

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137018010

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please Salve Regina University use IRS 05-0259080 Address change label or Doing Business As E Telephone number Name change print or type. See (401) 341-2142 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 96,823,493 Instruc-100 ochre point avenue Termination tions. City or town, state or country, and ZIP + 4 newport, RI 028404190 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for SR M THERESE ANTONE RSM affiliates? 100 ochre point avenue newport, RI 028404190 H(b) Are all affiliates included? 501(c) (3) ◀ (insert no) (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► www salve edu L Year of Formation 1947 M State of legal domicile RI Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . 34 33 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 1,621 Total number of employees (Part V, line 2a) . 50 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a -221,215 Net unrelated business taxable income from Form 990-T, line 34 . -221,215 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 4,908,487 6,893,666 8 9 Program service revenue (Part VIII, line 2g) . . 70,827,668 74,305,767 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,381,415 -744,153 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 207,528 385,613 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 78,325,098 80,840,893 18,864,113 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,192,932 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 31,528,716 33,395,130 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\frac{1,240,976}{}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 23,204,873 23,788,387 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 71,926,521 76,047,630 18 Revenue less expenses Subtract line 18 from line 12 19 6,398,577 4,793,263 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 142,966,674 141,630,242 21 59,794,983 Total liabilities (Part X, line 26) 59,818,490 22 Net assets or fund balances Subtract line 21 from line 20 83,148,184 81,835,259 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-05-14 Sign Signature of officer

Here Michael Grandchamp vp of administration/cfo Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's Craig Klein signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours CBIZ Tofias if self-employed). **Use Only** address, and ZIP + 4 350 Massachusetts Avenue Phone no (617) 761-0600 Cambridge, MA 02139 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 org	anızatıon's mıssıon			
See A	dditional Data Table				
2	Did the organization the prior Form 990 o		rogram services during the ye	ear which were not listed on	Yes ✓ No
	If "Yes," describe the	ese new services on Schedu	ile O		
3	Did the organization services?	cease conducting or make s	significant changes in how it o		_ Yes ▽ No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) a	nd (4) organizations and 49		ee largest program services by e to report the amount of grants and prted	
4a	(Code) (Expenses \$ 6	4,577,936 including grants of \$	18,864,113) (Revenue \$	74,305,767)
	by the New England Ass enrolls approximately 2 the United States The	sociation of Schools and Colleges ,500 men and women in a variety	The University was founded by and of academic programs. The University	prehensive Catholic university which ope continues to be sponsored by the Sister sity's student population is predominatel offers Associates, Baccalaureate, Master	s of Mercy The University y from the Northeast region of
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv (Expenses \$	vices (Describe in Schedule including	O) grants of\$) (Revenue \$)
4e	Total program serv			IX, Line 25, column (B).	
		•			

art TV	Chec	klist of	f Required	Schedules

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

Part IV Checklist of Required Schedules (Continued)

			1 63	140
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	20-		N. a
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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		Νo
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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	Yes	
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
	Part VI **			

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	193			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,621			
Ь	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin			3a	Yes	
L	return?	· ·			Yes	
				3b	res	
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ , NT					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
c-	Tax Shelter Transaction?	•				N o
6a 	Did the organization solicit any contributions that were not tax deductible?			6a		IN O
D	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	cn contributions or giπs	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	•	·	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	, prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			. 9		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		ĺ			
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11						
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

<u>Section</u>	Α.	Governing	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 34			
Ь	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	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		No

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed RI
- 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. value values values values values.
- 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

Michael N Grandchamp c/o Salve Regina University 100 newport, RI 02840 (401) 341-2142

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	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee			Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-			

Part VII Continued

			() Ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
				\vdash			\vdash			
1b Total							 -	1,208,291	. (503,815

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Farrar & Associates 31A Bridge Street Newport, RI 02840	General Contractor	3,080,633
YSC Inc 240 Littleton County Road Harvard, MA 01451	General Contractor	974,494
Richard W Quinn 7 Bartlett Road Middletown, RI 02842	Architect	872,430
Datatel Inc Corp Headquarters Fairfax, VA 22033	Software Consulting	833,742
Atrion Networking Corp 30 Service Avenue Warwick, RI 02886	Network Services	391,362
2 Total number of independent contractors (including those in 1) who rec	• • • • • • • • • • • • • • • • • • • •	10

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	•				
nts nts	ь	Membership dues					
gra	c	1b Fundraising events					
Contributions, gifts, grants and other similar amounts	`	10	:				
<u> </u>	d	Related organizations 10					
ıns, sim	e	Government grants (contributions) 1e	1,923,961		ļ		
utio	f	All other contributions, gifts, grants, and similar amounts not included above	4,969,705				
急ぎ		1f					
E D	g	Noncash contributions included in lines 1a-1f \$	1				
O®	h	Total (Add lines 1a-1f)		6,893,666			
			Business Code				
апи	2a	Tuition	611,710	58,646,089	58,646,089		
Program Service Revenue	ь	Room	611,710	8,603,126	8,603,126		
	с	Meal Plan	611,710	3,690,936	3,690,936		
	d	Fees	611,710	3,365,616	3,365,616		
	e						
Iran	f	All other program service revenue					
Prog	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)	· •	1,737,061		-6,175	1,743,236
	4	Income from investment of tax-exempt t	oond proceeds	165,446			165,446
	5	Royalties	▶				
	5	(i) Real	(II) Personal				
	6a	Gross Rents 686,509	(,				
	ь	Less rental 788,901 expenses					
	с	Rental income -102,392					
	d	or (loss) Net rental income or (loss)	<u> </u>	-102,392		-215,040	112,648
		(i) Securities	(II) O ther				
	7a	Gross amount 12,411,959	(II) Other				
		from sales of assets other					
	ь	than inventory Less cost or 15,058,619					
		other basis and sales expenses					
	с	Gain or (loss) -2,646,660					
	d	Net gain or (loss)	▶	-2,646,660			-2,646,660
	8a	Gross income from fundraising	i 				
		events (not including					
e		\$450,043 of contributions reported on line					
듄		1c) See Part IV, line 18					
ev.		Attach Schedule G if total exceeds \$15,000					
<u> </u>	ь	Less direct expensesb	135,080				
Other Revenue	с	Net income or (loss) from fundrais	ing events	314,963			314,963
,	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	١.	a					
	b c	Less direct expensesb Net income or (loss) from gaming					
		· · ·	► ►				
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code	120.024			120.024
	11a	bookstore	900,099	120,924 42,042			120,924 42,042
	Ь	vending/laundry 	900,099	10,076			10,076
	С	p-card rebate	900,099	10,076			10,076
	d	All other revenue					
	е	Total. Add lines 11a-11d	 \$ 173,042				
	12	Total Revenue. Add lines 1h, 2g,		80,840,893	74,305,767	-221,215	-137,325
		8c, 9c, 10c, and 11e	▶				
-	1		L	I			Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re		plete columns		
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	18,806,213	18,806,213		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	57,900	57,900		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,255,074	466,163	661,088	127,823
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	24,696,520	20,269,669		623,198
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,846,842	1,533,897	267,884	45,061
9	Other employee benefits	3,735,129	2,848,301	787,200	99,628
10	Payroll taxes	1,861,565	1,462,559	341,553	57,453
11	Fees for services (non-employees)				
а	Management				
b	Legal	59,654		59,654	
C	Accounting	69,550		69,550	
d	Lobbying	141,400		141,400	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	99,468		99,468	
g	Other	2,010,061	1,444,221	532,581	33,259
12	Advertising and promotion	173,246	116,737	56,509	
13	Office expenses	2,299,101	1,158,194	1,036,226	104,681
14	Information technology	1,396,627	961,689	434,938	
15	Royalties				
16	Occupancy	3,245,802	2,720,636	500,425	24,741
17	Travel	815,195	678,456	121,083	15,656
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	2,159,651	2,055,825	99,195	4,631
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,626,088	4,856,794	734,981	34,313
23 24	Insurance	888,625	814,009	71,288	3,328
	total expenses shown on line 25 below)				
а	food services	2,150,139	2,148,290	1,849	
b	special projects/events	1,918,161	1,703,591	177,028	37,542
c	books & journals	307,515	264,205	42,361	949
d	dues & subscriptions	196,397	73,483	107,699	15,215
	contingency	121,787	33,308	74,981	13,498
f	All other expenses	109,920	103,796	6,124	
25	Total functional expenses. Add lines 1 through 24f	76,047,630	64,577,936	10,228,718	1,240,976
26	Joint Costs. Check T 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 (2008)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Degining of year	1	Liid oi yedi
	2	Savings and temporary cash investments			248,277	2	114,543
	3	Pledges and grants receivable, net		1,636,590	3	2,062,999	
	4	Accounts receivable, net		1,164,180	4	2,140,125	
	5	Receivables from current and former officers, directors, truste other related parties <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II c	section	4958(f)(1)) and		6	
	7	Notes and loans receivable, net	2,066,093	7	2,241,911		
	8	Inventories for sale or use			30,698	8	23,747
20	9	Prepaid expenses and deferred charges			2,890,795	9	2,509,318
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	155,995,727			
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	66,818,854		100	89,176,873
	11	Investments—publicly traded securities			26,449,913		17,270,948
	12	Investments—other securities See Part IV, line 11 Complete Schedule D		20,193,420		21,603,623	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedul		4,526,483	15	4,486,155	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			142,966,674	16	141,630,242
	17	Accounts payable and accrued expenses .			6,977,902	17	7,396,855
	18	Grants payable			18		
	19	Deferred revenue			48,180	19	
	20	Tax-exempt bond liabilities			46,434,645	20	44,711,719
<u>.</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					
3		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third partie	es		2,339,617	23	2,173,313
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		4,018,146	25	5,513,096	
	26	Total liabilities. Add lines 17 through 25			59,818,490	26	59,794,983
У		Organizations that follow SFAS 117, check here ► ✓ and conthrough 29, and lines 33 and 34.	nplete lin	es 27			
Balance	27	Unrestricted net assets			69,726,167	27	67,961,376
<u>8</u>	28	Temporarily restricted net assets			4,838,228	28	7,173,934
포	29	Permanently restricted net assets		8,583,789	29	6,699,949	
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	lete				
Ņ	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
AS	32	Retained earnings, endowment, accumulated income, or other		32			
Š	33	Total net assets or fund balances					
_	34	Total liabilities and net assets/fund balances			142,966,674	34	141,630,242
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137018010

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Open to Public Inspection

Salve	Regina	University						0.5	025000	2	
Da	rt I	Peacon	for Bublic Cl	harity Status (to be co	mplotod	by all or	aanizatio		-0259080		
				ation because it is (Please					mstruct	10113)	
1	- J		-	urches, or association of ch					Δ)(i).		
2	, V	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	, -	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	<u>'</u>	-	•				-				•
•	'	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	г	•		or the benefit of a college or	universit	v owned o	r onerated	hy a dove	rnmental	unit desc	rihed in
_	'			(Complete Part II)	4111701510	, 0,,,,,,,,	. ороласса	b, a gord		41111 4050	
6	г			overnment or governmental	unit descr	ihad in Se	ction 170	(b)(1)(A)	(v)		
7	<u>'</u>	•	, -	ally receives a substantial p			,			n the dene	ral nublic
	'	=		o)(1)(A)(vi) (Complete Par		учрроте по	in a gove	· · · · · · · · · · · · · · · · · · ·		ii tiio goile	.rur public
8	\vdash		-	ed in Section 170(b)(1)(A)	•	nlete Pari	+				
9	, H		•	ally receives (1) more than			•	ontribution	s membe	rshin fees	and aross
-	•	-		ated to its exempt functions							· -
				stment income and unrelate	-		•		•		
		• •	•	on after June 30, 1975 See			•			,	
10	Г		<u>-</u>	and operated exclusively to			•		•	ee instruc	tions)
11	Ė	=	=	and operated exclusively fo	-		•				· ·
	•	_	=	orted organizations describe					•	•	
				type of supporting organiza					_		
	_	а Г Т	•				nally Integ		d		III - Other
е	ļ	•		rtify that the organization is agers and other than one or			•				•
		section 50		agers and other than one or	more publ	псту заррс	orteu orga	11124110113	aescribeu	III Section	1309(a)(1)01
f		If the organ	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organizatio <u>n,</u>
		check this						6.11			Г
g		following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	
		(ii) a family	member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(iii)
h		Provide the	following inform	nation about the organizatio	ns the org	janization	supports				<u> </u>
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in	the orga			ation in	support?
Organization above or IRC section col (i) listed in in col (i) of your col (i) of your governing support? in the							cor (1) o				
				(See Instructions))		nent?	Jupi	,010	iii tiic	0 5 .	
					Yes	No	Yes	No	Yes	No	1

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 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 stop here						▶ □
	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	
			•	.orumm (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	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 05-0259080

Name: Salve Regina University

Form 990, Part VII - Section Aaa

Pormi 990, Part VII - Section Aaa	(C) Position (check all that apply)								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Lıly Bentas , Trustee	1 00	Х						0	0	0
Norman Beretta , Trustee	1 00	Х						0	0	0
Frederick Butler , Trustee	1 00	Х						0	0	0
Peter Crowley , Trustee	1 00	Х						0	0	0
Mary Ann Dillon RSM , Trustee	1 00	Х						0	0	0
Joseph DıStefano , Trustee	1 00	Х						0	0	0
Noreen Drexel , Trustee	1 00	Х						0	0	0
Jane Gerety RSM , Trustee	1 00	Х						0	0	0
Christine Kavanagh RSM , Trustee	1 00	Х						0	0	0
Ellen Kurtz RSM , Trustee	1 00	Х						0	0	0
Marie Langlois , Trustee	1 00	Х						0	0	0
Gloria Lincourt , Trustee	1 00	Х						0	0	0
Frederick Lohrum , Trustee	1 00	Х						0	0	0
Cheryl Mrozowskı , Trustee	1 00	Х						0	0	0
Marypatricia Murphy , Trustee	1 00	Х						0	0	0
David Nelson , Trustee	1 00	Х						0	0	0
J Timothy O'Reilly , Trustee	1 00	Х						0	0	0
Nuala Pell , Trustee	1 00	Х						0	0	0
Peter Rector , Trustee	1 00	Х						0	0	0
Donald Reefe , Trustee	1 00	Х						0	0	0
James Salome , Trustee	1 00	Х						0	0	0
Deborah Smith , Trustee	1 00	Х						0	0	0
Donald Staff , Trustee	1 00	Х						0	0	0
Howard Sutton , Trustee	1 00	Х						0	0	0
Kenneth Walker , Trustee	1 00	Х						0	0	0
David Wallace , Trustee	1 00	Х						0	0	0
Anthony Baudanza , Trustee	1 00	Х						0	0	0
George Carney , Trustee	1 00	Х						0	0	0
Timothy Flanigan , Trustee	1 00	Х						0	0	0
John McGinty , Trustee	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

roilli 990, Part VII - Section Ada										
			(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Janet Robinson , Trustee	1 00	Х						0	0	0
Thomas Rodgers , Trustee	1 00	Х						0	0	0
Bishop Thomas Tobin , Trustee	1 00	Х						0	0	0
Sr M Therese Antone RSM , President	40 00	Х		Х				0	0	217,571
Conference Mercy Higher , Ed - Inst Trustee	40 00		х					0	0	0
William Hall , VP Administration/CFO	40 00			Х				214,447	0	56,400
Dean DelaMotte , VP A cademic Affairs	40 00				Х			178,339	0	30,386
Michael Semenza , VP University Relations	40 00				x			167,897	0	38,261
Laura McPhie-Oliveira , VP Enrollment Services	40 00					Х		141,724	0	33,316
John Rok , VP Student Life	40 00					Х		124,729	0	41,822
Peter Liotta , Director, Pell Center	40 00					Х		136,392	0	13,716
Michael Grandchamp , AVP Finance/Controller	40 00					Х		124,121	0	50,989
Thomas Brennan , AVP IT/CIO	40 00					Х		120,642	0	21,354

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

As an academic community that welcomes people of all beliefs, Salve Regina University, a Catholic institution founded by the Sisters of Mercy, seeks wisdom and promotes universal justice. The University, through teaching and research, prepares men and women for responsible lives by imparting and expanding knowledge, developing skills and cultivating enduring values. Through liberal arts and professional programs, students develop their abilities for thinking clearly and creatively, enhance their capacity for sound judgment, and prepare for the challenge of learning throughout their lives. In keeping with the traditions of the Sisters of Mercy, and recognizing that all people are stewards of God's creation, the University encourages students to work for a world that is harmonious, just and merciful.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

As an academic community that welcomes people of all beliefs, Salve Regina University, a Catholic institution founded by the Sisters of Mercy, seeks wisdom and promotes universal justice. The University, through teaching and research, prepares men and women for responsible lives by imparting and expanding knowledge, developing skills and cultivating enduring values. Through liberal arts and professional programs, students develop their abilities for thinking clearly and creatively, enhance their capacity for sound judgment, and prepare for the challenge of learning throughout their lives. In keeping with the traditions of the Sisters of Mercy, and recognizing that all people are stewards of God's creation, the University encourages students to work for a world that is harmonious, just and merciful.

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations complete Part III	oxy Tax)	.,,	
Na	me of the organization ve Regina University				ntıfication number
Par		y all organizations exempt to the instructions for Schedule (05-0259080 501(c) and section	
1	Provide a description of the org	ganization's direct and indirect polition	cal campaign acti	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed b for Schedule C for de	y all organizations exempt etails.)	under section	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	1 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contribut	ted to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aıd from the filing to a separate po	organization's own interna litical organization, such a	al funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization If none enter -0-

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0- if line g is more than line a Subtract line 1ffrom line 1c Enter -0- if line f is more than line c If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the provisions apply Check of the filling grand and limited controls and filling grand and limited controls and filling grand and limited controls and filling grand and limited controls apply Limited controls and filling grand and limited controls apply Limited controls and filling grand and limited controls apply Limited controls and filling grand and limited controls apply Total lobbying expenditures (add lines 1a and 1b) Other cannot lobby in controls and limited controls apply Tot	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
с	Total lobbying expenditures										
d	Grassroots non-taxable amount										
e	Grassroots ceiling amount (150% of line d, column (e))										
f	Grassroots lobbying expenditures										

	To be completed by organizations exempt under section 501(c)(3) that 5768 (election under section 501(h)). (See the instructions for Schedule C for	<u>r detai</u>	ls.)	ı		
		(;	a) I		(b)	
		Yes	No	A	mour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		No			
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			14	1,400
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				14	1,400
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912					
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), s section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(c)(5)), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), s section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No	" OR i				
	question 3 is answered "Yes." (See the instructions for Schedule C for details	.)				
1	Dues, assessments and similar amounts from members	_,	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	a !				
а	Current Year		2a \$			
b	Carryover from last year	ļ	2b\$			

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

Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part IV, Supplemental Information		The University retains consultants to help the University understand the inner workings of the Federal legislative branch of the government. The consultants help provide knowledge of potential funding opportunities and how best to take advantage of those funding opportunities and further the mission of the University.

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ 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.

Employer identification number

ive Regina	Oniversity				05-02	5908	0		
art I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			ther Similar				Comple	te ıf th
		(a) Donor	adv	ısed funds	(b)	Fund	s and ot	her accou	nts
Totalr	number at end of year								
Aggre	gate Contributions to (during year)								
Aggre	gate Grants from (during year)								
Aggre	gate value at end of year								
	e organization inform all donors and donor advi are the organization's property, subject to the	•			donor advise	d		☐ Yes	┌ No
used c	e organization inform all grantees, donors, and only for charitable purposes and not for the ben missible private benefit?				•			☐ Yes	∏ No
TI II	-	ıf the organizatı	on a	inswered "Yes	" to Form 9	990,	Part IV,	 , line 7.	
☐ PI	se(s) of conservation easements held by the o reservation of land for public use (e g , recreati rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a qual	ion or pleasure)	「「	Preservation of Preservation of	certified his	toric	structur	re	a
	last day of the tax year	med conservation	COIIC	TIDUCION III CHE 10	orm or a cons			he End of	the V
Total	number of conservation easements				•	2a	icia at t	ile Liid Oi	the re
					H	2b			
	l acreage restricted by conservation easement		الدارات	- d (-)		2c			
	ber of conservation easements on a certified h				-	2d			
	ber of conservation easements included in (c) a		-		L				
	er of conservation easements modified, transfe xable year ►	errea, reieasea, ext	ingu	isnea, or termin	ated by the	organ	ization d	uring	
Numbe	er of states where property subject to conserva	ation easement is l	locat	ted ▶ 1					
	the organization have a written policy regarding ement of the conservation easements it holds	-	ıtorır	ng, inspection, v	iolations, an	d		✓ Yes	┌ N
Staff o	or volunteer hours devoted to monitoring, inspe	ecting and enforcing	geas	sements during	the year ►		0 00		
A mou	nt of expenses incurred in monitoring, inspecti	ng, and enforcing e	aser	ments during the	year ► \$		0		
	each conservation easement reported on line 2 i)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy t	the r	equirements of s	section			☐ Yes	V N
baland	t XIV, describe how the organization reports c ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easer	the footnote to the					,		
t III	Organizations Maintaining Collection Complete if the organization answered				s, or Othe	r Sir	nilar A	ssets.	
art, his	organization elected, as permitted under SFAS storical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fir	for public exhibition	on, e	ducation or rese	arch in furth				e,
hıstorı	organization elected, as permitted under SFAS ical treasures, or other similar assets held for e the following amounts relating to these items	public exhibition, e							
(i) Re	venues included in Form 990, Part VIII, line 1					Þ	· \$		
(ii) As	sets included in Form 990, Part X					- \$;		
Ifthe	organization received or held works of art, hist ing amounts required to be reported under SFA				s for financia	al gair	ı, provide	e the	
Reven	ues included in Form 990, Part VIII, line 1					- \$	À		
Asset	s included in Form 990. Part X					▶ \$			

Part	1 🛊 🕸 1	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	ures, or Othe	r Simila	r Asse	ts (co	ntınued)
3		g the organization's accession and others s (check all that apply)	r records, check any	of th	e foll	owing that a	ire a significant u	ise of its co	ollection	า	
а	Γ	Public exhibition		d	Γ	Loan or ex	change programs				
b	F :	Scholarly research		e	Γ	Other					
c		Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	ollections and explain	how	v the y	further the	organization's ex	xempt purp	ose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	s" to Fo	orm 9	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	ınt	
С	Begi	nning balance					1c				
d	Addı	itions during the year					1d				
е	Dıst	ributions during the year					1e				
f	Endi	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
		es," explain the arrangement in Part XIV									
Par	t V	Endowment Funds. Complete	f the organization (a)Current Year		were)Prior		Form 990, Par Two Years Back (d)			NEQUE Vo	an Pack
1a	Beau	nning of year balance	41,042,032	(D	PHOI	real (C)	TWO TEATS BACK (u)	Tillee reals	back (e)roui te	edis Dack
ь		tributions	1,224,199								
c		stment earnings or losses	-7,078,052								
d		nts or scholarships	265,900								
e		er expenditures for facilities	1,474,000								
	and	programs									
f	Adm	inistrative expenses									
g		of year balance	33,448,279								
2	Prov	ide the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	80 000 %								
b	Perm	nanent endowment 🕨 20 000 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses nization by	ssion of the organizat	ıon t	hat a	re held and	administered for	the		V	Na.
		nrelated organizations			_				3a(i)	Yes	No No
		elated organizations							3a(ii)		No
ь		es" to 3a(II), are the related organization				ule R? .			3b		
4		cribe in Part XIV the intended uses of th	e organızatıon's endo	wme	nt fu	nds					
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, I	Part X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depred	ciation	(d) Boo	ok value
1 a L	and	· · · · · · · · · · · · · · · · · · · 					6,953,247			(6,953,247
b B	Buildir	ngs					116,543,372	46,3	08,126	70	0,235,246
c L	easel	hold improvements									
d E	quipr	ment					29,552,505	20,5	10,728	9	9,041,777
e 0	ther		<u></u> .				2,946,603				2,946,603

211-VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		- Cost of one of your market value
losely-held equity interests		
ther absolute return	8,448,084	
ther fixed income	6,542,423	
ther money market funds	1,050,223	
ther mutual funds	2,781,097	
ther certificates of deposit	2,781,796	
·	, ,	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	21,603,623	
art VIII Investments—Program Related. See	Earm 000 Dart V line 1	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	ition	(b) Book value
		
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
tudent deposits	2,179,835	
fundable advances – government	1,644,290	
bligations under capital lease	1,688,971	
·	, ,	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,513,096	
, , , , , , , , , , , , , , , , , , ,	, 5,515,0901	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	80,840,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,047,630
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,793,263
4	Net unrealized gains (losses) on investments	4	-6,106,188
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-6,106,188
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,312,925
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	58,009,936
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-5,182,425
3	Subtract line 2e from line 1	3	63,192,361
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 99,468		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	17,648,532
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	80,840,893
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	59,322,861
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	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	923,763
3	Subtract line 2e from line 1	3	58,399,098
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 99,468		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	17,648,532
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	76,047,630
Pai	rt XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	The organization makes no mention of the easement in its financial statments. The easement is between the organization and the State of rhode island and stipulates that no demolition or alteration can be made to the exterior of Ochre Court, located in Newport, RI. The organization is aware of the easement and no changes have been made to the exterior thus there is no devoted staff for monitoring, inspecting and/or enforcement of the easement.
Part V , Line 4	Description of Intended Use of Endowment Funds	The University uses the endowment funds strictly in accordance with donor intention. The majority of permanent endowment is held for scholarship, teaching, and program expenses. A small portion of the permanent endowment is for student related activities such as athletic programs. The unrestricted endowment is kept in financial reserves to be used at the board of trustees discretion.
Part XII, Line 2d - Other Adjustments		fundraising expenses 134862 rental expenses 788901
Part XII, Line 4b - Other Adjustments		scholarships and grants 17549064
Part XIII, Line 2d - Other Adjustments		fundraising expenses 134862 rental expenses 788901
Part XIII, Line 4b - Other Adjustments		scholarships and grants 17549064
		Schedule D, Part II The University entered into a fifty year easement with the Rhode Island Historic Preservation Society in exchange for a grant intended to help defray the exterior restoration of Ochre Court Ochre Court, an architecturally significant structure, is used to house University administration. The nature of the easement is such that the University must keep the exterior intact and cannot modify said exterior without the express approval of the RI Historic Preservation Society. In addition, said structure's exterior must be allowed to be viewed by the general public. No modifications have been made since the restoration nor has public access been blocked.

OMB No 1545-0047

5 NO 1545-004

2008

Open to Public Inspection

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** Salve Regina University 05-0259080 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 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 A non-discriminatory policy statement is included in all public announcements and publications 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 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 h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137018010

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

interna	al Revenue Service					Inspection
	ne of the organization ve Regina University				Employer ic	lentification number
Saiv	ve Regina University				05-025908	80
Pa		ormation on Ac		de the United States		
1				ecords to substantiate (the amount of the gran	nts or
•				assistance, and the se		
	·	= "	-			
2	_			ocedures for monitoring th		
	United States					
3	Activites per Region (Use Schedule F-1	(Form 990) if add	ditional space is needed)		
		(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d	1)
	(a) Region	offices in the	employees or	region (by type) (i e , fundraising, program services,	is a program service,	(f) Total expenditures in
	(,g	region	agents in region	grants to recipients located in	describe specific type o service(s) in region	f region
		_		the region)	service(s) in region	
						1
					1	

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

	Other Assistance F-1 (Form 990) if a			ted States. Complete	e if the organization a	answered "Yes" to Forr	m 990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
scholarships	sub-saharan afrıca	2		n/a	57,900	Scholarships	fmv

Schedule F (Form 990) 2008

Identifier Procedure for Monitoring Grants Outside the U S	ReturnReference	Explanation Schedule F, Part I, Line 2 As a general rule, international students do not receive scholarship support from the University The two students listed were two individuals effected by the
		students do not receive scholarship support from the University The two students listed were two individuals effected by the
		genocide in Rwanda and have received tuition assistance. These funds were not cash and were given within the United States and monitored within both the financial aid office and business office.

Software ID:

Software Version:

EIN: 05-0259080

Name: Salve Regina University

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
-----------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137018010

OMB No 1545-0047

2008

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Inspection
Salve Regina University					Employer ider	ntification number
Saive Regina University					05-0259080	
Part I Fundraising	Activities. Complet	e ıf the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the oi	rganization raised funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations		J	•	e Solicitation of r		
b Email solicitations		f Solicitation of	government grants			
c Phone solicitations	Phone solicitations			g Special fundrais	sing events	
d In-person solicitati	ions					
_	ive a written or oral agre d in Form 990, Part VII		•	` .		Γ Yes Γ N
b If "Yes," list the ten hig to be compensated at I	phest paid individuals or least \$5,000 by the org					
		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by)
(i) Name of individual	I (III) A CTIVITY					
• •						
or entity (fundraiser)						organization
or entity (fundraiser)				-	col (i)	organization
or entity (fundraiser)		Yes	No No		col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	organization
or entity (fundraiser)					col (i)	
or entity (fundraiser)					col (i)	
or entity (fundraiser)					col (i)	

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

Par	rt II	Fundraising Events. Components than \$15,000 on Form						ted
			(a) Event #1 Governers Ball (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther Events 1 (total number)	(Add col	tal Eve (a) th	
Φ	1		303,895		, ,		45	0,043
Revenue	2	Gross receipts Less Charitable contributions	,	,	,			,
œ	3	Gross revenue (line 1 minus line 2)	303,895	103,895	42,253		45	0,043
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
þe	6	Rent/Facility costs						
ற் ர	7	Other direct expenses	63,364	52,447	19,269			5,080
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)	🛌		13	5,080
	9	Net income summary Combine lir	nes 3 and 8 in column (d)				31	4,963
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	ו
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
s Sec	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
౼	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	Yes	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain		·	 .	· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Isi	es the organization operate gaming a the organization a grantor, beneficiar med to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
					Schedule G (Form 9	12		

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

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

OMB No 1545-0047

2008

DLN: 93493137018010

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

Salve Regina University						05-0259080	
Part I General Infor 1 Does the organization ma		nts and Assistance		ance the grantooc' clus	ubility for the grants or as	ccictance and	
the selection criteria use Describe in Part IV the o	ed to award the gra	nts or assistance?					✓ Yes 「
Form 990, Part Part IV and Sch	IV, line 21 for ai iedule 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)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations							
For Paperwork Reduction Act Not							hedule I (Form 990) 2008

Schedule I	(Form 990) 2008	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Pai	rt IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

				-	
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
scholarships	1458		17,549,064	FMV	Scholarship serving to reduce tuition charged to students
	_				

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 In order to be considered for financial aid, you must be an accepted applicant and you need to have submitted the FAFSA and CSS profile forms as well as Salve Regina's own financial aid form. Grants are awarded on the basis of need with consideration given to academic merit. In addition, the University has established an academic scholarship program for outstanding scholastic applicants. The University determines need from comparing total costs to the student family resources provided in the information listed above.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137018010

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

Name	of	the organization	ı
Salve R	eai	na University	

Employer identification number

05-0259080

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

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

							I	T
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Bonus & (ii) Bonus & (iii) Other		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form	
		(i) Base compensation	incentive compensation	(iii) Other compensation				990 or Form 990-EZ
Sr M Therese Antone RSM	(ı) (ıı)				125,913	91,658	217,571	
William Hall	(ı) (ıı)	214,447			22,006	34,394	270,847	104,997
Dean DelaMotte	(1) (11)	178,339				30,386	208,725	87,500
Mıchael Semenza	(1) (11)	167,897			16,620	21,641	206,158	82,125
Laura McPhie-Oliveira	(1) (11)	141,724			9,841	23,475	175,040	69,500
John Rok	(1) (11)	124,729			12,780	29,042	166,551	60,950
Peter Liotta	(1) (11)	136,392				13,716	150,108	65,744
Michael Grandchamp	(1) (11)	124,121				50,989	175,110	60,968
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		The President is allowed use of a residence on campus for both personal and University related business use Also, by contract, the president is a member of a local social club and country club for which the University is responsible for the payment of dues. Both clubs can be used for both personal and University related business use lastly, the president has available to her an individual who performs housekeeping services in her residence and an individual who will drive her to university functions, these benefits are not treated as taxable compensation.
Supplemental Information		Part II The University was founded by the Sisters of Mercy and has employees who are affiliated with this religious order Because of the nature of the order and the poverty vows taken by Sisters listed on Form 990, Part VII and schedule J (the President), W-2 earnings are not reported as these employees are not directly taxable due to religious affiliation Rather, their compensation is made payable primarily to the Sisters of Mercy and it is the order that determines what portion the employees will receive Total compensation to the sisters of mercy totalled \$625,113 for the 2008 calendar year of which the president was a part of
-		

DLN: 93493137018010

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds

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

Open to Public Inspect ion

	e of the organization									Employer	identificat	ion numl	er	
Salv	e Regina University									05-0259	080			
Pa	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	crıptıon of F	'urpose	(g) Det	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	Salve Regina University	05-0259080	762243TP8	07-25-	2006	6,	000,000	Renovation	of buildings			х		X
Pa	rt II Proceeds (Optional for	2008)		•	L						'	· · · · · ·		
1	Total Proceeds of Issue		-	Α		В	•		D)		E		
	Gross Proceeds in Reserve Funds	 S												
	Proceeds in Refunding or Defeasa	ance Escrows				+								
4	Other Unspent Proceeds													
<u> </u>	· · · · · · · · · · · · · · · · · · ·				+									
6														
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion					1								
_				Yes	No	Yes	l No	Yes	No	Yes	No	Yes	.	No
9	Were the bonds issued as part of	a current refunding is:	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain a	dequate books and red	ords to support the											
Pai	rt IIII Private Business Use	(Optional for 2008	<u> </u>				1							
					١	ı	В	(3	D)		E	
			1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	-	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busing	•	nanced property											

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

			A	E	3	(С	D		I	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	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	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?										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137018010

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization Salve Regina University ${\bf Employer\ identification\ number}$

<u> </u>						0 !	5-025	9080)					
Part I Excess Benefit Transact												401		
To be completed by organizatio		nswered "Yes	on Forr	·					190-EZ	(c) Corrected?				
1 (a) Name of disqualified	d person			(b) Des	crıpt	ion of transa	on of transaction							
2 Enter the amount of tax imposed on section 4958	the organ	ızatıon manaç	gers or di	squalified pers	ons	during the y	earui	nder •	¢					
3 Enter the amount of tax, If any, on lin	e 2. abov	e. reimbursed	d by the d	organization.	•				\$ —— \$					
Part II Loans to and/or From				<u> </u>				•						
To be completed by organiza				orm 990, Part	IV,I	ine 26, or Fo	orm 9	90-E	Z, Part	V, lın	e 38a			
	(b) Loa	n to or							(f	-				
(a) Name of interested person and	from	the	(c)0 rig	ınal prıncıpal	(4)	Balance due	(e) defa		Appr by boa		1	ritten ment?		
purpose	organız	organization?		amount		(a) Dalalice due				ıttee?	1 -			
	То	To From					Yes	No	Yes	No	Yes	No		
											+			
otal				. ► \$							<u> </u>			
Part III Grants or Assistance B														
To be completed by organ							e 27							
(a) Name of interested person	(b	-	between the orgar	interested pe nization	rson	(c) A m	ount	fgra	nt or ty	pe of	assista	nce		
Part IV Business Transactions	Involvi	ina Interes	stad Da	reone										
To be completed by organ					90,	Part IV, lın	e 28	a, 28	b, or	28c.				
· · · · ·	(b)) Relationship	,			,			· ·		(e) Sha	rıng of		
(a) Name of interested person		veen intereste	ed	(c) A mount of	:	(d) Descr	iption	of tra	ansactı	on '	organıza reven			
·		erson and the organization		transaction			•			-	Yes	No		
George Antone		r of president		96 040		employment						No.		
Allen Antone		·ın-law of				employmen						No		
	presid													
Daniel Knight	presid					employmen						No		
Karen DelaMotte	wife of affairs	vp for acaden	nic	42,	581	employmen	t					No		

DLN: 93493137018010

OMB No 1545-0047

Inspection

SCHEDULE M **Non-Cash Contributions** (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization Salve Regina University

Employer identification number

					05-0259080			
Pa	rt I Types of Property	,		_				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	997,354	FMV on date of gift			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe <u>segway</u>)	X	1	6,000	fmv on date of gift			
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			2
30a	 During the year, did the organiza 	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at least three years from the date o	of the initial	contribution, and which is	not required to be used for (exempt purposes			
	for the entire holding period? $$.					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?		-	to solicit, process, or sell i	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
	•	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
		The number presented on schedule M, part I represents the							
Contributors		number of contributors of non-cash gifts							
Contributors		Inditiber of contributors of hori-cash ghts							

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493137018010

Internal Revenue Service

SCHEDULE 0

Department of the Treasury

(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.

Inspection

Name of the organization Salve Regina University

Employer identification number

05-0259080

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		For an explanation, see the response to Form 990, Part VI, Line 7b below

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Corporate membership shall consist of a single entity affiliated with or sponsored by the Institute of the Sisters of Mercy of the Americas, Inc., which is Conference for Mercy Higher Education, Inc., a Maryland nonstock, not-for-profit corporation (the "CMHE Corporation"). The CMHE Corporation was incorporated, among other things, for the purpose of maintaining and enhancing the Mercy mission for the various Sisters of Mercy colleges and universities throughout the United States. As such, the CMHE Corporation can be a valuable resource for the University for consultation and collaboration. Notw ithistanding any provision to the contrary contained in the Bylaws, the following matters shall be reserved powers and shall be authorized only by a vote of the Corporate Member. (a) the liquidation, dissolution or merger of the Corporation in conjunction with the Board of Trustees. (b) amendment of the Articles of Incorporation in conjunction with the Board of Trustees. (c) confirmation of appointment of the President selected by the Board of Trustees the affairs of salve regina university shall be managed by its board of trustees who shall exercise all powers except such powers that are reserved for the corporate member in items a-c listed above.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The information for the IRS form 990 is compiled by several members of University administration, primarily the Associate VP for Finance, Vice President for Administration/CFO, and the Associate VP for Human Resources The review function for this filing rests with the Audit Committee by the virtue of appointment by the Board of Trustees. The Audit Committee is empowered to act on behalf of the full board to review and approve the 990 prior to filing. Each trustee member receives a copy of the filing after the 990 is approved prior to filing and is privy to the minutes of said Audit Committee meetings.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		At the annual meeting of the Board of Trustees held in October each year, all Trustees, Officers, and key employees must complete a conflict of interest questionnaire. This form discloses any direct business associations, family members and or business associations of family members that exist to put the University on notice of potential conflicts. This information is shared with Senior Administration for monitoring on a day to day basis. If a potential conflict or question arises, it should be reported to the president to be reviewed with the executive committee of the board of trustees for approval or for such action as the executive committee may determine it is the responsibility of the executive committee to 1) call for additional information, 2) attempt to resolve any conflicts, 3) determine whether a conflict of interest is present (utilizing legal counsel if necessary) and report it to the board of trustees for appropriate action

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In May of each year, a questionnaire/evaluation is sent to all Trustees regarding the President's performance. The evaluations are returned to the Chairman of the Board and the results are reviewed and tabulated. Each year, the Chairman of the Board contacts the Associate Vice President of Human Resources and requests compensation survey information for the Presidents at comparable schools (the University has a set of cohort schools similar in size and nature that is used for basis of comparison). The compensation Committee of the Board meets prior to the July Board meeting. They review the results of the evaluations and compensation survey information. The Committee makes a recommendation to the full Board of Trustees. The Board of Trustees votes and approves the compensation package offered to the President at the July Board meeting (in executive session). This process is fully documented. The President meets with and evaluates each of the Vice Presidents in June of each year. The President obtains compensation survey information for the Vice Presidents for comparable schools from the Associate Vice President for Human Resources (similar cohort institutions as the President). The President reports to the Board of Trustees her recommendations for compensation offered to each Vice President. This process is fully documented.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Any request for public inspection requests for University forms 1023, 990, 990-T and/or audited financial statements are granted within 5 business days and can take the form of electronic communication, direct public inspection, or mailing of said documents to the inquiring party. The University is scheduled to publish this information on its wiebsite within the next six months, the form 990 is also available on www guidestar com. The governing documents and the conflict of interest policy will be made available to the public upon request.

Identifier	Return Reference	Explanation
Schedule R, Part II		Salve Regina University has direct control of a related tax exempt organization named Stanford White Casino Theatre. The purpose of this related organization is to restore an architecturally significant theatre located in New port, RI. The nature of control stems from the related organization's board of trustees which is composed of Salve Regina University officers (President and CFO), and two Salve Regina University trustees. The board members serve as a volunteer board, receive no compensation, and are administratively separate. The main purpose of the board is to oversee the fundraising and renovation of the above mentioned theatre. Upon completion of the renovation, the University will be able to use the facilities for artistic performance.

ldentifier	Return Reference	Explanation
Schedule R, Part V		The transfer of cash with the related organization, Conference for Mercy Higher Education (CMHE), represents annual dues paid by all members of CMHE

DLN: 93493137018010

OMB No 1545-0047

Open to Public

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

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

Inspection Internal Revenue Service Employer identification number Name of the organization Salve Regina University 05-0259080 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity sru holdings llc 100 ochre point avenue Real Estate Holding RΙ 11,838,000 N/A newport, RI 02840 Corp 05-0259080 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity stanford white casino theatre Historic Building N/A 100 ochre point avenue RΙ 501(c)(3) Restoration newport, RI02840 30-0307655 conference for mercy higher education 8630 fenton street 934 MD 501(c)(3) N/A sponsorship silver spring, MD20790 43-1973007

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

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Ye
4 Downstrate to the company of the Cilians above the control of the Cilians and the company of the Cilians and	

- 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	b Gift, grant, or capital contribution to other organization(s)			1b		No	
c	c Gıft, grant, or capıtal contribution from other organization(s)			1c		No	
d	d Loans or loan guarantees to or for other organization(s)			1d		No	
e	e Loans or loan guarantees by other organization(s)			1e		No	
f	f Sale of assets to other organization(s)			1f		No	
g	g Purchase of assets from other organization(s)			1 g		No	
h	h Exchange of assets			1h		No	
i	i Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
j	j Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	k Performance of services or membership or fundraising solicitations for other organization(s)						
I	I Performance of services or membership or fundraising solicitations by other organization(s)						
m	m Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	n Sharing of paid employees			1n		No	
0	o Reimbursement paid to other organization for expenses			10		No	
р	p Reimbursement paid by other organization for expenses			1р		No	
q	q O ther transfer of cash or property to other organization(s)			1q	Yes		
r	r Other transfer of cash or property from other organization(s)			1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	relationship	s and transaction thresholds				
	(A) (B)		(c)				
	Name of other organization(s) Transaction type(a-r)		Amount Involved				
(1)	1) conference for mercy higher education inc				10.82	2	

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) conference for mercy higher education inc	Q	10,822
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No		
	1	1				ı		1				