



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



Form 990

## Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

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

## A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization  
LESLEY UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
29 EVERETT STREET

Room/suite

City or town, state or country, and ZIP + 4  
CAMBRIDGE, MA 021382790F Name and address of principal officer  
JOSEPH B MOORE  
29 EVERETT STREET  
CAMBRIDGE, MA 021382790D Employer identification number  
04-2103589E Telephone number  
(617) 349-8685

G Gross receipts \$ 119,929,722

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW LESLEY EDU

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1909

M State of legal domicile MA

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

LESLEY UNIVERSITY IS COMMITTED TO ACTIVE LEARNING, SCHOLARLY RESEARCH, CRITICAL INQUIRY, AND DIVERSE FORMS OF ARTISTIC PRACTICE THROUGH CLOSE MENTORING RELATIONSHIPS AMONG STUDENTS, FACULTY, AND PRACTITIONERS IN THE FIELD LESLEY PREPARES GRADUATES WITH THE KNOWLEDGE, SKILL, UNDERSTANDING, AND ETHICAL JUDGMENT TO BE CATALYSTS WHO SHAPE A MORE JUST, HUMANE, AND SUSTAINABLE WORLD

## 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	35
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	34
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	2,508
6 Total number of volunteers (estimate if necessary) . . . . .	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	218,002
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	7,854,977	6,093,264
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	103,125,600	106,054,862
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	1,841,419	3,132,590
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,518,371	2,505,377
	115,340,367	117,786,093

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	7,854,977	6,093,264
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	103,125,600	106,054,862
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	1,841,419	3,132,590
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,416,872	2,518,371	2,505,377
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	115,340,367	117,786,093
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	13,702,967	15,783,142
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	0	0
	58,546,556	59,295,935
	10,066	0
	37,957,424	41,631,629
	110,217,013	116,710,706
	5,123,354	1,075,387

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	317,124,368	343,924,145
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	116,485,351	121,915,113
	200,639,017	222,009,032

## 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.

Sign Here	***** Signature of officer BERNICE BRADIN CFO, VP FINANCE Type or print name and title	2012-05-15 Date
-----------	-------------------------------------------------------------------------------------------------	--------------------

Paid Preparer Use Only	Print/Type preparer's name JOSEPH GISO	Preparer's signature JOSEPH GISO	Date	Check if self-employed ►	PTIN
	Firm's name ► CBIZ TOFIAS				Firm's EIN ►
	Firm's address ► 500 BOYLSTON STREET BOSTON, MA 02116				Phone no ► (617) 761-0600

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

LESLEY UNIVERSITY IS COMMITTED TO ACTIVE LEARNING, SCHOLARLY RESEARCH, CRITICAL INQUIRY, AND DIVERSE FORMS OF ARTISTIC PRACTICE THROUGH CLOSE MENTORING RELATIONSHIPS AMONG STUDENTS, FACULTY, AND PRACTITIONERS IN THE FIELD. LESLEY PREPARES GRADUATES WITH THE KNOWLEDGE, SKILL, UNDERSTANDING, AND ETHICAL JUDGMENT TO BE CATALYSTS WHO SHAPE A MORE JUST, HUMANE, AND SUSTAINABLE WORLD

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 42,924,801 including grants of \$ ) (Revenue \$ 94,478,311 )

EXPENSES RELATED TO INSTRUCTING FULL TIME AND PART TIME STUDENTS. THE UNIVERSITY IS HOME TO A NUMBER OF IMPORTANT CENTERS AND INSTITUTES THAT CONDUCT RESEARCH, HELP SHAPE PUBLIC POLICY, AND PROVIDE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES ACROSS A WIDE RANGE OF DISCIPLINES INCLUDING \*MATH \*SPECIAL EDUCATION \*LITERACY\*CENTER FOR ADULT LEARNERS\*EVALUATION AND RESEARCH \*NATIONAL CENTER FOR TEACHERS, COUNSELORS & SCHOOL LEADERSAT A GLANCE \*FOUNDED 1909 \*TOTAL ENROLLMENT 8,566\*UNDERGRADUATES 1,912\*MASTER'S, CAGS , PH D STUDENTS 5,648\*NON-MATRICULATING STUDENTS 1,006\*TOTAL ALUMNI 76,344\*CAMPUS LOCATIONS \*BOSTON, MA \*CAMBRIDGE, MA LESLEY UNIVERSITY ACADEMICS \*UNDERGRADUATE STUDY -THE ART INSTITUTE OF BOSTON -LESLEY COLLEGE -ADULT LEARNING DEGREE PROGRAMS\*GRADUATE STUDY -COURSES + PROGRAMS IN CAMBRIDGE/BOSTON -PROGRAMS OFFERED THROUGHOUT THE US -ONLINE COURSES + PROGRAMS\*UNIQUE PROGRAM FORMATS \*CENTERS + INSTITUTES \*CONTINUING EDUCATION + PROFESSIONAL DEVELOPMENT \*THRESHOLD NON-DEGREE PROGRAM\*ACCREDITATION -NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES -NATIONAL ASSOCIATION OF SCHOOLS OF ART AND DESIGN

**4b** (Code ) (Expenses \$ 15,202,174 including grants of \$ ) (Revenue \$ )

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

**4c** (Code ) (Expenses \$ 16,847,189 including grants of \$ ) (Revenue \$ )

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

**4d** Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 25,189,776 including grants of \$ 15,783,142 ) (Revenue \$ 12,184,604 )

**4e** Total program service expenses \$ 100,163,940

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

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 U.S.? If "Yes," complete Schedule F, Parts II and IV

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 U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13	Yes	
14a	Yes	
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		33		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		34		No
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		35		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	541
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,508
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1a	35
1b	34

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, 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 . . . . .

	Yes	No
1a		
1b		
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13		No
14		No
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

BERNICE BRADIN VPCFO  
29 EVERETT STREET  
CAMBRIDGE, MA 021382790  
(617) 349-8685

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, and 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, institut

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

Compensated employees, and former such persons

Check this box if neither the organization nor any

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 55

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
UGL UNICCO					
275 GROVE ST					4,579,383
AUBURNDALE, MA 02446					
BON APPETIT MANAGEMENT CO					
29 EVERETT ST					3,105,095
CAMBRIDGE, MA 02138					
SECURITAS SECURITY SERVICES					
PO BOX 403412					1,429,074
ATLANTA, GA 30384					
BRUNER COTT					
130 PROSPECT ST					1,143,036
CAMBRIDGE, MA 02139					
WHITE BUILDERS					
73 PLEASANT ST					938,224
WOBURN, MA 01801					

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►77

**Part VIII Statement of Revenue**

			<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .						
	<b>b</b> Membership dues . . . . .						
	<b>c</b> Fundraising events . . . . .						
	<b>d</b> Related organizations . . . . .						
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,390,885				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,702,379				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		114,700				
<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			6,093,264				
<b>Program Service Revenue</b>	<b>2a</b> TUITION AND FEES	Business Code					
		900099	93,870,258	93,870,258			
	<b>b</b> AUXILIARY	900099	12,184,604	12,184,604			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		106,054,862					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
			3,132,590		85,528	3,047,062	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses	3,908,479					
	<b>c</b> Rental income or (loss)	2,143,629					
<b>d</b> Net rental income or (loss)	1,764,850		1,764,850		1,764,850		
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER INCOME	900099	608,053	608,053				
<b>b</b> PARKING LOT	812930	121,824		121,824			
<b>c</b> ART GALLERY	453220	10,650		10,650			
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		740,527					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		117,786,093	106,662,915	218,002	4,811,912		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	15,783,142	15,783,142		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,604,370	844,134	1,760,236	
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	46,062,443	40,351,134	4,813,034	898,275
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,004,185	1,816,140	147,172	40,873
9 Other employee benefits . . . . .	5,156,545	4,446,613	611,549	98,383
10 Payroll taxes . . . . .	3,468,392	2,948,419	455,514	64,459
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .	336,901		336,901	
c Accounting . . . . .	145,163		145,163	
d Lobbying . . . . .	82,028	16,000	66,028	
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	513,677		513,677	
g Other . . . . .	3,037,483	1,425,631	1,547,936	63,916
12 Advertising and promotion . . . . .	2,221,618	2,169,751	49,308	2,559
13 Office expenses . . . . .	3,003,488	2,848,393	103,525	51,570
14 Information technology . . . . .	1,732,056	618,758	1,105,588	7,710
15 Royalties . . . . .				
16 Occupancy . . . . .	7,156,114	6,569,984	582,316	3,814
17 Travel . . . . .	2,996,880	2,587,715	270,864	138,301
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	242,509	207,578	30,300	4,631
20 Interest . . . . .	3,658,937	3,229,489	429,448	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	5,151,121	4,915,787	235,334	
23 Insurance . . . . .	273,445		273,445	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a CUSTODIAL CONTRACTS	3,315,983	3,315,983		
b FOOD SERVICE	2,750,610	2,750,610		
c CONSULTING	1,403,251	1,126,570	248,825	27,856
d SECURITY CONTRACTS	1,171,258	1,021,904	149,354	
e LICENSES & FEES	754,895	107,760	647,135	
f All other expenses	1,684,212	1,062,445	607,242	14,525
25 Total functional expenses. Add lines 1 through 24f	116,710,706	100,163,940	15,129,894	1,416,872
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	2,807	1 3,107
	2 Savings and temporary cash investments . . . . .	4,854,309	2 6,650,085
	3 Pledges and grants receivable, net . . . . .	3,548,135	3 2,311,894
	4 Accounts receivable, net . . . . .	5,812,893	4 6,724,554
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		
	7 Notes and loans receivable, net . . . . .	1,588,513	7 1,599,249
	8 Inventories for sale or use . . . . .		8
	9 Prepaid expenses and deferred charges . . . . .	2,015,538	9 2,015,760
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	187,971,607	
	10b Less accumulated depreciation . . . . .	10a 43,746,792	10c 144,224,815
	11 Investments—publicly traded securities . . . . .		11
	12 Investments—other securities See Part IV, line 11 . . . . .	147,161,483	12 163,936,033
	13 Investments—program-related See Part IV, line 11 . . . . .		13
	14 Intangible assets . . . . .		14
	15 Other assets See Part IV, line 11 . . . . .	9,061,111	15 16,458,648
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	317,124,368	16 343,924,145
Liabilities	17 Accounts payable and accrued expenses . . . . .	13,375,057	17 13,106,151
	18 Grants payable . . . . .	1,321,594	18 1,336,897
	19 Deferred revenue . . . . .	13,972,367	19 13,958,279
	20 Tax-exempt bond liabilities . . . . .	79,247,921	20 88,019,786
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	5,863,000	23 5,494,000
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24
	25 Other liabilities Complete Part X of Schedule D . . . . .	2,705,412	25 0
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	116,485,351	26 121,915,113
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	178,734,193	27 197,583,174
	28 Temporarily restricted net assets . . . . .	11,229,778	28 13,218,094
	29 Permanently restricted net assets . . . . .	10,675,046	29 11,207,764
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .		30
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		31
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32
	33 Total net assets or fund balances . . . . .	200,639,017	33 222,009,032
	34 Total liabilities and net assets/fund balances . . . . .	317,124,368	34 343,924,145

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	117,786,093
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	116,710,706
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	1,075,387
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	200,639,017
5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	20,294,628
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	222,009,032

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization  
LESLEY UNIVERSITY

Employer identification number

04-2103589

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )  
 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
			Yes	No			
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b</b> <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

2010

**Open to Public  
Inspection**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization  
LESLEY UNIVERSITY

Employer identification number

04-2103589

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3)**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	
Amount			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		80,028
j Total lines 1c through 1i			80,028
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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).	2
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	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 11. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE UNIVERSITY PAID PODESTA MATTON, INC \$64,028 FOR FEDERAL FUNDING OF PRIORITY PROJECTS OF LESLEY UNIVERSITY THE UNIVERSITY PAID POLITICAL ADVANTAGE, LLC \$16,000 FOR STATE SUPPORT OF READING RECOVERY PROJECTS

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**Name of the organization**  
LESLEY UNIVERSITY**Employer identification number**

04-2103589

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition      **d**  Loan or exchange programs  
**b**  Scholarly research      **e**  Other  
**c**  Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	147,161,485	142,576,277	190,326,605		
<b>b</b> Contributions . . . . .	1,332,582	3,265,367	5,347,004		
<b>c</b> Investment earnings or losses . . . . .	22,145,214	6,325,160	-48,500,943		
<b>d</b> Grants or scholarships . . . . .	274,773	209,367	344,703		
<b>e</b> Other expenditures for facilities and programs . . . . .	6,428,476	4,795,952	4,251,686		
<b>g</b> End of year balance . . . . .	163,936,032	147,161,485	142,576,277		

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

**a** Board designated or quasi-endowment ► 90.890 %  
**b** Permanent endowment ► 6.560 %  
**c** Term endowment ► 2.550 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?**4** Describe in Part XIV the intended uses of the organization's endowment funds**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		16,510,549			16,510,549
<b>b</b> Buildings . . . . .		92,169,650	21,243,701		70,925,949
<b>c</b> Leasehold improvements . . . . .		60,386,470	13,316,302		47,070,168
<b>d</b> Equipment . . . . .		15,439,662	9,186,789		6,252,873
<b>e</b> Other . . . . .		3,465,276			3,465,276
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					144,224,815

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	2,067,852	F
(B) FIXED INCOME	24,061,014	F
(C) DOMESTIC EQUITIES	28,516,437	F
(D) INTERNATIONAL EQUITIES	28,497,597	F
(E) PUBLIC & PRIVATE REAL ASSETS	30,416,466	F
(F) PRIVATE EQUITIES	2,536,173	F
(G) FLEX CAPITAL	47,840,494	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	163,936,033	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	

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

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►		

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	117,786,093
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	116,710,706
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,075,387
4	Net unrealized gains (losses) on investments	4	19,634,216
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	660,412
9	Total adjustments (net) Add lines 4 - 8	9	20,294,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,370,015

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	123,927,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	19,634,216
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,804,041
e	Add lines 2a through 2d	2e	22,438,257
3	Subtract line 2e from line 1	3	101,489,274
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	513,677
b	Other (Describe in Part XIV)	4b	15,783,142
c	Add lines 4a and 4b	4c	16,296,819
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	117,786,093

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

1	Total expenses and losses per audited financial statements	1	102,557,516
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,143,629
e	Add lines 2a through 2d	2e	2,143,629
3	Subtract line 2e from line 1	3	100,413,887
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	513,677
b	Other (Describe in Part XIV)	4b	15,783,142
c	Add lines 4a and 4b	4c	16,296,819
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	116,710,706

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 90 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES SUCH AS SCHOLARSHIPS, FACULTY CHAIRS, FACULTY DEVELOPMENT, SPECIAL EDUCATION AND OTHER NEEDS. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GAAP. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE UNIVERSITY HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION. HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. IN ADDITION, THE UNIVERSITY HAS IDENTIFIED CERTAIN MINOR TAX POSITIONS WITH RESPECT TO CERTAIN OF ITS ACTIVITIES THAT MANAGEMENT DID NOT CONSIDER MATERIAL AND, ACCORDINGLY, SUCH AMOUNTS WERE NOT RECOGNIZED. THE UNIVERSITY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		REALIZED GAIN ON INTEREST RATE SWAP 660,412
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 2,143,629 REALIZED GAIN ON INTEREST RATE SWAP 660,412
PART XII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL FINANCIAL AID 15,783,142
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 2,143,629
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL FINANCIAL AID 15,783,142

2010

Open to Public  
Inspection**SCHEDULE E**  
(Form 990 or 990-EZ)**Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
LESLEY UNIVERSITY

Employer identification number

04-2103589

**Part I**

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?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

---



---



---



---

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II

---



---

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

---



---

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

**Part II Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	NEWSPAPERS, ON-LINE, ADVERTISEMENTS APPLICATIONS FOR EMPLOYMENT, ADMISSIONS AND FINANCIAL AID
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FINANCIAL AID AND ASSISTANCE FROM THE FEDERAL GOVERNMENT IN THE FORM OF FEDERAL PROGRAMS AND GRANTS ADMINISTERED BY THE DEPARTMENT OF EDUCATION, THE DEPARTMENT OF COMMERCE, THE NATIONAL ENDOWMENT FOR HUMANITIES, THE NATIONAL SCIENCE FOUNDATION AND THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**SCHEDULE F**  
**(Form 990)**

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

OMB No 1545-0047

2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

**Employer identification number**

Name of the organization  
**LESLEY UNIVERSITY**

**Employer identification number**

04-2103589

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region (Use Part V if additional space is needed.)**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .  Use Part V if additional space is needed.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103589

**Name:** LESLEY UNIVERSITY

### **Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

---

**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

**► Attach to Form 990**

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**LESLEY UNIVERSITY**

**Employer identification number**

04-2103589

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. 

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	1559		15,783,142	FMV	SCHOLARSHIPS ARE GIVEN OUT AS BURSAR CREDITS TO THE STUDENT'S ACCOUNT

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U.S.	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANTS PROVIDED BY THE UNIVERSITY ARE FOR FINANCIAL AID TO STUDENTS. GRANTS AND OTHER ASSISTANCE ARE RELATED TO INSTITUTIONAL FINANCIAL AID FOR WHICH STUDENTS APPLY THROUGH THE FINANCIAL AID OFFICE. ALL AID IS AWARDED BASED ON CERTAIN GUIDELINES AND IS CREDITED DIRECTLY TO STUDENTS' TUITION ACCOUNTS. ALL AWARDS ARE DIRECTLY RELATED TO THE STUDENTS' EDUCATION AT THE INSTITUTION'S PHYSICAL LOCATION IN THE UNITED STATES. STUDENTS ARE REQUIRED TO COMPLETE A REVIEW WITH INSTRUCTORS AT THE END OF EACH SEMESTER TO RECEIVE CREDIT.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**  
LESLEY UNIVERSITY**Employer identification number**

04-2103589

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are 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

**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?

**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

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**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

**a** The organization?

**b** Any related organization?

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

**a** The organization?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH B MOORE	(i) 334,000 (ii) 0	(i) 30,000 (ii) 0	(i) 5,221 (ii) 0	(i) 46,760 (ii) 0	(i) 37,667 (ii) 0	(i) 453,648 (ii) 0	(i) 0 (ii) 0
(2) MARY LOU BATT	(i) 183,933 (ii) 0	(i) 0 (ii) 0	(i) 1,081 (ii) 0	(i) 13,988 (ii) 0	(i) 3,285 (ii) 0	(i) 202,287 (ii) 0	(i) 0 (ii) 0
(3) MARTHA B MCKENNA	(i) 181,920 (ii) 0	(i) 0 (ii) 0	(i) 16,713 (ii) 0	(i) 15,231 (ii) 0	(i) 21,394 (ii) 0	(i) 235,258 (ii) 0	(i) 0 (ii) 0
(4) SANDRA DORAN	(i) 192,510 (ii) 0	(i) 0 (ii) 0	(i) 417 (ii) 0	(i) 25,122 (ii) 0	(i) 21,412 (ii) 0	(i) 239,461 (ii) 0	(i) 0 (ii) 0
(5) BERNICE BRADIN	(i) 188,081 (ii) 0	(i) 0 (ii) 0	(i) 1,125 (ii) 0	(i) 13,447 (ii) 0	(i) 10,056 (ii) 0	(i) 212,709 (ii) 0	(i) 0 (ii) 0
(6) COLM J RENEHAN	(i) 178,251 (ii) 0	(i) 0 (ii) 0	(i) 239 (ii) 0	(i) 12,807 (ii) 0	(i) 10,723 (ii) 0	(i) 202,020 (ii) 0	(i) 0 (ii) 0
(7) JEFFREY HANDLER	(i) 174,963 (ii) 0	(i) 0 (ii) 0	(i) 658 (ii) 0	(i) 12,434 (ii) 0	(i) 8,204 (ii) 0	(i) 196,259 (ii) 0	(i) 0 (ii) 0
(8) MARY LOU DYMSKI	(i) 171,800 (ii) 0	(i) 0 (ii) 0	(i) 655 (ii) 0	(i) 13,274 (ii) 0	(i) 17,965 (ii) 0	(i) 203,694 (ii) 0	(i) 0 (ii) 0
(9) KAREN BOUDREAU SHEA	(i) 170,527 (ii) 0	(i) 0 (ii) 0	(i) 148 (ii) 0	(i) 13,013 (ii) 0	(i) 3,775 (ii) 0	(i) 187,463 (ii) 0	(i) 0 (ii) 0
(10) SHAUN MCNIFF	(i) 147,310 (ii) 0	(i) 0 (ii) 0	(i) 7,975 (ii) 0	(i) 12,229 (ii) 0	(i) 18,356 (ii) 0	(i) 185,870 (ii) 0	(i) 0 (ii) 0
(11) STANLEY TRECKER	(i) 155,192 (ii) 0	(i) 0 (ii) 0	(i) 1,492 (ii) 0	(i) 10,977 (ii) 0	(i) 2,260 (ii) 0	(i) 169,921 (ii) 0	(i) 0 (ii) 0
(12) WILLIAM STOKES	(i) 135,937 (ii) 0	(i) 0 (ii) 0	(i) 10,581 (ii) 0	(i) 11,336 (ii) 0	(i) 18,335 (ii) 0	(i) 176,189 (ii) 0	(i) 0 (ii) 0
(13) LEO F RICE JR	(i) 160,303 (ii) 0	(i) 0 (ii) 0	(i) 371 (ii) 0	(i) 7,241 (ii) 0	(i) 19,826 (ii) 0	(i) 187,741 (ii) 0	(i) 0 (ii) 0
(14) MARIO R BURUNDA	(i) 141,077 (ii) 0	(i) 0 (ii) 0	(i) 18,104 (ii) 0	(i) 13,521 (ii) 0	(i) 1,883 (ii) 0	(i) 174,585 (ii) 0	(i) 0 (ii) 0
(15) IRENE FOUNTAS	(i) 145,946 (ii) 0	(i) 0 (ii) 0	(i) 784 (ii) 0	(i) 11,932 (ii) 0	(i) 9,097 (ii) 0	(i) 167,759 (ii) 0	(i) 0 (ii) 0
(16) KAREN L MUNCASTER	(i) 139,056 (ii) 0	(i) 0 (ii) 0	(i) 248 (ii) 0	(i) 9,802 (ii) 0	(i) 1,633 (ii) 0	(i) 150,739 (ii) 0	(i) 0 (ii) 0

**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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	WHEN THE PRESIDENT'S SPOUSE TRAVELS AND IT IS PAID FOR BY THE UNIVERSITY, SHE IS PERFORMING DUTIES ON BEHALF OF THE UNIVERSITY THE PRESIDENT RESIDES IN UNIVERSITY PROVIDED HOUSING, WHICH IS LESS THAN 1/2 MILE FROM MAIN CAMPUS THE PROVOST RESIDES IN AN ON CAMPUS APARTMENT ON A PART-TIME BASIS THE VALUE OF THE HOUSING IS ADDED TO HER INCOME THE UNIVERSITY PROVIDES A HOUSE CLEANER FOR THE PRESIDENT AND PERFORMS ALL NECESSARY MAINTENANCE ON THE HOME
	PART I, LINE 4B	JOSEPH MOORE, THE PRESIDENT OF THE UNIVERSITY, PARTICIPATED IN A 457F PLAN AS PART OF HIS OVERALL COMPENSATION PACKAGE THE TOTAL CONTRIBUTED ON HIS BEHALF TOTALED \$29,610
	PART I, LINE 7	FOR THE PRESIDENT OF THE UNIVERSITY, A BONUS OF UP TO \$35,000 MAY BE AWARDED THE BOARD OF TRUSTEES DETERMINES THE AMOUNT BASED ON THE BOARD'S ASSESSMENT OF THE PRESIDENT ACHIEVING CERTAIN AGREED UPON GOALS AND APPROVES THE DETERMINED AMOUNT FOR PAYMENT

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH B MOORE	(i) 334,000 (ii) 0	30,000 0	5,221 0	46,760 0	37,667 0	453,648 0	0 0
MARY LOU BATT	(i) 183,933 (ii) 0	0 0	1,081 0	13,988 0	3,285 0	202,287 0	0 0
MARTHA B MCKENNA	(i) 181,920 (ii) 0	0 0	16,713 0	15,231 0	21,394 0	235,258 0	0 0
SANDRA DORAN	(i) 192,510 (ii) 0	0 0	417 0	25,122 0	21,412 0	239,461 0	0 0
BERNICE BRADIN	(i) 188,081 (ii) 0	0 0	1,125 0	13,447 0	10,056 0	212,709 0	0 0
COLM J RENEHAN	(i) 178,251 (ii) 0	0 0	239 0	12,807 0	10,723 0	202,020 0	0 0
JEFFREY HANDLER	(i) 174,963 (ii) 0	0 0	658 0	12,434 0	8,204 0	196,259 0	0 0
MARY LOU DYMSKI	(i) 171,800 (ii) 0	0 0	655 0	13,274 0	17,965 0	203,694 0	0 0
KAREN BOUDREAU SHEA	(i) 170,527 (ii) 0	0 0	148 0	13,013 0	3,775 0	187,463 0	0 0
SHAUN MCNIFF	(i) 147,310 (ii) 0	0 0	7,975 0	12,229 0	18,356 0	185,870 0	0 0
STANLEY TRECKER	(i) 155,192 (ii) 0	0 0	1,492 0	10,977 0	2,260 0	169,921 0	0 0
WILLIAM STOKES	(i) 135,937 (ii) 0	0 0	10,581 0	11,336 0	18,335 0	176,189 0	0 0
LEO F RICE JR	(i) 160,303 (ii) 0	0 0	371 0	7,241 0	19,826 0	187,741 0	0 0
MARIO R BURUNDA	(i) 141,077 (ii) 0	0 0	18,104 0	13,521 0	1,883 0	174,585 0	0 0
IRENE FOUNTAS	(i) 145,946 (ii) 0	0 0	784 0	11,932 0	9,097 0	167,759 0	0 0
KAREN L MUNCASTER	(i) 139,056 (ii) 0	0 0	248 0	9,802 0	1,633 0	150,739 0	0 0

**Schedule K  
(Form 990)****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Name of the organization  
LESLEY UNIVERSITYEmployer identification number  
04-2103589**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57583F3B5	12-19-2003	26,000,000	REFINANCE EXISITING DEBT AND FUND NEW CAPITAL PROJECTS	X			X		X
B	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		05-19-2006	7,000,000	FUND NEW CAPITAL PROJECTS		X		X	X	
C	MASS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	04-2456011	57586EGP0	03-10-2009	56,221,393	FUND NEW CAPITAL PROJECTS		X		X		X
D	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57583R7Z2	03-30-2011	32,013,314	REFINANCE EXISITING DEBT AND FUND NEW CAPITAL PROJECTS		X		X		X

**Part II Proceeds**

					A	B	C	D
1	Amount of bonds retired							
2	Amount of bonds legally defeased				26,000,000			
3	Total proceeds of issue				26,000,000	7,000,000	56,221,393	32,013,314
4	Gross proceeds in reserve funds				99,726	99,726	4,875,066	1,578,778
5	Capitalized interest from proceeds				294,767	112,114	30,568	428
6	Proceeds in refunding escrow				18,960,185			22,757,001
7	Issuance costs from proceeds				520,000	35,000	611,025	497,603
8	Credit enhancement from proceeds				827,429		827,429	500,819
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds				6,225,048	6,753,160	49,848,618	3,872,932
11	Other spent proceeds				28,687		28,687	1,672,796
12	Other unspent proceeds				1,132,957			1,132,957
13	Year of substantial completion				2006	2007	2010	2013
					Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X	
15	Were the bonds issued as part of an advance refunding issue?				X		X	
16	Has the final allocation of proceeds been made?				X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X	

**Part III Private Business Use**

					A	B	C	D
					Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X	

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use?		X		X		X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
<b>c</b> 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?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %		0 %		0 %	0 %
<b>5</b> 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 section 501(c)(3) organization, or a state or local government ►			0 %		0 500 %		1 640 %	4 240 %
<b>6</b> Total of lines 4 and 5			0 %		0 500 %		1 640 %	4 240 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue?	X		X		X			X
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider	BANK OF AMERICA							
<b>c</b> Term of hedge	30 000000000000							
<b>d</b> Was the hedge superintegrated?	X							
<b>e</b> Was a hedge terminated?	X							
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X		X
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
LESLEY UNIVERSITY

Employer identification number

04-2103589

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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 .	X	6	114,700	FMV ON DATE OF SALE
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 . .				
18 Collectibles . . . . .				
19 Food inventory . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ►( _____ )				
26 Other ►( _____ )				
27 Other ►( _____ )				
28 Other ►( _____ )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .		29		0

Yes No

30a Yes No

31 Yes

32a Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

LESLEY UNIVERSITY

**Employer identification number**

04-2103589

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	LINE 4A CONTINUATION	CORE VALUES DEMOCRACY THE FUNDAMENTAL PURPOSE OF EDUCATION IN A DEMOCRATIC SOCIETY IS TO PROVIDE OPPORTUNITIES FOR ALL TO PARTICIPATE IN THE CULTURAL, POLITICAL, AND ECONOMIC LIFE OF THE NATION AND THE WORLD AT LESLEY, THESE DEMOCRATIC IDEALS ARE REFLECTED IN AN ACADEMIC ENVIRONMENT THAT ENCOURAGES SCHOLARSHIP, FREEDOM OF EXPRESSION, AND AN OPEN EXCHANGE OF IDEAS INQUIRY LESLEY UNIVERSITY IS DEVOTED TO ACADEMIC EXCELLENCE THROUGH ACTIVE, TRANSFORMATIVE TEACHING AND LEARNING, ARTISTIC CREATIVITY, CRITICAL INQUIRY, AND INDIVIDUAL DEVELOPMENT ACROSS THE LIFESPAN WE CREATE AND DELIVER INNOVATIVE INTERDISCIPLINARY PROGRAMS, WHILE VALUING HIGH-QUALITY INSTRUCTION, RESEARCH AND SCHOLARSHIP, ADVOCACY, AND OUTREACH TO LOCAL AND GLOBAL COMMUNITIES EQUITY WE VALUE AND RESPECT ALL INDIVIDUALS AND THEIR COMMUNITIES FOR THEIR UNIQUE BACKGROUNDS AND CAPACITIES LESLEY LEARNING COMMUNITIES EDUCATE STUDENTS TO PURSUE EDUCATIONAL, SOCIAL, SCIENTIFIC, AND ARTISTIC ENDEAVORS TO MEET THE NEEDS OF DIVERSE POPULATIONS AND underscore the importance of social justice COMMUNITY LEARNING IS A COLLECTIVE ENDEAVOR THAT INVOLVES STUDENTS, EDUCATORS, FAMILIES, AND COMMUNITIES WE BELIEVE IN THE POWER OF INDIVIDUALS, WORKING COLLABORATIVELY AND WITH INTEGRITY, TO BRING ABOUT CONSTRUCTIVE CHANGE IN LOCAL, NATIONAL, GLOBAL, AND ECOLOGICAL COMMUNITIES

**Additional Data**

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

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
HON JOYCE LONDON ALEXANDER TRUSTEE	1 00	X					0	0	0
MRS GERALDINE M BLOOMBERG TRUSTEE	1 00	X					0	0	0
MRS JEAN AXLINE TRUSTEE	1 00	X					0	0	0
MR HAL BELODOFF TRUSTEE	1 00	X					0	0	0
MR JAMES L BILDNER TRUSTEE	1 00	X					0	0	0
MS KAREN COTTON CHAPLIN TRUSTEE	1 00	X					0	0	0
MR RICHARD J DOUCETTE TRUSTEE	1 00	X					0	0	0
DR BERNARD HARLESTON TRUSTEE	1 00	X					0	0	0
MR CHARLES H HOOD TRUSTEE	1 00	X					0	0	0
MR RICHARD A JALKUT TRUSTEE	1 00	X					0	0	0
MS JUANITA JAMES TRUSTEE	1 00	X					0	0	0
MS JANA KARP TRUSTEE	1 00	X					0	0	0
MR MATTHEW KOZOL TRUSTEE, SECRETARY	1 00	X		X			0	0	0
MS EILEEN LADIEU TRUSTEE	1 00	X					0	0	0
MR MICHAEL E MOONEY TRUSTEE	1 00	X					0	0	0
MRS CAROL C MORIARTY TRUSTEE	1 00	X					0	0	0
MS MICHELLE O'BRIEN TRUSTEE	1 00	X					0	0	0
MR JOHN O PARKER TRUSTEE	1 00	X					0	0	0
MR DONALD M PERRIN TRUSTEE	1 00	X					0	0	0
MS DEBORAH SCHWARTZ RAIZES TRUSTEE, CHAIR	1 00	X		X			0	0	0
MS BARBARA RUSSELL TRUSTEE	1 00	X					0	0	0
MR ROBERT SAGE TRUSTEE, TREASURER	1 00	X		X			0	0	0
MR MAURICE SKOLER TRUSTEE	1 00	X					0	0	0
MR KENNETH Z SLATER TRUSTEE	1 00	X					0	0	0
MR GARY SMITH TRUSTEE	1 00	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
MRS DAVID SQUIRE TRUSTEE	100	X					0	0	0
MS ENID M STARR TRUSTEE	100	X					0	0	0
MS JANET STEINMAYER TRUSTEE	100	X					0	0	0
MS LORING LOW STEVENS TRUSTEE	100	X					0	0	0
MR HANS D STRAUCH TRUSTEE	100	X					0	0	0
MR DAVID A SWOPE TRUSTEE	100	X					0	0	0
MS PAULA VANDERNOOT TRUSTEE	100	X					0	0	0
MR CHRISTOPHER WILSON TRUSTEE	100	X					0	0	0
MR CARL M YOUNGMAN TRUSTEE	100	X					0	0	0
JOSEPH B MOORE PRESIDENT	40 00	X		X			369,221	0	84,427
MARY LOU BATT VP OF ADMINISTRATION	40 00			X			185,014	0	17,273
MARTHA B MCKENNA PROVOST	40 00			X			198,633	0	36,625
SANDRA DORAN VP & GENERAL COUNSEL	40 00			X			192,927	0	46,534
BERNICE BRADIN VP OF FINANCE/CFO	40 00			X			189,206	0	23,503
KATHERINE MCWEY ASST SECRETARY	40 00			X			60,885	0	23,361
COLM J RENEHAN VP OF ADVANCEMENT	40 00				X		178,490	0	23,530
JEFFREY HANDLER VP OF ENROLLMENT PLANNING	40 00				X		175,621	0	20,638
MARY LOU DYMSKI VP OF BUDGETING & FIN PLANNING	40 00				X		172,455	0	31,239
KAREN BOUDREAU SHEA CHIEF INFO OFFICER & DIRECTOR	40 00				X		170,675	0	16,788
SHAUN MCNIFF DEAN OF LESLEY COLLEGE	40 00				X		155,285	0	30,585
STANLEY TRECKER DEAN OF THE ART INST OF BOSTON	40 00				X		156,684	0	13,237
WILLIAM STOKES INTERIM DEAN, SCH OF EDUCATION	40 00				X		146,518	0	29,671
LEO F RICE JR DIRECTOR OF MARKETING	40 00				X		160,674	0	27,067
MARIO R BURUNDA ASSOCIATE PROFESSOR	40 00				X		159,181	0	15,404
IRENE FOUNTAS DIRECTOR, READING RECOVERY	40 00				X		146,730	0	21,029

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
KAREN L MUNCASTER ASSOC VP ACADEMIC TECH	40 00				X		139,304	0 11,435

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)****4d. Other program services**

(Code	(Expenses \$	15,783,142	including grants of \$	15,783,142	) (Revenue \$	)
-------	--------------	------------	------------------------	------------	---------------	---

EXPENSES RELATED TO FINANCIAL AID FOR STUDENTS THE PURPOSE OF FINANCIAL AID IS TO HELP YOU ATTAIN YOUR GOAL OF A LESLEY UNIVERSITY EDUCATION, BY OFFERING FINANCIAL ASSISTANCE IN THE FORM OF GRANTS, LOANS, AND STUDENT WORK OPPORTUNITIES PLEASE BE ASSURED THAT DESPITE THE CURRENT ECONOMIC SITUATION, THE OFFICE OF FINANCIAL AID REMAINS VERY VIGILANT AND HAS BEEN PROACTIVE IN ASSURING THAT BOTH FEDERAL AND PRIVATE EDUCATIONAL LOAN OPTIONS ARE AVAILABLE TO STUDENTS

(Code	(Expenses \$	9,406,634	including grants of \$	) (Revenue \$	12,184,604	)
-------	--------------	-----------	------------------------	---------------	------------	---

AUXILIARY ENTERPRISES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ONCE MANAGEMENT REVIEWS THE 990, IT IS FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW ONCE THE REVIEW BY THE AUDIT COMMITTEE IS COMPLETE, IT IS APPROVED BY THE AUDIT CHAIRPERSON IT IS ALSO PLACED ON A SECURE WEBSITE FOR ALL THE TRUSTEES TO REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, EACH MEMBER OF THE BOARD OF TRUSTEES, ALL OFFICERS AND EACH KEY EMPLOYEE IS ASKED TO REVIEW THE UNIVERSITY'S CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT REGARDING ANY CONFLICTS OF INTEREST THEY MAY HAVE. NEW TRUSTEES AND KEY EMPLOYEES ARE ASKED TO REVIEW THE POLICY AND SUBMIT A DISCLOSURE STATEMENT REGARDING ANY CONFLICTS OF INTEREST THEY MAY HAVE UPON COMMENCEMENT OF THEIR TERM OR THEIR EMPLOYMENT. THE ASSISTANT SECRETARY COLLECTS THE DISCLOSURE STATEMENTS. THE POLICY DESCRIBES A PROCESS FOR THE REVIEW OF POTENTIAL AND ACTUAL CONFLICTS OF INTEREST BY THE BOARD OF TRUSTEES OR A COMMITTEE OF THE BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	FUNCTIONAL COMPARABLES WERE USED ON ALL THE SENIOR OFFICERS AND THE PRESIDENT THROUGH A SURVEY GROUP IN DETERMINING COMPENSATION BASED ON FUNCTION, BUDGET SIZE AND STUDENT POPULATIONS, THE CUPA-HR COMPARABLES WERE USED, WITH THE EXCEPTION OF THE VP FOR NATIONAL PLANNING AND ADMINISTRATION THE VP FOR NATIONAL PLANNING AND ADMINISTRATION WAS A NEWLY DEVELOPED POSITION TO THE UNIVERSITY LOOKING AT THE COMPENSATION INFORMATION WITH REGARD TO THE VP OF MARKETING AND A REVIEW OF THE INTERNAL COMPENSATION WITHIN, THE UNIVERSITY DETERMINED THE BASE SALARY CUPA PROVIDES A COMPREHENSIVE AND UP TO DATE SALARY DATA FOR COLLEGE AND UNIVERSITIES THEY COLLECT INSTITUTION-SPECIFIC AND POSITION SALARY AND DEMOGRAPHIC DATA FOR ADMINISTRATIVE POSITIONS IN RELATION TO PUBLIC AND PRIVATE INSTITUTIONS AS WELL AS THE BUDGET SIZE AND TYPES OF DEGREES GRANTED WITHIN THE INSTITUTIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OUR FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE NACUBO WEBSITE OUR FORMS 990 (CURRENT AND PRIOR THREE YEARS) ARE ALSO AVAILABLE ON THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL OF MASSACHUSETTS AT WWW CHARITIES AGO STATE MA US AND GUIDESTAR AT WWW2 GUIDESTAR ORG WE ALSO MAKE OUR FORM 990, FORM 1023, FORM 990-T, ARTICLES OF ORGANIZATION, AND BYLAWS AVAILABLE TO THE PUBLIC UPON REQUEST OUR AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL OF MASSACHUSETTS AT WWW CHARITIES AGO STATE MA US

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 13 & 14	THE ORGANIZATION DOES NOT HAVE A CENTRALIZED WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY, THOUGH DEPARTMENTS WITHIN THE UNIVERSITY DO HAVE DEPARTMENT SPECIFIC RETENTION AND DESTRUCTION POLICIES. THE ORGANIZATION DOES HAVE A WRITTEN WHISTLEBLOWER POLICY THAT WAS DISCUSSED WITH THE AUDIT COMMITTEE SUBSEQUENT TO ITS ADOPTION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 19,634,216 REALIZED GAIN ON INTEREST RATE SWAP 660,412 TOTAL TO FORM 990, PART XI, LINE 5 20,294,628