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DLN: 93493129000242

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2010

Open to Public Inspection

A Fo	r the	2010 ca		nning 07-01-2010 and ending 06-30-20	11			
Che	eck ıf a	applicable	C Name of organization SPRINGFIELD COLLEGE			D Emplo	oyer i	identification number
Add	lress cl	hange	Doing Business As			04-2	104	329
Nar	me cha	ange	Doing business As			E Telepi	none	number
Inıt	ial retu	ırn		ıf maıl ıs not delivered to street address)	Room/suite	(413)	748	3-3880
Ter	mınate	ed	263 Alden Street					
- Am	ended	return	City or town, state or country, a	nd ZIP + 4		<b>G</b> Gross	receip	ots \$ 160,461,641
- App	olication	n pending	Springfield, MA 01109					
			<b>F</b> Name and address of p	orincipal officer	H(a) Is th	ıs a group return f	for affili	lates? Yes No
			Richard B Flynn 263 Alden Street					
			Springfield, MA 01109		1 ' '	all affiliates inc		·
					_	No," attach oup exemptı		t (see instructions)
Ta	x-exen	npt status	<b>▽</b> 501(c)(3)	◀ (insert no )	H(c) Gr	oup exempti	011 11	umber P
w	ebsite	e: 🕨 www	v spfldcol edu					
' Forr	n of or	manization	Corporation Trust Associa	ation Other •	I Year of	formation 189	an T	<b>M</b> State of legal domicile MA
	rt I		mary	ation) other P	L rear or	TOTTIALION TO	,0	Pr State of legal dofficile The
			<u> </u>	sion or most significant activities				
		The miss	sion of Springfield College is t	o educate students in spirit, mind and b				
v		•		ademic excellence The College is a pri	vate, coeduca	tional instit	utıor	offering baccalaureate,
Acumines a sovernance		masters	and doctoral degrees					
5								
5								
5	2	Check th	nis box দ if the organization	discontinued its operations or disposed	d of more than	25% of its	net a	assets
5 ^	3	Number	of voting members of the gove	erning body (Part VI, line 1a)			3	28
٤	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1	b)	. [	4	26
5	5	Total nui	mber of individuals employed	ın calendar year 2010 (Part V, lıne 2a)			5	3,294
È	6	Total nui	mber of volunteers (estimate	ıfnecessary)			6	300
	7a	Total uni	related business revenue fron	n Part VIII, column (C), line 12			7a	2,250
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b	0
					Pr	ior Year		Current Year
	8	Contri	butions and grants (Part VIII	, line 1h)		11,297,0	67	12,787,023
E E	9	Progra	m service revenue (Part VIII	, lıne 2g)		125,620,2	82	135,119,966
Revenue	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		587,8	323	499,976
#	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	2,000,000
	12		_	11 (must equal Part VIII, column (A), l	ine	137,505,1	72	150,406,965
	13			art IX, column (A), lines 1–3)		39,527,3	$\rightarrow$	42,419,611
	14			rt IX, column (A), line 4)		33,327,3	0	12,413,011
	15			oyee benefits (Part IX, column (A), lines	5.5-		1	
8		10)	,,,,,,,,,,,,,,,,,,	(, , , , , , , , , , , , , , , , , , ,		56,202,5	09	58,688,044
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0
ਡੌ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) •4,042,942				
_	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24f)		39,200,9	16	42,861,375
	18	Totale	expenses Add lines 13-17 (r	must equal Part IX, column (A), line 25)		134,930,7	74	143,969,030
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		2,574,3	98	6,437,935
5 <del>%</del>					Beginni	ing of Currer	nt	End of Year
ner Assers or Fund Balances	20	Total	assets (Part Y line 16)			<b>Year</b> 215,414,4	71	228,027,146
4	21					99,183,1	-	97,601,188
	22			ct line 21 from line 20		116,231,2	-	130,425,958
_	22 11 II		ature Block	ctime 21 nominie 20		110,231,2	.00	130,423,330
ndei now	r pena	Ities of po	erjury, I declare that I have exar	nined this return, including accompanying te. Declaration of preparer (other than offi				
		<u> </u>				2012-05-08		
Sign	1	Signa	ture of officer			Date		
lere		Micha	ael Dobise Treasurer					
			or print name and title					
		Print/Type		Preparer's signature	Date	Check if self		PTIN
aid	}	preparer's Firm's nar				employed 🕨	1	
repa	arer							Firm's EIN
Jse (		Firm's add	iress •					Phone no 🕨
								i

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

ΓYes ΓNο

Total program service expenses►\$

Form	1990 (2010)					Page
Par		t of Program Serv edule O contains a res				
1	Briefly describe the	e organization's missioi	า			
found		_	•	•	eadership in service to hum onal institution offering bacc	
2	Did the organization the prior Form 990			ervices during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	nese new services on S	chedule O			
3	Did the organization services?	n cease conducting, or	make sıgnıfıca • • •	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sched	ule O			
4	Section 501(c)(3) a		tions and secti	on 4947(a)(1) trusts a	largest program services by are required to report the am service reported	•
4a	(Code	) (Expenses \$	42,419,611	ıncludıng grants of \$	42,419,611 ) (Revenue \$	42,419,611 )
	enrollment, and consid		j financial need, a	cademic achievement, lead	ngfield College education Aid is aw ership and other personal, qualitati	
	(Code	) (Expenses \$	7,305,801	ıncludıng grants of \$	0 ) (Revenue \$	22,619,961 )
	The College operates the main campus Dini	ten student residences with	relatively independ rovided for all enr	lent living for third and four	th year students, providing housing nety of facilities on the main camp	for 2000 students who live on
4c	(Code	) (Expenses \$	73,245,815	including grants of \$	0)(Revenue\$	70,078,144 )
	and offers undergradu		d graduate degree	e programs in 15 fields, incli	al services, sports movement activ uding doctoral degrees in physical o	
	Other program see	rvices (Describe in Sch	andula O. )			
-ru	(Expenses \$	•	cluding grants	of\$	O ) (Revenue \$	0 )

122,971,227

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		No
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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	18		Νο
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	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page <b>4</b>
Par	t 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	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	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	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	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If</i> "Yes," complete Schedule R, Part I	33		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	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% 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?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
	<u> </u>		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Ta 269	-		
•	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.,,
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N C
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	required?	7g	Yes	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Introtron foce and control control producted on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	1		
	13c			_
i	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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 Ocontains a re							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year	-		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2		Νo
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? .	. з		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Re	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		Νο
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
		16b		
	List the States with which a copy of this Form 990 is required to be filed CA , MA , NY			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c))			

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 V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > John L Mailhot 263 Alden St

Springfield, MA 01109 (413) 748-3145

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

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

#### 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, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	(A) Name and Title	(B) Average hours per		(tion that a			II		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima nount o ompens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	orç	from t ganızatı relatı rganıza	:he on and ed
See A	dditional Data Table												
				$\vdash$		$\vdash$					$\vdash$		
				-	-	_					╄		
1b	Sub-Total	<u> </u>						•					
С	Total from continuation sheet	s to Part VII, See	ct ion A				<b>-</b>						
d	Total (add lines 1b and 1c) .			•				<u> </u>	1,830,026	0			0
2	Total number of individuals (in \$100,000 in reportable compe						above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S										3		N o

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νo	
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? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Erland Construction Inc 83 Second Street Burlington, MA 01803	Construction projects	4,491,757
Aramark Corporation 263 Alden Street Springfield, MA 01109	Food service	7,543,483
Tassinari Construction Inc 70 Maxwell Road Monson, MA 01057	Construction projects	1,032,267
Collins Electric Company PO Box 3311 Springfield, MA 01102	Electrical contractor/construction projects	377,991
Morris Roofing & Sheet Metal 142 Hancock St Springfield, MA 01139	Roofing contractor	243,932
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Part \		(2010)					Pag	e <b>9</b>
Part	V111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
	•							513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
gg.		Membership dues						
કે. ⊒કે		Fundraising events		0				
2,E		Related organizations		0				
흜		Government grants (contributions)		8,218,143				
돌		All other contributions, gifts, grants similar amounts not included abov	e	4,568,880				
g ⊒t	g	Noncash contributions included in I	ines 1a-1f \$	594,728				
ပိုန်	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		12,787,023			
III e	3-			Business Code				
Program Service Revenue	2a	Tuition & fees		611310	109,545,041	109,545,041	0	(
š E	Ь	Sales/services auxiliary enterprises Sales/services educational departm		611310	22,619,961		0	
er vic	c d		nents	611310 611310	737,938 2,217,026			
کلا ج	e				_,			
ž Z	f	All other program service re	venue		0	О	0	
Ğ	g	Total. Add lines 2a-2f .			135,119,966			
	3	Investment income (includii	ng dıvıdends, ınterest					
		and other similar amounts)			889,733	0		889,73
	4 5	Income from investment of tax-ex			0	_	_	
	,	Royalties	(ı) Real	(II) Personal			_	
	6a	Gross Rents		, ,				
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	_	Gross amount	(ı) Securities 9,461,693	(II) O ther 203,226				
	/a	from sales of assets other	9,401,093	203,220				
	١.	than inventory Less cost or	9,468,212	586,464				
	В	other basis and sales expenses	9,400,212	380,404				
	c	Gain or (loss)	-6,519	-383,238				
	d	Net gain or (loss)			-389,757	0	0	-389,75
e ne	8a	Gross income from fundraisi (not including	ng events					
듄		\$0						
Other Revenue		of contributions reported on See Part IV, line 18						
her			а					
ŏ		Less direct expenses .  Net income or (loss) from fu						
			activities See Part IV, line 19 . a					
		-	,	ь				
		Net income or (loss) from ga						
	10a	Gross sales of inventory, les returns and allowances	5 S					
			a					
		Less cost of goods sold						
	_ c	Net income or (loss) from sa Miscellaneous Revenue	ales of inventory F	Business Code				
	<b>11</b> a	Insurance settlement		611310	2,000,000	О	0	2,000,00
	Ŀ		<del></del>					
		:						
	c	d All other revenue			0	0	0	
	e	Total. Add lines 11a-11d			2,000,000			
	12	Total revenue. See Instruct	ions •	}	-			
					150,406,965	1		2,499,97

### Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations must of the organizations must complete column (A) but are not required to c			D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,419,611	42,419,611		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,200,916	0	1,200,916	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	45,930,304	39,182,512	5,470,817	1,276,975
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,217,155	2,674,580	455,409	87,166
9	Other employee benefits	4,907,753	3,701,543	1,087,159	119,051
10	Payroll taxes	3,431,916	2,853,122	485,810	92,984
а	Fees for services (non-employees) Management	0	0	0	0
b	Legal	282,127	0	282,127	0
c	Accounting	120,194	0	120,194	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	245,705	245,705	0	0
g	Other	658,451	401,655	223,873	32,923
12	Advertising and promotion	146,190	0	146,190	0
13	Office expenses	9,990,901	7,243,359	1,944,849	802,693
14	Information technology	454,254	277,218	154,359	22,677
15	Royalties	0	0	0	0
16	Occupancy	6,916,953	5,404,908	1,318,193	193,852
17	Travel	1,228,117	951,270	206,393	70,454
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	3,490,127	2,443,089	698,025	349,013
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	7,685,108	5,379,575	1,537,022	768,511
23	Insurance	1,196,003	254,238	941,765	0
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)				
а	Athletics	702,932	702,932	0	0
b	Auxiliary enterprises	7,305,801	7,305,801	0	0
c	Bad debts	637,244	637,244	0	0
d	Miscellaneous expenses	1,801,268	892,865	681,760	226,643
e	A II abban ayyanan				
f SE	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	143,969,030	122,971,227	16,954,861	4,042,942
26	Joint costs. Check here ► ☐ 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 (A) (B) Beginning of year End of year 20.489.515 24.157.532 1 2 0 2 4,253,300 2,915,253 3 3 13,550,990 12,744,902 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 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) **A**ssets 0 0 0 0 7 352,183 8 378,312 5,386,185 5,726,846 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis Complete 201.311.872 10a Part VI of Schedule D 76.383.085 ь Less accumulated depreciation . . . . . 10b 121,720,819 **10c** 124,928,787 42.634.580 11 11 49.627.560 7,026,899 12 7,547,954 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 0 0 13 13 Investments—program-related See Part IV, line 11 . . 0 0 14 14 15 0 15 16 215,414,471 16 228,027,146 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 11,487,763 17 11,837,110 17 Accounts payable and accrued expenses . 18 4,038,650 18 4,038,650 12,521,911 12,591,275 19 19 67,174,001 66,109,863 20 20 Liabilities 21 0 21 0 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 3.960.858 25 3.024.290 Other liabilities Complete Part X of Schedule D . . . . . 99,183,183 26 26 97,601,188 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 72.616.795 **27** 82,756,929 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 15,475,020 28 28 18,359,565 Fund 28,139,473 29 29,309,464 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 116,231,288 33 130,425,958 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 215,414,471 228,027,146

Pal	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		150,4	106,965
2	Total expenses (must equal Part IX, column (A), line 25)	2		143,9	069,030
3	Revenue less expenses Subtract line 2 from line 1	3		6,4	137,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		116,2	231,288
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,7	756,735
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		130,4	125,958
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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		Νo
ь	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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	,		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ) 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.

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization

**Employer identification number** 

SPKINC	3L IELD	CLD COLLEGE	04 210422									
Par	+ T	Reason for Public Charity Status (All organizations must complete	04-2104329									
		anization is not a private foundation because it is (For lines 1 through 11, check only		ructions								
1		A church, convention of churches, or association of churches described in <b>section</b>										
2	Ī	·										
3	<u></u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ	An organization operated for the benefit of a college or university owned or operate	ed by a governmental	unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II )										
6	$\Gamma$	A federal, state, or local government or governmental unit described in <b>section 17</b> 0	D(b)(1)(A)(v).									
7	Γ	An organization that normally receives a substantial part of its support from a gov described in section 170(b)(1)(A)(vi) (Complete Part II)	ernmental unit or fron	n the general public								
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	Ė	An organization that normally receives (1) more than 331/3% of its support from	contributions, membe	rship fees, and gross								
	•	receipts from activities related to its exempt functions—subject to certain excepti	•	. ,								
		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). (Comple	te Part III )									
10	$\Gamma$	An organization organized and operated exclusively to test for public safety. See <b>s</b>	ection 509(a)(4).									
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the one or more publicly supported organizations described in section 509(a)(1) or se the box that describes the type of supporting organization and complete lines 11e a Type I b Type II c Type III - Functionally inte	ction 509(a)(2) See through 11h									
e	Γ	By checking this box, I certify that the organization is not controlled directly or inc other than foundation managers and other than one or more publicly supported org section 509(a)(2)	, ,									
f		If the organization received a written determination from the IRS that it is a Type I check this box	I, Type II or Type III	supporting organization,								
g		Since August 17, 2006, has the organization accepted any gift or contribution from following persons?	m any of the									
		(i) a person who directly or indirectly controls, either alone or together with person	ns described in (ii)	Yes No								
		and (III) below, the governing body of the the supported organization?		11g(i)								
		(ii) a family member of a person described in (i) above?		11g(ii)								
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)								
h		Provide the following information about the supported organization(s)		<u> </u>								
		(iii) a v										

(i) Name of supported organization	Name of (ii) (described on col (i) listed in your governing		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	<b>(vii)</b> A mount of support			
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

## 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.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	Total. 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	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (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 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

**EIN:** 04-2104329

Name: SPRINGFIELD COLLEGE

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) A verage hours that apply) per   .							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Charisse F Duroure Board Member	1	х						0	0	0	
Rıchard B Flynn Presıdent	75	Х		х				418,335	0	0	
Sally M Griggs Board Member	1	Х						0	0	0	
J Rockwell Allen Board Member	1	Х						0	0	0	
J Michael Wallace Board Member	1	х						0	0	0	
Herbert H Jervis Board Member	1	Х						0	0	0	
Robert M Sullivan Jr Board Member	1	х						0	0	0	
John W Lund Board Member	1	х						0	0	0	
John L Mailhot Vice President for Administration and Finance	50	Х		х				170,746	0	0	
Denise Alleyne Board Member	1	х						0	0	0	
Peter Andruszkiewicz Board Member	1	х						0	0	0	
Neil J Nicoll Board Member	1	Х						0	0	0	
Mel Zuckerman Board Member	1	Х						0	0	0	
Jeffrey M Levy Board Member	1	Х						0	0	0	
Susan Lundın Board Member	1	х						0	0	0	
Thomas Marks Board Member	1	х						0	0	0	
James E Walsh Board Member	1	Х						0	0	0	
Douglass L Coupe Board Member	1	Х						0	0	0	
John L Doleva Board Member	1	х						0	0	0	
H Todd Stitzer Board Member	1	Х						0	0	0	
John A Odierna Board Member	1	Х						0	0	0	
Howard A Pulsıfer Board Member	1	Х						0	0	0	
William A Burke III Board Member	1	Х						0	0	0	
Lisa B Emirzian Board Member	1	Х						0	0	0	
Bridget Belgiovine Board Member	1	Х						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		(( tion ( hat a	(che		I		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Tyler Hilbert Board Member	1	Х						0	0	0
Harold C Smith Board Member	1	х						0	0	0
Gregory C Toczydlowskı Board Member	1	х						0	0	0
Jıll Russell Executive Vice President	50			х				151,963	0	0
David Braverman Vice President for Student Affairs	50			х				140,723	0	0
Jean A Wyld Vice President for Academic Affairs	50			х				184,147	0	0
John A White Vice President for Development and Alumni Relations	50			х				128,291	0	0
Robert Willey Dean School of Human Service	40 00					х		128,326	0	0
A lbert Petitpas Professor Psychology	40					х		128,185	0	0
Richard Davila Professor Human Service	40					х		124,620	0	0
Peter John Polito Professor Computer Science	40					х		125,982	0	0
Frank Torre Professor Chemistry	40					х		128,708	0	0

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DLN: 93493129000242

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public

Ciliai i	F Attacil to Fo	of the 350. F See Separate Histrictions.			Inspect	
	e of the organization NGFIELD COLLEGE		Emplo	yer identificat	ion numbe	r
JI 1(II	VOI LEED COLLECT		04-21	.04329		
Par			unds o	r Accounts.	Complet	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b	) Funds and oth	ner accoui	nts
	Total number at end of year	(,	,-	,		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
ι,	Aggregate value at end of year					
	Did the organization inform all donors and donor advi		or advis	∍d	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	purpose	☐ Yes	┌ No
ar	Conservation Easements. Complete	if the organization answered "Yes" to	o Form	990, Part IV,	lıne 7.	
<u>!</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	ertified	historic structi		a
	easement on the last day of the tax year	[		Held at the E	nd of the	Year
а	Total number of conservation easements		2a	noid at the L		· cui
b	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	-	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year ▶			organization d	uring	
	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand		iolations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dur	ing the year 🛌		
•	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during t	:he year 🟲 \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	☐ No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial				
art	Organizations Maintaining Collectio Complete If the organization answered		or Othe	er Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	:h ın furt			•
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research ir			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		0
	(ii) Assets included in Form 990, Part X			<b>-</b> \$	11	.9,650
	If the organization received or held works of art, histo following amounts required to be reported under SFAS		r financi			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		0

**b** Assets included in Form 990, Part X

Par	<b>411</b> Organizations Maintaining Co	llections of Art	, His	torical Tre	easur	es, or Oth	<u>er Simila</u>	<u>ar Asse</u>	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat are	a sıgnıfıcant	use of its	collectio	n	
а	Public exhibition		d	┌ Loan o	rexch	ange progran	ns			
b	Scholarly research		e	C Other						
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	they further	the or	ganızatıon's	exempt pur	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,			ımılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					answered '	'Yes" to F	orm 990	0,	
	Part IV, line 9, or reported an an			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions oi	other assets	s not	Г	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ıng table			1			
_								A mo	unt	
C	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		e 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV				"	000 B	- 1 T) / 1 -	- 10		
Рα	rt V Endowment Funds. Complete	IF the organization (a)Current Year		wered Yes )Prior Year			art IV, IIN (d)Three Yea		e)Four Ye	ears Back
1a	Beginning of year balance	38,399,191		37,133,249		50,032,269	(4)		<b>-/</b> · - · · ·	
ь	Contributions	1,427,081		720,542		453,818				
c	Investment earnings or losses	8,167,127		2,858,372		-10,447,830				
d	Grants or scholarships	1,265,276		1,615,418		2,189,729				
e	Other expenditures for facilities and programs	448,905		697,554		715,279				
f	Administrative expenses	0		0		0				
g	End of year balance	46,279,218		38,399,191		37,133,249				
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	9 %								
Ь	Permanent endowment 🕨 62 %									
c	Term endowment ► 29 %									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are held	and ad	mınıstered fo	or the			
	organization by (i) unrelated organizations							. 3a(i)	Yes	No No
	(ii) related organizations		• •					3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization							. Зь		
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	nt funds						
Pai	t <b>VI</b> Investments—Land, Building:	s, and Equipme	nt. S	ee Form 99	0, Pa	rt X, lıne 10	).			
	Description of investment			(a) Cost or ot basis (investm		<b>b)</b> Cost or other basis (other)	(c) Accun depreci		( <b>d</b> ) Boo	k value
1a	Land				0	4,158,75	5			1,158,755
b	Buildings				0	101,916,53	6 21,	448,658	80	,467,878
c	Leasehold improvements				0	55,171,58	1 24,	910,848	30	,260,733
d	Equipment				0	40,065,00	0 30,	023,579	10	,041,421
е	Other				0		0	0		0

124,928,787

(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	4,869,798	Cost of elia-of-year market value
(2)Closely-held equity interests	2,678,156	
Other		
	7,547,954 7,547,954 No. 13	
Part VIII Investments—Program Related. Se		. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	•	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	1 <i>E</i> \	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	( <b>b</b> ) A mount	
Federal Income Taxes	0	
Accounts held for others	947,457	
Asset retirement obligation	2,016,125	
Capital lease obligation	60,708	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	3,024,290	
	· · · · · · · · · · · · · · · · · · ·	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	150,406,965
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	143,969,030
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,437,935
4	Net unrealized gains (losses) on investments	4	7,756,735
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	C
8	Other (Describe in Part XIV)	8	(
9	Total adjustments (net) Add lines 4 - 8	9	7,756,735
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,194,670
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	115,692,482
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	7,950,833
3	Subtract line <b>2e</b> from line <b>1</b>	3	107,741,649
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 245,705		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	42,665,316
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	150,406,965
	<b>TXIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	101,114,574
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 0	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	101,114,574
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 245,705		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	42,854,456
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	143,969,030
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Art work was donated in 1978 Works are on display to the public in various locations on the main campus and are preserved for future use
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 450 individual funds established for a variety of purposes, including scholarship support for individual students, specified expense support for academic pusposes and individual projects. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments.
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Tornado related expenses (189,140) net against revenue, and loss on disposal of building (383,238)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial aid to students
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial aid to students (42,419,611), tornado related expenses (189,140)

#### OMB No 1545-0047

2040

2010

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

**Schools** 

Open to Public Inspection

Name of the organization
SPRINGFIELD COLLEGE

Employer identification number

	04-2104329			
Pai	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	- 5a		Νο
u	Stadents fights of privileges.	Ja		140
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		Νο
e	Educational policies?	5e		Νο
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		}		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	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)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The College publishes its policy of nondiscrimination on the basis on race, color, sex, religion, national origin, or handicap in all internal and external publications, catalogues, brochures, etc
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The College and its students participate in the following federally funded programs. Federal Pell Grant, Federal Perkins Loan, Federal Supplemental Educational Opportunity Grant, Federal Work Study and Federal Family Educational (Stafford) Loans. Additionally, the students participate in various state award loan programs.

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493129000242

OMB No 1545-0047

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

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.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	e of the organization	E	Employer identification number				
SPK.	INGFIELD COLLEGE				0	4-2104329	
Pa	<b>General Informatio</b> "Yes" to Form 990, Pa			he United States. C	omplete if	f the organiza	ntion answered
1	For grantmakers. Does the	•		s to substantiate the	amount of	f the grants o	r
	assistance, the grantees' elig						rd
	the grants or assistance?						│ Yes │ No
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	zation's procedu	res for monitoring the us	e of grant fu	inds outside the	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program se specifi	listed in (d) is a rivice, describe ic type of s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	0	0	Investments	Investmen diversified funds Book June 30, 20 \$3,349,41	fund of hedge < value at 011 -	
_					-		
	Sub-total Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

Part	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.										
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶			
3	Enter total number of other organizations or entities										

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

#### 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)	Γ	Yes	⊽	Νo
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)	Γ	Yes	굣	Νo
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)	Γ	Yes	r	Νo
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)	Г	Yes	r	Νo
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)	Г	Yes	্	Νo
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).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

#### **Additional Data**

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 04-2104329

Name: SPRINGFIELD COLLEGE

Schedule F (Form 990) 2010

Page **5** 

#### Part V Supplemental Information

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

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Schedule I

(Form 990)

Department of the Treasury

**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

OMB No 1545-0047

DLN: 93493129000242

**Inspection** 

Internal Revenue Service Name of the organization Employer identification number SPRINGFIELD COLLEGE 04-2104329 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial aid toward tuition, room and board	5764	42,419,611	0	cash value	

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		The College offers financial aid to assist students on the basis of full-time enrollment. Factors influencing the amount and type of aid awarded include financial need, academic achievement, leadership and other personal qualitative attributes. The Free Application for Federal Student Aid, which helps to establish a student's financial need, serves as the application for financial aid. Files detailing grant and scholarship requirements and criteria are maintained and reviewed to ensure individual student eligibility before awards are made. The College does not discriminate on the basis of race, color, sex, age, national origin or handicap.

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DLN: 93493129000242

OMB No 1545-0047

**Compensation Information** 

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 SPRINGFIELD COLLEGE

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

04-2104329

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	١	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	▼ Compensation committee	⊽	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

#### 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-MI	SC compensation	(C) Retirement and other deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	ıncentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Richard B Flynn	(I) (II)	332,000 0	0	86,335 0	18,641 0	62,799 0	499,775 0	o 0
(2) John L Mailhot	(I)	168,204 0	0	2,542 0	19,296 0	0	190,042	0
(3) Jill Russell	(ı) (ıı)	147,100 0	0	,	16,011 0	<b>4,123</b> 0	172,097 0	0
(4) Jean A Wyld	(ı) (ıı)	175,638 0	0	8,509 0	20,479 0	7,416 0		0
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
(13)								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		As approved by the Board of Trustees, housing is provided for the President of the College as a condition of employment to allow him to more effectively fulfill his duties. Housing provided is College owned and on the main campus
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The President participates in a 457 (f) nonqualified deferred compensation plan

Schedule J (Form 990) 2010

#### **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.

OMB No 1545-0047

2010

DLN: 93493129000242

Open to Public Inspection

Name of the organization
SPRINGFIELD COLLEGE

**Bond Issues** 

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

Employer identification number

04-2104329

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce (	( <b>f</b> ) Descript	on of Purpose	<b>(g)</b> De	feased	Beh	On alf of uer		Pool ncing		
									Yes	No	Yes	No	Yes	No		
A	Mass HEFA Revenue Bonds 2003	04-2104329		07-01-2003	24,250,		nstruction o lemption of b	residence hall, onds		×		X		x		
В	Mass HEFA Revenue Bonds 2010	04-2104329		01-20-2010	50,000,				onstruction projects, edemption of bonds			х		Х		Х
_																
12	Part II Proceeds A B C D															
1	A mount of bonds retired					7,710,0										
2	A mount of bonds legally defe	ased				7,710,0	0	0,000,000								
3	Total proceeds of issue				-	26,813,8	206	50,524,337								
4	Gross proceeds in reserve fu	nds				1,746,6		4,228,188								
5	Capitalized interest from prod					1,740,0	0 0,000					1				
6	Proceeds in refunding escrow					0.002.0	93,986 6,802,620					+				
7	Issuance costs from proceed						· · · · · · · · · · · · · · · · · · ·					+				
8	Credit enhancement from pro					234,4	34,438 325,000					1				
9	Working capital expenditures						0	0								
	Capital expenditures from pro						<u> </u>									
10	Other spent proceeds					.5,772,0		38,668,529								
11						0 0										
12	Other unspent proceeds						0	0								
13	Year of substantial completion	on 			200			2010		ı		1	1			
	W 11 1 1 1 1				Yes	No	Yes	No	Yes		No	Yes	_	No		
14	Were the bonds issued as pa					Х		X								
15	5 Were the bonds issued as part of an advance refunding issue?			X		×										

Part III Private Business Use

16

Has the final allocation of proceeds been made?

		L A	Α		В	С		D	
		Yes	No	Yes	No	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?		Х		х				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		х				

Χ

Х

Does the organization maintain adequate books and records to support the final

Χ

Χ

Part III Private Business Use (Continued)

		A	Α		В	c		I	)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		×				
c	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?		х		x				
4	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 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %			0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

Part IV Arbitrage

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		×				
_	Is the bond issue a variable rate issue?								
2			Х		Х				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
	into a neage with respect to the bolid issue.		Х		X				
			,,						
b	Name of provider								
	Term of hedge								
<u>с</u>	Was the hedge superintegrated?								
d	was the heade superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		×				
	Name of provider								
ь									
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market								
	value of the GIC satisfied?								
 5	Were any gross proceeds invested beyond an available temporary								
-	period?		Х		X				
6	Did the bond issue qualify for an exception to rebate?		Х		X				

#### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanat ion

DLN: 93493129000242

OMB No 1545-0047

Open to Public

#### **SCHEDULE M** (Form 990)

Department 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.

**NonCash Contributions** 

Inspection Employer identification number

	Name of the organization SPRINGFIELD COLLEGE				Employer identification number			
JF KI	NOT LELD COLLEGE				04-2104329			
Pa	rt I Types of Property			I	<u> </u>			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining of amounts		ontribut	tion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		33	de minimis			
5	Clothing and household	x		1 500				
goo				1,500	faır value			
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	35	589,340	market value			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
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							
	Perform							
25	Other ► ( <u>Better</u> )	Х	1	2,000	A ctual value			
	Kıtchen							
26	Other ► ( <u>Table project</u> )	X	2	· · · · · · · · · · · · · · · · · · ·	face value			
27	Other ► ( tickets )	X	1	159	face value			
28	Kitchen Other ► ( <u>Table project</u> )	Х	2	96	actual value			
29	Number of Forms 8283 received be for which the organization complet				29			0
			,				Yes	No
30a	During the year, did the organizati	on receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it			<u> </u>
	must hold for at least three years for exempt purposes for the entire	from the o	date of the initial contribution			20-		No
L	If "Yes," describe the arrangemen					30a		"
31	Does the organization have a gift a			eview of any non-standard	contributions?	31	Yes	
22-	Does the organization hire or use							
520	contributions?					32a		No
33	If "Yes," describe in Part II  If the organization did not report re	evenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### 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 M (Form 990) 2010

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As Filed Data -

DLN: 93493129000242

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization SPRINGFIELD COLLEGE

Employer identification number

04-2104329

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Section B, Line 11b	Form 990 and all supporting schedules were presented to the Audit and Compliance Committee of the Board of Trustees for review and analysis prior to being filed. The committee was authorized to act on behalf of the full Board and reported to the Board the results of the review.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of Interest statements for Board members, officers and designated employees are completed annually and are reviewed by internal audit personnel

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Section B, Line 15	The Board of Trustees reviews the President's overall compensation package in comparison to industry standards and peer institutions. Officers' and key employees' salaries are determined by the President within budget constraints established by the Board of Trustees.

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

ldentifier	Return Reference	Explanation	
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized gains on investments	