants of \$ 0. Revenue \$ 6356005

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Program Services - scholarships and grants to approximately 1,600 students Expenses \$ 9313639 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The preparer of the 990 will present a copy of the form to the Audit Committee before it is filed with the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Inne 12c		The College has a single combined written document for conduct, ethics, conflict of interest, technology use, and confidentiality policies for faculty, staff and administration. This document is part of the hiring process, signed by the employee and stored in the Office of Human Resources. In addition, the college also distributes a related party questionnaire through its annual audit process to all board members, officers, and key employees. This questionnaire is designed to disclose interests that could give rise to conflicts. Our annual independent audit will not be complete until all of these forms have been signed and returned. Furthermore, the By-Law's of the College states. "No member of the Corporation, trustee, officer or employee of the corporation shall have any personal financial interest, direct or indirect, in any contract relating to the business conducted by the Corporation, or the furnishing of supplies to the Corporation, unless authorized by concurring vote of two-thirds of the disinterested. Trustees, even though the disinterested Trustees be less than a quorum, and provide that the material facts as to her interest in such transaction are disclosed or are known to the Board of Trustees."

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		For the recruitment of the prospective executive position, the College engages an independent professional executive search firm. Through an ad hoc compensation committee approved by the board of trustees the College and the firm work together to obtain comparative market data and acquire available salary survey data. The compensation committee review's comparative market data and available salary survey data before making recommendations to the Board of Trustees which has final approval. The President has a written employment contract. Compensation for other officers and key employees of the College is determined by market data and internal salary grades. For vice president positions the review of comparative market data and salary survey data are performed by a search committee in conjunction with an executive search firm. For other key employees the College performs comparative market data and acquires available salary survey information through the Office of Human Resources.

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section C, line 19		The College makes its governing documents, conflict of interest policy, and financial statements available to the public upon request							

ldentifier	Return Reference	Explanation
Form 990 Part XI Line 2c		The College has an audit committee that assumes responsibility for oversight of the audit of the financial statements and selection of the independent accountant

### Software ID: Software Version:

**EIN:** 04-2104451 Name: REGIS COLLEGE

Form 990, Part VII - Section Aaa										
	(B) Average hours per week	Posit	(C tion ( hat a	chec		I		(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
MARY JANE ENGLAND , PRESIDENT	40 00	Х		Х				260,867	0	140,617
SISTER HELEN CALLAHAN C , BOARD OF TRUSTEES	1 00	Х						0	0	0
KAREN HOKANSON SND , BOARD OF TRUSTEES	1 00	Х						0	0	0
ELLEN C KEARNS , BOARD OF TRUSTEES	1 00	Х						0	0	
CHRISTINA M MCCANN , treasurer	1 00	X		Х				0	0	0
JOSEPH JUSTIN MCCARTHY , board OF TRUSTEES	1 00	Х						0	0	0
MARILYN MCGOLDRICK CSJ , secretary	1 00	Х		X				0	0	0
TERESA M MCGONAGLE , board of trustees	1 00	Х						0	0	0
ROBERT F MEENAN , BOARD OF TRUSTEES	1 00	Х						0	0	0
CAROLE F barrett , BOARD OF TRUSTEES	1 00							0	0	0
ELLEN O'CONNOR, chair of the board	1 00	Х		Х				0	0	0
SALVATORE B SIMEONE , BOARD OF TRUSTEES	1 00	Х						0	0	0
LORRAINE TEGAN , BOARD OF TRUSTEES	1 00	X						0	0	0
NANCY M VALENTINE , BOARD OF TRUSTEES	1 00	×						0	0	0
DR RICHARD W YOUNG , BOARD OF TRUSTEES	1 00	Х						0	0	0
kathleen dawley , BOARD OF TRUSTEES	1 00	×						0	0	0
clyde h evans , BOARD OF TRUSTEES	1 00	Х						0	0	0
George Hertz , bOARD OF TRUSTEES	1 00							0	0	0
paul v garrity vf , bOARD OF TRUSTEES								0	0	0
judy m lauch , bOARD OF TRUSTEES bonnie moran , bOARD OF TRUSTEES	1 00 1 00							0	0	0
mary I murphy CSJ , bOARD OF TRUSTEES	1 00							0	0	0
donna m norris md , bOARD OF TRUSTEES	1 00	Х						0	0	0
kathleen o'hara , bOARD OF TRUSTEES	1 00	Х						0	0	0
joan shea , bOARD OF TRUSTEES	1 00							0	0	0
donato j tramuto , bOARD OF TRUSTEES	1 00	Х						0	0	0
ernest bartell csc , bOARD OF TRUSTEES	1 00	Х						0	0	0
sister margaret comfrey , boarD OF TRUSTEES	1 00	Х						0	0	0
sister joan duffy csj , boARD OF TRUSTEES	1 00	Х						0	0	0
THOMAS PISTORINO , VP OF FINANCE & BUSINESS	40 00			х				158,645	0	29,073

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
	(B) A verage hours per week	Posit t	(C tion ( hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Paula Harbecke , VP OF ACADEMIC AFFAIRS	40 00			х				153,991	0	22,132
LYNN T COLEMAN , VP OF STUDENT LIFE	40 00			х				104,349	0	16,916
donald bowman , interim vp for advanceme	40 00			х				139,000	0	27,816
mary adams , project manager	40 00					Х		100,210	0	16,460
phillip jutras , professor	40 00					Х		99,496	0	21,264
MARY LOMBARD, PROFESSOR	40 00					Х		104,595	0	12,891
steven savas , finance & admin dir	40 00					Х		103,500	0	16,916
dıanna jones , dırector of health servı	40 00					Х		98,145	0	16,657
robert BELLAVANCE , former VP OF ENROLLMENT	40 00						х	96,414	0	22,090
SISTER THERESE HIGGINS , FORMER PRESIDENT	40 00						х	0	0	0
therese higgans , former PRESIDENT	0 00						Х	0	0	0

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Regis College educates approximately 1,600 full time equivalent undergraduate and graduate students in daytime, evening, and weekend programs in two schools; The School of Nursing and Health Professions and The School of Arts and Sciences, and continuing studies for adult learners. The college operates a library, fine arts center, language and technology labs, audio visual services, health center, admission, career planning, campus safety, transportation, campus ministry, inter-collegiate athletics, registration services, dining, resident halls, childrens learning center, bookstore, and a variety of other student services.