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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number **C** Name of organization B Check if applicable REGIS COLLEGE Address change 04-2104451 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (781)768-7075235 WELLESLEY STREET Terminated G Gross receipts \$ 48,722,339 Amended return City or town, state or country, and ZIP + 4 WESTON, MA 02493 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes THOMAS PISTORINO 235 WELLESLEY STREET H(b) Are all affiliates included? WESTON, MA 02493 If "No," attach a list (see instructions) H(c) Group exemption number > Tax-exempt status Website: ► WWW REGISCOLLEGE EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1927 M State of legal domicile MA Part I Summary 1 Briefly describe the organization's mission or most significant activities REGIS COLLEGE EDUCATES APPROXIMATELY 1,750 UNDERGRADUATE AND GRADUATE STUDENTS IN DAYTIME, EVENING, AND WEEKEND PROGRAMS IN TWO SCHOOLS, THE SCHOOL OF NURSING, SCIENCE AND HEALTH PROFESSIONS AND THE SCHOOL OF LIBERAL ARTS, EDUCATION AND SOCIAL SCIENCE, AND CONTINUING STUDIES FOR ADULT LEARNERS THE COLLEGE OPERATES A LIBRARY, FINE ARTS CENTER, LANGUAGE AND TECHNOLOGY LABS, AUDIO VISUAL SERVICES, HEALTH CENTER, ADMISSION, CAREER PLANNING, CAMPUS SAFETY, TRANSPORTATION, Activities & Governance CAMPUS MINISTRY, INTER-COLLEGIATE ATHLETICS, REGISTRATION SERVICES, DINING, RESIDENT HALLS, CHILDRENS LEARNING CENTER, BOOKSTORE, AND A VARIETY OF OTHER STUDENT SERVICES 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 28 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 27 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 980 6 Total number of volunteers (estimate if necessary) . 6 4 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year**

	8	Contributions and grants (Part VIII, line 1h)	1,615,886	3,184,971
를	9	Program service revenue (Part VIII, line 2g)	38,010,446	43,836,203
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501,855	426,435
ď.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	761,256	842,149
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,889,443	48,289,758
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,738,647	13,084,880
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,258,119	17,685,218
₩ T	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expens	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,253,074		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,537,453	14,768,221
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	43,534,219	45,538,319
	19	Revenue less expenses Subtract line 18 from line 12	-2,644,776	2,751,439
et Assets or ind Balances			Beginning of Current Year	End of Year
33,48	20	Total assets (Part X, line 16)	60,272,241	57,447,773
절절	21	Total liabilities (Part X, line 26)	43,813,340	38,000,518
žΞ	22	Net assets or fund balances Subtract line 21 from line 20	16,458,901	19,447,255

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		***** Signature of officer				2011-11-03 Date	
		THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE THE THOMAS PISTORINO VP OF FINANCE & BITTATE TO THE	JSINESS				
Paid		t/Type parer's name THOMAS A WASHBURN CPA	Preparer's signature	THOMAS A WASHBURN CPA	Date	Check if self- employed	PTIN
Preparer -	Firm	Firm's EIN					
Use Only	Firm	n's address • 21 EAST MAIN STREET WESTBORO, MA 01581					Phone no (508) 366- 9100
May the IF	RS d	iscuss this return with the prepare	r shown above? (se	e instructions) .			▼ Yes

Par	t III		Program Serv e O contains a res		olishments uestion in this Part	III		▼
1		· -	anization's mission		IENCEC AND DDO	FECCIONS EMPOWERS	MOMEN AND MEN TO	
CHA	LLENG	E THEMSELVES A	ACADEMICALLY, 1	TO SERVE AN	D TO LEAD A CAT	FESSIONS EMPOWERS N HOLIC COLLEGE, REGIS JOSEPH OF BOSTON		
2		ne organization und Tor Form 990 or 9		ant program s	ervices during the y	ear which were not listed o	on Yes V No	
	If "Ye	s," describe these	new services on S	chedule O				
3		ne organization cea	ase conducting, or i	make sıgnıfıca 	nt changes in how it	conducts, any program		
	If "Ye	s," describe these	changes on Sched	ule O				
4	Secti	on 501(c)(3) and 5	501(c)(4) organizat	tions and secti	on 4947(a)(1) trus	ree largest program servic ts are required to report th am service reported	•	d
4a	(Cod	e) (Expenses \$	10,095,524	ıncludıng grants of \$) (Revenu	ue \$ 36,669,307)
	EVEN	ING, AND WEEKEND P	ROGRAMS IN TWO SCH	IOOLS, THE SCHO	OL OF NURSING, SCIEN	MATELY 1750 UNDERGRADUATE CE AND HEALTH PROFESSIONS A RNERS AND LIFELONG LEARNIN	AND THE SCHOOL OF LIBERA	
	(Code	e) (Expenses \$	3,426,590	including grants of \$) (Reven)
						DLOGY LABS, PROVIDING AUDIO XIMATELY 1750 STUDENTS	VISUAL SERVICES TO PROF	ESSIONAL
	(Code	e) (Expenses \$	5,282,280	ıncludıng grants of \$) (Reven	ue \$)
					ER PLANNING, CAMPUS	SAFETY AND TRANSPORTATION,	CAMPUS MINISTRY, INTER	-COLLEGIATE
	Othe	er program service	s (Describe in Sch	nedule O) See	also Additional Dat	a for Description		
	(Exp	enses \$	16,177,023 ind	luding grants	of\$) (Revenue \$	7,166,896)	
4e	Tota	I program service	expenses ⊢ \$	34,981,41	17			

Part IV	Checklist	of Require	d 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		
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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, 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	Yes	
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	Yes	
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	Yes	
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
	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the 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		No
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		No
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		No
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? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	Yes	
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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? <i>If</i> "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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable la 101			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
_	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	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	ı		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N.
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		N.
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N.
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
_	In rest to fine 54 of 55, and the organization menorin occor in the first in the fi	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		N ·
b	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).			
а	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	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
a	file Form 8282?	7c		N
u	Trives, indicate the number of Forms 6262 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		_{N.}
f	contract?	76 7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		N c
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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?			,,
	Sponsoring organizations maintaining donor advised funds.	8		No
а	Did the organization make any taxable distributions under section 4966?	9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
L				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them)	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	4.5		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
	13c	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1/16	ı	ı

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.

56	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 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?	3		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		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		, 03	
	The state of the process in schedule of (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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				

- 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 of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THO MAS PISTORINO
 235 WELLESLEY STREET

WESTON, MA 02493 (781) 768-7075

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

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	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) 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	from the 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)			C)				(D)		(F)			
	Name and Title	A verage hours		Position (check all that apply)				Reportable compensation	Reportable compensation		Estima amount o		
		per week		T	1	Π	욕포		from the organization (W-	from related	d	compens	ation
		(describe	용물	Institutional Trustee		<u>@</u>	Highest compensat		2/1099-MISC)	(W- 2/1099		organızatı	
		hours for		∄	_	9	8 C	תֱ		MISC)		relat organiza	
		related	충틸	음	Office	employee	ľ Š	Former				organiza	itions
		organizations	~ <u>#</u>	글	₾) e	물	≗					
		ın Schedule	Individual trustee or director	<u> </u>		Ď.	ō B						
		0)	_	Œ.	l		<u> </u>						
See A	Additional Data Table												
1b	Sub-Total							•					
С	Total from continuation sheet	s to Part VII, Sec	ct ion A				►						
d	Total (add lines 1b and 1c) .							•	723,170		0		35,988
2	Total number of individuals (ind \$100,000 in reportable compe	_				ted	above) who	received more tha	n			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So	•			•				•	ated employee	3		No
4	For any individual listed on line organization and related organi												

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

Section B. Independent Contractors

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
ARAMARK CORPORATION 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD SERVICE	1,630,032
WRIGHT EXPRESS FINANCIAL SERVICES 33548 TREASURY CENTER CHICAGO, IL 60694	CREDIT CARD SERVICES	576,316
SECURITAS SECURITY SERVICES USA 2 CAMPUS DRIVE PARSIPPANY, NJ 07054	ASSET PROTECTION	273,321
GOVCONNECTION INC 732 MILFORD ROAD MERRIMACK, NH 03054	TECHNOLOGY	206,737
CGL ELECTRONIC SECURITY INC 1400 PROVIDENCE HIGHWAY SUITE 2200 NORWOOD, MA 02062	ELECTRONICS	166,147
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part \		2010) Statement of Revenu	10				Pa	ge 9
		Statement of Revent			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e and 1f	234,125 2,950,846 Business Code	3,184,971			314
Program Service Revenue	c d e f	TUITION AND FEES AUXILIARY ENTERPRISES All other program service rev Total. Add lines 2a-2f		900099 900099		36,669,307 7,166,896		
	4 5 6a b	Investment income (including and other similar amounts). Income from investment of tax-exer Royalties Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 1,254,306 412,157 842,149	(II) Personal	426,435 842,149			426,43! 842,14!
enne	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin (not including	(i) Securities 20,424 20,424 0	(II) O ther	0			
Other Revenue	c 9a b c	of contributions reported on I See Part IV, line 18 Less direct expenses Net income or (loss) from fun Gross income from gaming ac Less direct expenses Net income or (loss) from gai	a b draising events • ctivities See Part IV, line 19 . a ctivities •	b				
	b c 11a b	returns and allowances . Less cost of goods sold . Net income or (loss) from sal Miscellaneous Revenue	a . b	Business Code				
	e	Total. Add lines 11a-11d . Total revenue. See Instruction	ns ▶		48,289,758	43,836,203	0 rm 990 (20	1,268,58

(D) d Fundraising s expenses
d Fundraising
d Fundraising
s expenses
7
0 604,796
9 101,193
4 43,988
3
0
1
4 53,368
2
7 71,253
3
8 117,764
7,396
7 73,233
8 118,310
0
3 41,385
1
8 4,936
1 15,189
9 263
0
i
8 1,253,074
5 9 0 1 9 - 2 - 5 2 - 7 - 2 8 -

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,384	1	24,188
	2	Savings and temporary cash investments	•		2,297,187	2	1,317,443
	3	Pledges and grants receivable, net			150,526	3	170,864
	4	Accounts receivable, net	1,099,962	4	1,269,225		
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)					
ets		Schedule L				6	
ssets	7	Notes and loans receivable, net	2,064,302	7	1,964,569		
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	77,344,773			
	ь	Less accumulated depreciation	10b	48,469,464	30,861,529	10c	28,875,309
	11	Investments—publicly traded securities			8,017,039	11	8,162,754
	12	Investments—other securities See Part IV , line 11 \cdot \cdot \cdot			6,201,197	12	6,657,758
	13	Investments—program-related See Part IV , line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			9,578,115	15	9,005,663
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			60,272,241	16	57,447,773
	17	Accounts payable and accrued expenses .			2,852,272	17	2,243,327
	18	Grants payable				18	
	19	Deferred revenue			1,021,684	19	1,314,207
	20	Tax-exempt bond liabilities			28,061,047	20	27,357,520
es G	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			9,680,000	23	4,680,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,198,337	25	2,405,464
	26	Total liabilities. Add lines 17 through 25			43,813,340	26	38,000,518
- N		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
<u>8</u>	27	Unrestricted net assets			1,772,373	27	4,137,463
Fund Balances	28	Temporarily restricted net assets	2,483,661	28	2,223,368		
돧	29	Permanently restricted net assets		12,202,867	29	13,086,424	
or Fu		Organizations that do not follow SFAS 117, check here ► are lines 30 through 34.	nd com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fo	ınds			32	
Net	33	Total net assets or fund balances			16,458,901	33	19,447,255
_	34	Total liabilities and net assets/fund balances			60,272,241	34	57,447,773
					•	-	·

Pa	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		48,2	289,75
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,319
3	Revenue less expenses Subtract line 2 from line 1	3		2,7	751,43
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,4	158,90
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	236,91
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		19,4	147,25!
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		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its 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 on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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.

Name of the organization

REGIS	CULLE									
Da	rt I	04-2104451 Reason for Public Charity Status (All organizations must complete this part.) See instructions	tions							
		ization is not a private foundation because it is (For lines 1 through 11, check only one box)	10113							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Ţ									
3	Ĺ.	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	F	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın						
_	_	section 170(b)(1)(A)(iv). (Complete Part II)								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	ı	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public						
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, ar	nd gros	5 S					
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	n 331/3%	of						
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	om busine	esses						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)								
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		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)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

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 the tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	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) 2007	(c) 2008	(d) 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 stop here	_	r		•	. , . , -	▶ ┌॔
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	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. 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
L	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	ETY ▶ ¯
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		▶ □

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		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 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	Supplemental Information. 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: Software Version:

EIN: 04-2104451 **Name:** REGIS 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) A verage hours	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARY JANE ENGLAND PRESIDENT	40 00	Х		х				228,484	0	7,153
SISTER HELEN CALLAHAN CSJ BOARD OF TRUSTEES	1 00	Х						0	0	0
KAREN HOKANSON SND BOARD OF TRUSTEES	1 00	Х						0	0	0
ELLEN C KEARNS BOARD OF TRUSTEES	1 00	Х						0	0	0
CHRISTINA M MCCANN TREASURER	1 00	Х		х				0	0	0
MARILYN MCGOLDRICK CSJ SECRETARY	1 00	Х		х				0	0	0
TERESA M MCGONAGLE BOARD OF TRUSTEES	1 00	Х						0	0	0
ROBERT F MEENAN BOARD OF TRUSTEES	1 00	X						0	0	0
CAROLE F BARRETT BOARD OF TRUSTEES	1 00	X						0	0	0
ELLEN O'CONNOR CHAIR OF THE BOARD	1 00	Х		x				0	0	0
SALVATORE B SIMEONE BOARD OF TRUSTEES	1 00	X						0	0	0
LORRAINE TEGAN BOARD OF TRUSTEES	1 00	X						0	0	0
NANCY M VALENTINE BOARD OF TRUSTEES	1 00	Х						0	0	0
DR RICHARD W YOUNG BOARD OF TRUSTEES	1 00	Х						0	0	0
KATHLEEN DAWLEY BOARD OF TRUSTEES	1 00	Х						0	0	0
CLYDE H EVANS BOARD OF TRUSTEES	1 00	Х						0	0	0
PAUL V GARRITY VF BOARD OF TRUSTEES	1 00	Х						0	0	0
JUDY M LAUCH BOARD OF TRUSTEES	1 00	Х						0	0	0
BONNIE MORAN BOARD OF TRUSTEES	1 00	Х						0	0	0
MARY L MURPHY CSJ BOARD OF TRUSTEES	1 00	Х						0	0	0
DONNA M NORRIS MD BOARD OF TRUSTEES/CHAIR	1 00	Х		x				0	0	0
KATHLEEN O'HARE BOARD OF TRUSTEES	1 00	Х						0	0	0
JOAN SHEA BOARD OF TRUSTEES	1 00	Х						0	0	0
DONATO J TRAMUTO BOARD OF TRUSTEES	1 00	Х						0	0	0
ERNEST BARTELL CSC BOARD OF TRUSTEES	1 00	Х						0	0	0

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

	_									1
(A) Name and Title	(B) Average hours		tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SISTER MARY ANNE DOYLE CSJ BOARD OF TRUSTEES	1 00	Х						0	0	0
SISTER LEILA HOGAN CSJ BOARD OF TRUSTEES	1 00	х						0	0	0
RUTH SANDERSON KINGSBURY BOARD OF TRUSTEES	1 00	х						0	0	0
S MARGARET COMFREY BOARD OF TRUSTEES	1 00	х						0	0	0
BEVERLY BOORSTEIN BOARD OF TRUSTEES	1 00	х						0	0	0
SISTER MAUREEN DOHERTY BOARD OF TRUSTEES	1 00	Х						0	0	0
THOMAS PISTORINO VP OF FINANCE & BUSINESS	40 00			x				151,144	0	12,002
PAUL VACCARO VP ENROLLMENT AND MARKETIN	40 00			х				114,888	0	11,777
ANTOINETTE HAYS ACADEMIC DEAN	40 00					х		124,632	0	1,238
MARY LOMBARD PROFESSOR	40 00					Х		104,022	0	3,818
THERESE HIGGINS FORMER PRESIDENT	1 00						х	0	0	0
ROBERT BELLAVANCE FORMER VP OF ENROLLMENT &	40 00						х	0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 3,092,143 including grants of \$) (Revenue \$ 7,166,896)

AUXILIARY ENTERPRISES-PROVIDE DINING SERVICES, RESIDENTIAL HALL SERVICES, CHILDREN'S LEARNING CENTER,
BOOKSTORE SERVICES, TELECOMMUNICATIONS SERVICES FOR APPROXIMATELY 1750 STUDENTS

(Code) (Expenses \$ 13,084,880 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES-SCHOLARSHIP AND GRANTS TO APPROXIMATELY 1750 STUDENTS

DLN: 93493311004621

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

	me of the organization GIS COLLEGE	on the second se	Employer identification number
Pa	rt I Organizations Maintaining Donor Ac		04-2104451 unds or Accounts. Complete if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(D) I unus and other accounts
<u> </u>	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the organization's property.	-	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit		•
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	cusoment on the last day of the tax year	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
4	Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva	ation easement is located ►	<u> </u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp		· ———
7	A mount of expenses incurred in monitoring, inspectir Does each conservation easement reported on line 2		
8	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	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 easem	he footnote to the organization's financial nents	statements that describes
Pai	rt III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

Organizations Maintaining Co						
	ollections of Art,	Historical Tre	easures, or Othe	er Similar As	sets (c	ontinued
sing the organization's accession and othe ems (check all that apply)	r records, check any	_	_		ion	
Public exhibition		d Loano	r exchange programs	5		
Scholarly research		e Γ Other				
Preservation for future generations						
rovide a description of the organization's co art XIV	ollections and explain	n how they further	the organization's e	xempt purpose	n	
		•			Г Yes	┌ No
				es" to Form 9	90,	
the organization an agent, trustee, custoc cluded on Form 990, Part X?	dian or other intermed	diary for contribut	ions or other assets	not	√ Yes	┌ No
"Yes," explain the arrangement in Part XI	V and complete the fo	ollowing table				
				An	nount	
eginning balance			1c			73,394
dditions during the year			1d			156,139
istributions during the year			1e			103,654
ndıng balance			1f			125,879
d the organization include an amount on F	orm 990, Part X, line	21?			┌ Yes	✓ No
"Yes," explain the arrangement in Part XI\	/					
V Endowment Funds. Complete						
	· · ·			d) Three Years Back	(e)Four	Years Back
	· -	· · · · · · · · · · · · · · · · · · ·				
<u>-</u>	587,361	1,513,541	-465,013			
•	427.642	400 715	425 107			
nd programs	427,643	488,715	435,187			
·	12 994 621	12 941 246	11 720 991			
·			11,739,881			
ovide the estimated percentage of the year		S				
oard designated or quasi-endowment 🕨	0 %					
ermanent endowment 🕨 100 000 %						
erm endowment 🕨 0 %						
	ssion of the organiza	tion that are held	and administered for	the		
•				32/		No No
						No
· -						1
,	•					
/I Investments—Land, Buildings	s, and Equipmen	nt. See Form 99	0, Part X, line 10.			
Description of investment				(c) Accumulated depreciation	(d) Bo	ook value
nd			540,925			540,925
ldıngs			23,285,765	14,038,51	7	9,247,248
			35,839,226		+	
isehold improvements		• 1			<u> </u>	14,223,46!
usenoid improvements			12,096,004		+	
·				11,062,18	9	1,033,81! 3,829,856
	Scholarly research Preservation for future generations rovide a description of the organization's cart XIV uring the year, did the organization solicit sets to be sold to raise funds rather than Part IV, line 9, or reported an arthe organization an agent, trustee, custod cluded on Form 990, Part X? "Yes," explain the arrangement in Part XI' eginning balance dditions during the year istributions during the year istributions during the year istributions during the arrangement in Part XIV Endowment Funds. Complete The theorem of the organization include an amount on Finance and the organization include an amount on Finance on the organization include an amount on Finance and the organization include an amount on Finance on the organizations of the year of the y	Preservation for future generations Tovide a description of the organization's collections and explain and XIV Turing the year, did the organization solicit or receive donations seets to be sold to raise funds rather than to be maintained as part of the organization and agent, trustee, custodian or other intermediculated on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the frequency of the organization include an amount on Form 990, Part X, line eiginning balance diditions during the year instributions and include an amount on Form 990, Part X, line eigenning of year balance (a)Current Year (a)Current	Scholarly research Preservation for future generations rounde a description of the organization is collections and explain how they further art XIV uring the year, did the organization solicit or receive donations of art, historical tisests to be sold to raise funds rather than to be maintained as part of the organization and the organization are funds rather than to be maintained as part of the organization and agent, trustee, custodian or other intermediary for contributious done of many 90, Part X7, line 2 the organization and agent, trustee, custodian or other intermediary for contributious doud on form 990, Part X7, line 2 the organization and amount on Form 990, Part X, line 2 the organization and the part is tributions during the year in the arrangement in Part XIV Press, "explain the a	Scholarly research Preservation for future generations rovide a description of the organization's collections and explain how they further the organization's eart XIV In go and Custodial Arrangements. Complete if the organization's collection? Escrow and Custodial Arrangements. Complete if the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table eginning balance did the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization answered "Yes" to Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV In the organization include an amount on Form 990, Part X, line 21? In the organization include an amount on Form 990, Part X, line 21? In the organization include an amount on Form 990, Part X, line 10. In the organization include an amount on Form 990, Part X, line 10. In the organization include an amount on Form 990, Part X, line 10. In the organization include an amount on Form 990, Part X, line 10. In the organization include an amount on Form 990, Part X, line 10. In the organization include an amount	Scholarly research Preservation for future generations ovide a description of the organization's collections and explain how they further the organization's exempt purpose in the trial of the organization solicit or receive donations of art, historical treasures or other similar sests to be sold to raise finds rather than to be maintained as part of the organization answered "Yes" to Form 9 Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table agining balance ditions during the year ditions during the year did instributions during the year inding balance dithe organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Seginning of year balance 12.841,346 11.739,881 12.341,070 13.401,070 12.341,070 13.401,070 14.405,013 13.401,070 14.401,070 15.401,081,081,081,081,081,081,081,081,081,0	Scholarly research Preservation for future generations ovide a description of the organization's collections and explain how they further the organization's exempt purpose in art XIV uring the year, did the organization solicit or receive donations of art, historical treasures or other similar sests to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves. Yes. Amount of the organization and sent than to be maintained as part of the organization's collection? Ves. Yes. Amount of the organization and sent in the possession of the organization and sent, five than to be maintained as part of the organization's collection? Ves. Yes. Amount of the organization and part XIV the intended and amount on Form 990, Part X, line 21. Yes. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Provisor (c) Two Years Bock (d) Three Years Bock (e) Fund or Scholarships (a) Current Year (b) Provisor (c) Two Years Bock (d) Three Years Bock (d) Fund Years Bock (

Part VII Investments—Other Securities. See (a) Description of security or category		d of valuation
(including name of security)	(b)Book value	-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)O ther		
(A) NON-PUBLICLY TRADED BOND AND EQUITY	6 657 759	F
FUNDS MANAGED BY THE COMMON FUND	6,657,758	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	6,657,758	
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip		(b) Book value
(1) RESTRICTED CASH		3,244,185
(2) PROJECT UNDER DEVELOPMENT		5,309,024
(3) DEBT ISSUES COSTS, NET		452,454
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	 9,005,663
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ADVANCES FOR OTHER STUDENT LOANS	1,636,455	
ANNUITY PAYMENT LIABILITY	204,478	
DEPOSITS & OTHER LONG TERM PAYABLES	123,204	
DEPOSITS & OTHER LONG TERM PAYABLES	441,327	
Total (Column (h) should not 15 200 D 1 4 4 10 1 25 1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,405,464	

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	48,289,758
Total expenses (Form 990, Part IX, column (A), line 25)	2	45,538,319
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	2,751,439
4 Net unrealized gains (losses) on investments	4	258,817
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-21,902
9 Total adjustments (net) Add lines 4 - 8	9	236,915
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,988,354
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	35,853,950
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	<u>'</u>	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	2	
e Add lines 2a through 2d	2e	-12,847,965
3 Subtract line 2e from line 1	3	48,701,915
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)	<u>'</u>	
c Add lines 4a and 4b	4c	-412,157
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	48,289,758
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1 Total expenses and losses per audited financial statements	1	32,865,596
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d 412,15	7	
e Add lines 2a through 2d	2e	412,157
3 Subtract line 2e from line 1	3	32,453,439
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	0	
c Add lines 4a and 4b	4c	13,084,880
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	45,538,319

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

Part XIV Supplemental Information

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

additional information		
Ident if ier	Return Reference	Explanation
	PART IV, LINE 1B	THE COLLEGE ACTS AS FISCAL AGENT FOR A BOSTON AREA SCHOOL IN ACCORDANCE WITH ITS CONTRACT WITH THE BOSTON PUBLIC SCHOOLS THE COLLEGE RECEIVES AND DISBURSES FUNDS ON BEHALF OF THIS ORGANIZATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE CATEGORIZED INTO TWO AREAS, FINANCIAL AID AND INSTITUTIONAL THE COLLEGE USES THE ANNUAL SPENDING RATE ON THE FINANCIAL AID FUNDS TO PROVIDE SCHOLARSHIPS TO STUDENTS THAT MEET THE REQUIRED CRITERIA THE COLLEGE USES THE SPENDING RATE ON THE INSTITUTIONAL FUNDS FOR CAPITAL APPROPRIATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AS OF JUNE 30, 2011, THE COLLEGE DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY THE COLLEGE FILES TAX AND INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 21,902
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS -13,084,880 CHANGE IN CARRYING VALUE OF SPLIT INTEREST AGREEMENTS -21,902
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENT EXPENSES NETTED WITH REVENUE -412,157
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSES NETTED WITH REVENUE 412,157
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS 13,084,880

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

REGIS COLLEGE

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

	04-2104451			
Pa	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? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a_	Yes	
_	basis?	4b	Yes	
	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	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II			
_	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a	<u> </u>	No
b	Admissions policies?	5b		No
c	: Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νο
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		Νο
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	NI a
	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	6b		No
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	i

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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THROUGH ADVERTISEMENT IN GENERAL CIRCULATION NEWSPAPERS, JOURNALS, CATALOG OFFERS, NATIONAL COLLEGE & UNIVERSITY PUBLICATIONS AND OTHER MEANS ALSO, PROGRAMS INCLUDE IN THEIR SOLICITATION MATERIAL, A SUMMARY STATEMENT OF THE NON-DISCRIMINATION POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	REGIS COLLEGE RECEIVES AND PARTICIPATES IN VARIOUS GOVERNMENTAL FINANCIAL ASSISTANCE PROGRAMS COMMON TO COLLEGES AND UNIVERSITIES SUCH AS, NATIONAL DIRECT STUDY LOAN PROGRAM, BASIC EDUCATIONAL OPPORTUNITY GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, AND WORK STUDY PROGRAMS NO FUNDS HAVE BEEN REVOKED OR SUSPENDED AT ANY TIME

Schedule E (Form 990 or 990-EZ) 2010

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493311004621 OMB No 1545-0047

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

Inspection

Employer identification number

REGIS COLLEGE						04-2104451	
Part I General Information	on on Grants and	l Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organization	ward the grants or as cation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			✓ Yes
	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000	
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 gra or assistance
2 Enter total number of section 5		_				_	
3 Enter total number of other org		netwestions for Form 00		Cat No EQUEED			lo I (Form 000) 2010

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	2.
	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
See Additional Data Table					

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
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE COLLEGE COMPLIES WITH THE US DEP OF EDUCATION POLICY REGARDING TITLE IV FUNDS AND OTHER GRANT AWARDS THE COLLEGE HAS DEDICATED INDIVIDUALS PERFORM THE WORK OUTLINED IN THE SCOPE OF THE GRANT THESE INDIVIDUALS ARE CLASSIFIED AS FINANCIAL AID PROFESSIONALS AND GRANT ADMINISTRATORS WHO WORK IN CONJUNCTION WITH FINANCE PROFESSIONALS TO ENSURE PROPER STEWARDSHIP OF FUNDS THESE INDIVIDUALS FOLLOW THE STATUTORY AND REGULATORY REQUIREMENTS SET FORTH IN THE GRANT FUNDS ARE DRAWN AFTER EXPENSES ARE INCURRED PROGRESS REPORTS ARE SUBMITTED IN COMPLIANCE WITH THE GRANT REQUIREMENTS AND DOCUMENTATION IS MAINTAINED

Software ID: **Software Version:**

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

(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
REGIS GRANTS REGIS GRANTS UNDERGRADUATE	615	8,399,587			
SEOG IY & CY EXTERNAL GRANTS UNDERGRADUATE	331	49,898			
TOWER SCHOLARSHIP REGIS GRANTS UNDERGRADUATE	133	766,748			
ALUMNAE SPONS AWARDS REGIS GRANTS UNDERGRADUATE	90	172,000			
ANNIVERSARY SCHOLARSHIP REGIS GRANTS UNDERGRADUATE	234	2,138,860			
FOUNDERS SCHOLARSHIP REGIS GRANTS UNDERGRADUATE	18	247,250			
MASSACHUSETTS U-PLAN REGIS GRANTS UNDERGRADUATE	5	3,932			
SIBLING DISCOUNT REGIS GRANTS UNDERGRADUATE	15	31,250			
ARRA SDS SCHOLARCHIP GENERAL	15	53,530			
DEVEL/MINORITY SCHOL GENERAL	3	13,556			
SCHRAFFTS BOSTON - SCHOLARSHIP GENERAL	3	20,000			
THE KANEB SCHOLARS PROGRAM GENERAL	26	59,000			
SHARING OPPORTUNITYS GENERAL	3	17,500			
EXPENDED ENDOWMENT INCOME GENERAL	182	427,643			
CLASS OF '61 SCHOLARSHIP GENERAL	5	31,687			
S JOHN SULLIVAN SCHOLARSHIPS GENERAL	1	5,000			
YAWKEY FOUNDATION GENERAL	15	50,000			
STACY STOTT SCHOLARSHIP GENERAL	3	1,500			
HRSA SDS UNDERGRADUATE GENERAL	12	83,446			
M D HENIGHAN SCHOLARSHIP GENERAL	1	5,000			
TUITION DISCOUNTS GENERAL	109	177,946			
REGIS GRANTS REGIS GRANTS NON- TRADITIONAL	31	61,698			
NURSING GRADUATE ASSISTANCESHIP REGIS GRANTS	21	114,368			
HEALTH ADMINISTRATION SCH REGIS GRANTS	10	50,000			
NURSING DNP SCHOLARSHIP TUFTS	1	2,500			
HRSA GRADUATE NURSE TRAINING	33	98,981			
S BOGAN GRADUATE COMMUNICATION	3	2,000			

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DLN: 93493311004621

OMB No 1545-0047

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Compensation Information

► 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 **REGIS COLLEGE**

Employer identification number

04-2104451

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	▼ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		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	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
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	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments 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			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he 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)(1)-(111) 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		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARY JANE ENGLAND	(I) (II)	228,484 0	0 0	0	0 0	•	235,637 0	o 0
(2) THO MAS PISTORINO	(I) (II)	151,144 0	0	0	0 0	12,002 0	163,146 0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

DLN: 93493311004621 OMB No 1545-0047

Open to Public

Inspect ion

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Name of the organization REGIS COLLEGE

Employer identification number

	IS COLLEGE									0.	4-2104	451			
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) [Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		06-01-2008	10,000	0,000 RE	CONSTRUCTION, RENOVATION, IMPROVEMENT AND EQUIPPING OF ATHLETIC FIELDS			x		x		×	
_										-					
Pa	rt III Proceeds														
1	A mount of bonds retired				<u> </u>	4	В			С			D		
2	A mount of bonds legally defeased														
3	Total proceeds of issue					10,336,8	886								
4	Gross proceeds in reserve fun	Gross proceeds in reserve funds					+								
5	Capitalized interest from proce	eeds													
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds	<u> </u>													
8	Credit enhancement from proc	eeds													
9	Working capital expenditures 1	from proceeds				10,116,085									
10	Capital expenditures from pro	ceeds													
11	O ther spent proceeds														
12	Other unspent proceeds					220,8	301								
13	Year of substantial completion	1			20	10			L						
					Yes	No		Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refundir	ng issue?			Х									
15	Were the bonds issued as part	of an advance refun	dıng ıssue?			X									
16	Has the final allocation of proc	eeds been made?			Х										
17	Does the organization maintai allocation of proceeds?	n adequate books an	nd records to sup	port the final	x										
Pai	rt IIII Private Business U	lse									I		1		
						4		В	3	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					×									

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Pari	Jse	(Continued
------	-----	------------

		A			В		С	· ·	ס
		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						
С	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						
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								
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Par	t IV Arbitrage								_

Part IV	Arbitrage

		A		В	В		С		
		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?		х						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×						
ь	Name of provider		l		1				
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?	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	Explanation

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

Name of the organization REGIS COLLEGE							Employer identification number						
REGIS COLLEGE							lo	4-21044	51				
Part I Excess Benefit Trai	ısacti	i ons (s	ection 501	(c)(3) a	and section 501	(c)(4)	organ	izations	only).				
Complete if the organizat	ion ans	wered "	Yes" on For	m 990, l	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I				
1 (a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action		rrected?			
-					(-,					Yes	No		
2.5.4.4.4.6.				<u> </u>	1. 1.6.1					I	ı		
2 Enter the amount of tax impos section 4958					r disqualified pers			year unde •	r • ¢				
3 Enter the amount of tax, If any								•	+				
5 Litter the amount of tax, if any	, 011 1111	e 2, abo	ve, remiburs	ed by th	ie organization :	•	• •		Р —				
Part II Loans to and/or I													
Complete if the organiz	zation a	nswere	d "Yes" on F	orm 990), Part IV, line 26	, or For	m 990-			a			
) Loan to			(e) i	n (f)			(m)\\/ri++			
(a) Name of interested person and			(c) 0 rig		(d)Balance due	defau	I			(g)Writt			
purpose	organı	zatıon?	principal a	amount	(4)54141100 440			committee?					
	То	From				Yes	No	Yes	No	Yes	No		
								+					
Total				► s									
Part III Grants or Assistar						/ line 1	7						
Complete If the orga	mzau						27.						
(a) Name of interested pers	on	'	-		een interested pei ganization	rson	(c) A r	nount of g	rant or t	ype of assıs	tance		
					<u> </u>								

Part IV Business Transactions Involving Interested Perso

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	il aliswered les oil	rorni 550, raiciv, iii	16 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) KATHLEEN DAWLEY	TRUSTEE OF BOARD	, ,	KATHLEEN DAWLEY IS THE PRESIDENT OF MAGUIRE ASSOCIATES, INC , A COMPANY THAT PROVIDES ADMISSION CONSULTING SERVICES TO THE COLLEGE		No

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization			Employer identification number						
					04-2104451				
Part I Types of I	Property								
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of determining of amounts		ontribut	lion	
1 Art—Works of art .									
2 Art—Historical treas	ures								
3 Art—Fractional inter	ests								
4 Books and publication	ons								
5 Clothing and househ	old								
goods									
6 Cars and other vehic	:les .								
7 Boats and planes .									
8 Intellectual property	· · ·								
9 Securities—Publicly	-	Х	7	62,599	FAIR MARKET VAL	UE			
10 Securities—Closely stock									
11 Securities—Partners LLC, or trust interes									
12 Securities—Miscella	neous	Х	7	116,798	FAIR MARKET VAL	UE			
13 Qualified conservati contribution—Histor structures	ıc								
14 Qualified conservati contribution—Other									
15 Real estate—Residei	ntıal .								
16 Real estate—Comme	ercial								
17 Real estate—Other									
18 Collectibles	[
19 Food inventory .	[
20 Drugs and medical s	upplies								
21 Taxıdermy									
22 Historical artifacts									
23 Scientific specimens	[
24 Archeological artifac	ts .								
25 Other ▶ () [
26 Other ▶()								
27 Other ▶()								
28 Other ▶ () [
	•	_	anızatıon durıng the tax yea 3283, Part IV, Donee Ackn		29				
							Yes	No	
30a During the year, did	the organization	receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it				
must hold for at leas	st three years fro	om the d	late of the initial contribution	on, and which is not require	d to be used				
for exempt purposes	s for the entire h	oldıng p	erıod?			30a		No	
b If "Yes," describe the	he arrangement	ın Part I	I						
31 Does the organizati	on have a gıft ac	ceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes		
32a Does the organizati contributions? .	on hire or use th	ırd partı • •	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo	
b If "Yes," describe in	n Part II								
33 If the organization of	lid not report rev	enuesi	n column (c) for a type of p	roperty for which column (a) is checked,	1 1			

describe in Part II

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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DLN: 93493311004621

OMBNo 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization REGIS COLLEGE

Employer identification number

04-2104451

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE BY-LAWS OF THE CORPORATION PROVIDE FOR BETWEEN FIVE AND NINE MEMBERS AT LEAST FIVE MEMBERS SHOULD BE MEMBERS OF THE CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF BOSTON

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS OF THE CORPORATION ELECT MEMBERS OF THE GOVERNING BOARD OF TRUSTEES OF THE COLLEGE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBERS OF THE CORPORATION APPROVE CHANGES TO BY-LAWS AND THE SALE OR DISPOSITION OF REAL ESTATE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE PREPARER OF THE 990 WILL PRESENT A COPY OF THE FORM TO THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE HAS A SINGLE COMBINED WRITTEN DOCUMENT FOR CONDUCT, ETHICS, CONFLICT OF INTEREST, TECHNOLOGY USE, AND CONFIDENTIALITY POLICIES FOR FACULTY, STAFF AND ADMINISTRATION THIS DOCUMENT IS PART OF THE HIRING PROCESS, SIGNED BY THE EMPLOYEE AND STORED IN THE OFFICE OF HUMAN RESOURCES IN ADDITION, THE COLLEGE ALSO DISTRIBUTES A RELATED PARTY QUESTIONNAIRE THROUGH ITS ANNUAL AUDIT PROCESS TO ALL BOARD MEMBERS AND OFFICERS THIS QUESTIONNAIRE IS DESIGNED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS OUR ANNUAL INDEPENDENT AUDIT WILL NOT BE COMPLETE UNTIL ALL OF THESE FORMS HAVE BEEN SIGNED AND RETURNED FURTHERMORE, THE BY-LAWS OF THE COLLEGE STATES "NO MEMBER OF THE CORPORATION, TRUSTEE, OFFICER OR EMPLOYEE OF THE CORPORATION SHALL HAVE ANY PERSONAL FINANCIAL INTEREST, DIRECT OR INDIRECT, IN ANY CONTRACT RELATING TO THE BUSINESS CONDUCTED BY THE CORPORATION, OR THE FURNISHING OF SUPPLIES TO THE CORPORATION, UNLESS AUTHORIZED BY CONCURRING VOTE OF TWO-THIRDS OF THE DISINTERESTED TRUSTEES, EVEN THOUGH THE DISINTERESTED TRUSTEES BE LESS THAN A QUORUM, AND PROVIDE THAT THE MATERIAL FACTS AS TO HER INTEREST IN SUCH TRANSACTION ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF TRUSTEES"

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR THE RECRUITMENT OF THE PROSPECTIVE EXECUTIVE POSITION, THE COLLEGE ENGAGES AN INDEPENDENT PROFESSIONAL EXECUTIVE SEARCH FIRM THROUGH AN AD HOC COMPENSATION COMMITTEE APPROVED BY THE BOARD OF TRUSTEES THE COLLEGE AND THE FIRM WORK TOGETHER TO OBTAIN COMPARATIVE MARKET DATA AND ACQUIRE AVAILABLE SALARY SURVEY DATA THE COMPENSATION COMMITTEE REVIEWS COMPARATIVE MARKET DATA AND AVAILABLE SALARY SURVEY DATA BEFORE MAKING RECOMMENDATIONS TO THE BOARD OF TRUSTEES WHICH HAS FINAL APPROVAL THE PRESIDENT HAS A WRITTEN EMPLOY MENT CONTRACT COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE COLLEGE IS DETERMINED BY MARKET DATA AND INTERNAL SALARY GRADES FOR VICE PRESIDENT POSITIONS THE REVIEW OF COMPARATIVE MARKET DATA AND SALARY SURVEY DATA ARE PERFORMED BY A SEARCH COMMITTEE IN CONJUNCTION WITH AN EXECUTIVE SEARCH FIRM FOR OTHER KEY EMPLOYEES THE COLLEGE PERFORMS COMPARATIVE MARKET DATA AND ACQUIRES AVAILABLE SALARY SURVEY INFORMATION THROUGH THE OFFICE OF HUMAN RESOURCES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 258,817 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -21,902 TOTAL TO FORM 990, PART XI, LINE 5 236,915