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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF NEW ENGLAND		D Employer identification number 01-0211810
	Doing Business As		E Telephone number (207) 602-2063
	Number and street (or P O box if mail is not delivered to street address) 11 HILLS BEACH ROAD	Room/suite	G Gross receipts \$ 179,033,771
	City or town, state or country, and ZIP + 4 BIDDEFORD, ME 04005		
	F Name and address of principal officer DANIELLE RIPICH PHD 11 HILLS BEACH ROAD BIDDEFORD, ME 04005		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.UNE.EDU			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1831	M State of legal domicile ME

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE UNIVERSITY'S MISSION IS TO PROVIDE STUDENTS WITH A HIGHLY INTEGRATED LEARNING EXPERIENCE THAT PROMOTES EXCELLENCE THROUGH INTERDISCIPLINARY COLLABORATION AND INNOVATION IN EDUCATION, RESEARCH, AND SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	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 2011 (Part V, line 2a)	5	2,954
6 Total number of volunteers (estimate if necessary)	6	30	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,324,496	17,258,908
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,938,798	155,594,212
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,676,863	733,599
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,876,547	2,792,842
		161,816,704	176,379,561
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,683,085	32,121,868
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,305,256	74,940,983
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,550,063		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,895,938	52,291,817
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	148,884,279	159,354,668
	19 Revenue less expenses Subtract line 18 from line 12	12,932,425	17,024,893
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	259,165,657	273,787,454
	21 Total liabilities (Part X, line 26)	150,692,992	151,029,433
	22 Net assets or fund balances Subtract line 21 from line 20	108,472,665	122,758,021

Part II		Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2013-03-25</div> <div>Date</div>
	<div>NICOLE L LABBE-TRUFANT CPA VP FOR FISCAL AFFAIRS/CFO</div> <div>Type or print name and title</div>		
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>JOSEPH M GISO MST</div>	<div>Date</div> <div>2013-03-25</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>CBIZ TOFIAS</div> <div>500 BOYLSTON STREET</div> <div>BOSTON, MA 02116</div>		<div>Preparer's taxpayer identification number (see instructions)</div> <div>P00030126</div>
			<div>EIN</div> <div>26-3753134</div>
		<div>Phone no</div> <div>(617) 761-0600</div>	
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE UNIVERSITY'S MISSION IS TO PROVIDE STUDENTS WITH A HIGHLY INTEGRATED LEARNING EXPERIENCE THAT PROMOTES EXCELLENCE THROUGH INTERDISCIPLINARY COLLABORATION AND INNOVATION IN EDUCATION, RESEARCH, AND SERVICE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes























No

4

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

4a	(Code) (Expenses \$ 118,976,444 including grants of \$ 32,121,868) (Revenue \$ 131,297,895)
	HIGHER EDUCATION EDUCATION OF OVER 8,085 STUDENTS AT THE COLLEGE LEVEL DURING THE 2011-12 ACADEMIC YEAR, THE UNIVERSITY GRANTED 1,183 ASSOCIATE'S, BACHELOR'S, MASTER'S AND DOCTORAL DEGREES, REPRESENTING THE COLLEGES OF ARTS AND SCIENCES, WESTBROOK COLLEGE OF HEALTH PROFESSIONALS, COLLEGE OF OSTEOPATHIC MEDICINE, AND COLLEGE OF GRADUATE STUDIES THE UNIVERSITY OFFERS PROGRAMS IN OSTEOPATHIC MEDICINE, ALLIED HEALTH SCIENCES, LIBERAL ARTS, PHARMACY, AND OTHER GRADUATE AND UNDERGRADUATE MAJORS ADDITIONAL FACTS THE UNIVERSITY OF NEW ENGLAND INCLUDES MAINE'S ONLY -MASTER OF SCIENCE-PHYSICIAN ASSISTANT PROGRAM -MASTER OF SCIENCE-NURSE ANESTHESIA PROGRAM-POST-BACCALAUREATE CERTIFICATE PROGRAM IN GERONTOLOGY AND ADDICTIONS COUNSELING COLLEGE OF OSTEOPATHIC MEDICINE (COM) SINCE ITS FOUNDING IN 1978, THE COLLEGE HAS HAD AN EXTRAORDINARY IMPACT ON HEALTH CARE IN MAINE, NEW ENGLAND, AND THE NATION GRADUATES OF COM HAVE DISTINGUISHED THEMSELVES AS RESIDENTS IN SOME OF THE FINEST AND MOST COMPETITIVE RESIDENCY TRAINING PROGRAMS THROUGHOUT THE UNITED STATES MORE IMPORTANTLY, COM PHYSICIANS HAVE BEEN PUTTING THE PATIENT FIRST IN THEIR COMMUNITIES IN NEW ENGLAND AND THE NATION MORE THAN 60% OF OUR GRADUATES PRACTICE IN PRIMARY CARE DISCIPLINES (I E FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, AND PEDIATRICS, AND OBSTETRICS & GYNECOLOGY) STATE OF MAINE 10% OF PRACTICING PHYSICIANS ARE COM GRADUATES, COMPRISING 15% OF MAINE'S PRIMARY CARE PHYSICIAN WORKFORCE 25% OF COM GRADUATES PRACTICING IN MAINE SERVE IN RURAL AREAS NEW ENGLAND 17% OF COM GRADUATES ARE PRACTICING IN MEDICALLY UNDERSERVED AREAS COM IS THE NUMBER ONE PROVIDER OF PHYSICIANS FOR THE STATE OF MAINE THE COLLEGE FEATURES STATE-OF-THE-ART FACILITIES ON ITS PICTURESQUE AND TRANQUIL OCEANSIDE CAMPUS TEACHING AND LEARNING ARE AT THE FOREFRONT AS STUDENTS BEGIN TO EXPERIENCE COM'S INNOVATIVE PATIENT-FIRST CURRICULUM IN OUTSTANDING ON-CAMPUS CLINICAL LEARNING LABORATORIES FOR CLINICAL SKILLS, ANATOMY, AND OSTEOPATHIC MANIPULATIVE MEDICINE CENTERS OF EXCELLENCE IN THE NEUROSCIENCES AS WELL AS COMMUNITY AND POPULATION HEALTH AUGMENT THE RESEARCH MISSION OF THE COLLEGE AND PROVIDE OPPORTUNITIES FOR STUDENTS TO WORK WITH OUTSTANDING RESARCH FACULTY COLLEGE OF GRADUATE STUDIES - PUBLIC HEALTH THE MISSION OF THE GRADUATE PROGRAMS IN PUBLIC HEALTH AT THE UNIVERSITY OF NEW ENGLAND IS TO IMPROVE THE HEALTH AND PROMOTE THE WELL BEING OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH EDUCATION, RESEARCH AND SERVICE THE COLLEGE OF GRADUATE STUDIES IS INITIALLY FOCUSING ON BUILDING STRENGTHS IN FOUR BROADLY DEFINED DISCIPLINES, THEY ARE THE CENTERS FOR LAND-SEA INTERACTIONS, NEUROSCIENCE, GLOBAL HUMANITIES, AND COMMUNITY AND PUBLIC HEALTH, THE SCHOOL'S MASTERS PROGRAM IN MARINE SCIENCE HAS RECENTLY RECEIVED A PRESTIGIOUS NATIONAL SCIENCE FOUNDATION TRAINING GRANT THAT WILL ALLOW IT TO BUILD A PH D PROGRAM COLLEGE OF PHARMACY THE COLLEGE OF PHARMACY BUILDING IS THE FIRST AND ONLY FACILITY IN MAINE DEVOTED ENTIRELY TO ACADEMIC STUDIES AND RESEARCH IN THE FIELD OF PHARMACY THE COLLEGE IS A LEADING EDUCATOR OF THE NEXT GENERATION OF PHARMACISTS STUDENTS IN THE PROGRAM MASTER A VARIETY OF TOPICS RELATED TO MEDICATION USE INCLUDING DISEASE MANAGEMENT, PHARMACOLOGY, PHARMACOGENOMICS, AND PHARMACY INFORMATICS THE CURRICULUM IS DEDICATED TO HELPING OUR STUDENTS ACHIEVE OUTCOMES SUITED FOR THEIR INDIVIDUAL INTERESTS AND CAREER ASPIRATIONS THE DOCTOR OF PHARMACY PROGRAM COMBINES INTERDISCIPLINARY EDUCATION WITH EXPERIENTIAL PRACTICE AND RESULTS IN A PHARMACIST PREPARED FOR THE RIGORS OF AN INTERPROFESSIONAL HEALTH MANAGEMENT TEAM COLLEGE OF ARTS AND SCIENCES THE COLLEGE OF ARTS AND SCIENCES OFFERS A BROAD SPECTRUM OF PROGRAMS IN THE LIBERAL ARTS AND SCIENCES, PROMOTING KNOWLEDGE AND UNDERSTANDING OF THE WORLD AND PROVIDING PERSPECTIVES ON ISSUES FROM MULTIPLE VIEWPOINTS A UNE ARTS AND SCIENCES STUDENT ENGAGES IN INTELLECTUAL STUDY AND PREPARES FOR A REWARDING, PRODUCTIVE LIFE AS WELL AS FOR A PROFESSION OR GRADUATE SCHOOL THE MARINE SCIENCE AND RESEARCH CENTER IS THE ONLY FACILITY OF ITS KIND ON ANY UNIVERSITY CAMPUS, GIVING RESEARCHERS A UNIQUE OPPORTUNITY TO CREATE IMPORTANT NEW KNOWLEDGE IN MARINE SCIENCE, THE ENVIRONMENT AND HUMAN HEALTH THIS FACILITY TRULY PROVIDES A WINDOW TO THE SEA UNE STUDENTS, FACULTY AND STAFF CONTRIBUTE THOUSANDS OF HOURS OF COMMUNITY SERVICE EACH YEAR THROUGH THE VOLUNTEER WORK AND SERVICE LEARNING THE UNIVERSITY CONTRIBUTES TO THE INTELLECTUAL AND CULTURAL LIFE OF THE COMMUNITY THROUGH DOZENS OF EVENTS AND PROGRAMS EACH YEAR OPEN TO THE COMMUNITY WESTBROOK COLLEGE OF HEALTH PROFESSIONS THE WESTBROOK COLLEGE OF HEALTH PROFESSIONS OFFERS UNDERGRADUATE PROGRAMS IN DENTAL HYGIENE, NURSING, APPLIED EXERCISE SCIENCE AND ATHLETIC TRAINING, AND GRADUATE PROGRAMS IN NURSE ANESTHESIA, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PHYSICIAN ASSISTANT AND SOCIAL WORK THE COLLEGE OFFERS PROGRAMS OF STUDY ON THE PORTLAND CAMPUS, BIDDEFORD CAMPUS, AND THROUGH MULTIPLE DISTANCE-LEARNING FORMATS ALL OF THE PROGRAMS ARE SUPPORTED BY THE OFFICE OF CONTINUING PROFESSIONAL EDUCATION (CPE), AND STATE-OF-THE-ART TECHNOLOGY AND TEACHING PRACTICES INCORPORATED IN THE CLINICAL SIMULATION PROGRAM (CSP) COLLEGE OF DENTAL MEDICINE THE COLLEGE OF DENTAL MEDICINE IS EXPECTED TO ENROLL ITS FIRST CLASS IN THE FALL OF 2013 ITS FOUNDING DEAN WAS HIRED IN MARCH 2011 TO OVERSEE ITS CURRICULUM, DEVELOPMENT, AND ACCREDITATION THE CURRICULUM OF THE NEW COLLEGE OF DENTAL MEDICINE WILL BE A BLEND OF TIME-TESTED METHODS AND NEW INNOVATIONS IN DENTAL EDUCATION THE STUDENTS WILL BE TREATED AS MEMBERS OF THE PROFESSION FROM DAY ONE THEY WILL BENEFIT FROM A COMPREHENSIVE EDUCATION IN THE BASIC AND BEHAVIORAL SCIENCES, AND WILL UNDERSTAND AND APPRECIATE THE MANY CONNECTIONS BETWEEN ORAL HEALTH AND OVERALL HEALTH STUDENTS WILL ENJOY EXTENSIVE PRACTICAL EXPERIENCE, FROM PROVIDING CARE TO A SIMULATED PATIENT IN THE FIRST YEAR, TO PROVIDING DIRECT PATIENT CARE IN PATIENT-CENTERED GENERAL PRACTICE TEAMS IN OUR ORAL HEALTH CENTER THROUGH THE SECOND AND THIRD YEARS, TO EXTENDING THEIR CLINICAL EXPERIENCE INTO THE COMMUNITY DURING THEIR FOURTH YEAR, WORKING AND LIVING IN COMMUNITIES THROUGHOUT NORTHERN NEW ENGLAND AND BEYOND RESEARCH UNE IS ONE OF 24 MEMBERS OF THE MAINE MARINE RESEARCH COALITION (MMRC), FORMED TO STRENGTHEN MAINE'S CAPACITY TO CONDUCT CUTTING-EDGE MARINE RESEARCH, INCREASE COLLABORATION AND INTERACTION AMONG MARINE-BASED RESEARCH INSTITUTIONS THROUGHOUT THE STATE, AND INCREASE THE VISIBILITY OF MARINE-RELATED INDUSTRIES STATE WIDE THE UNIVERSITY OF NEW ENGLAND'S COLLEGE OF OSTEOPATHIC MEDICINE IS ONE OF FOUR MEMBERS OF THE MAINE BIOMEDICAL RESEARCH COALITION, CREATED TO FOSTER BIOMEDICAL RESEARCH IN MAINE AS AN IMPORTANT PART OF THE CURRENT AND FUTURE MAINE ECONOMY THESE INSTITUTIONS ARE CONDUCTING RESEARCH ON EVERY MAJOR DISEASE, INCLUDING CANCER, HEART DISEASE, DIABETES, HYPERTENSION, ALZHEIMER'S DISEASE, CYSTIC FIBROSIS, AND GLAUCOMA THE RESULT WILL BE BETTER HEALTH AND LONG-TERM ECONOMIC BENEFITS TO THE REGION THE MARINE SCIENCE AND RESEARCH CENTER IS THE ONLY FACILITY OF ITS KIND ON ANY UNIVERSITY CAMPUS, GIVING RESEARCHERS A UNIQUE OPPORTUNITY TO CREATE IMPORTANT NEW KNOWLEDGE IN MARINE SCIENCE, THE ENVIRONMENT AND HUMAN HEALTH THIS FACILITY TRULY PROVIDES A WINDOW TO THE SEA UNE RECEIVES GRANTS FROM A NUMBER OF PRESTIGIOUS NATIONAL SOURCES INCLUDING NASA, NATIONAL SCIENCE FOUNDATION, U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE NATIONAL INSTITUTES OF HEALTH, AND THE NATIONAL ENDOWMENT FOR THE HUMANITIES
4b	(Code) (Expenses \$ 17,624,540 including grants of \$) (Revenue \$ 17,928,961)
	AUXILIARY SERVICES FOR THE DELIVERY OF HIGHER EDUCATION INCLUDE MAIL AND ROOM AND BOARD FOR OVER 1,000 STUDENTS THE MISSION IS TO WORK IN PARTNERSHIP WITH RESIDENT STUDENTS TO CREATE A HEALTHY AND POSITIVE RESIDENTIAL COMMUNITY THAT ENHANCES ACADEMIC PURSUITS AND PROVIDES OPPORTUNITIES FOR PERSONAL, SOCIAL AND SPIRITUAL GROWTH THE GOAL IS TO PROMOTE AN ATMOSPHERE ROOTED IN CIVILITY AND PERSONAL RESPONSIBILITY, AND ENCOURAGE REFLECTIVE THINKING AND ACTIVE INVOLVEMENT THE STAFF STRIVES TO TEACH, MODEL, AND LEARN WITH THE STUDENTS THE VALUES OF COMMUNITY, INQUIRY, INTEGRITY, AND CARING MAINTAINING A CLOSE RELATIONSHIP WITH STUDENT ACTIVITIES CREATES A POSITIVE IMPACT ON CAMPUS LIFE FOR THE ENTIRE UNIVERSITY STUDENTS ARE ENCOURAGED TO ACTIVELY ENGAGE IN MANY ARENAS TO BECOME MORE DEEPLY INVOLVED IN THE UNIVERSITY, AND THEREBY IN THEIR OWN EDUCATION THESE EXPERIENCES OUTSIDE THE CLASSROOM CAN TRULY ENHANCE THOSE EXPERIENCES STUDENTS HAVE WITHIN THE CLASSROOM LIVING AND LEARNING COMMUNITIES INTEREST PODS FIRST-YEAR STUDENT LIVING & LEARNING COMMUNITIESTHE INTEREST POD (I-POD) CONSISTS OF UP TO SIX "PODS," OR CLUSTERS OF STUDENT ROOMS THAT WILL EACH HOUSE 9-12 STUDENTS AND A RESIDENT ADVISOR EACH POD IS ITS OWN SEPARATE COMMUNITY WITHIN THE BUILDING WITH THE GUIDANCE OF A FACULTY/STAFF MEMBER, A STUDENT AFFAIRS PROFESSIONAL, AND A STUDENT RESIDENT ADVISOR, STUDENTS IN EACH POD WILL HAVE THE OPPORTUNITY TO ENGAGE IN THEIR PARTICULAR THEMATIC CORE THROUGHOUT THE ACADEMIC YEAR THIS ENGAGEMENT MAY TAKE THE FORM OF OFF-CAMPUS LEARNING OPPORTUNITIES, REFLECTION ACTIVITIES, GROUP RESEARCH INITIATIVES, DISCUSSIONS AND ANY OTHER EXPERIENCES THAT POD MEMBERS DESIGN BUILDING FEATURES PADUA HALL IS A THREE-STORY, CO-ED RESIDENCE HALL WITH COMMUNITY BATHROOMS, LAUNDRY ROOM, KITCHENETTE, AND A LOUNGE ON THE SECOND FLOOR EACH BEDROOM IS DESIGNED TO HOLD 2 STUDENTS WITH INTERNET AND PHONE ACCESS FOR EACH STUDENT ROOMS ARE FURNISHED WITH A BUNKABLE TWIN EXTRA-LONG SIZE BED AND MATTRESS, DESK, CHAIR, DRESSER, AND WARDROBE FOR EACH STUDENT ADDITIONAL FACTS UNIVERSITY OF NEW ENGLAND DINING SERVICES USING INPUT FROM STUDENTS THROUGH COMMENT BOARDS, PERSONAL CONTACTS BETWEEN STUDENTS AND FOOD SERVICE MANAGERS, AND REGULAR MEETINGS WITH CAMPUS DINING ADVISORY COMMITTEES, THE UNIVERSITY'S DINING SERVICES IS ABLE TO STAY IN STEP WITH THE STUDENTS' NEEDS AND DESIRES ALL NEW UNE STUDENTS ARE ENCOURAGED TO TAKE ADVANTAGE OF ANY OF THE ABOVE METHODS OF CONNECTING IN ORDER TO MAINTAIN AN INNOVATIVE AND CREATIVE DINING SERVICE MEET ALL OF STUDENT'S DIVERSE DIETARY CHOICES E SERVICES THE UNIVERSITY OF NEW ENGLAND OFFERS A NUMBER OF ON-LINE SERVICES FOR OUR STUDENTS, FACULTY AND STAFF U-ONLINE - U-ONLINE PROVIDES STUDENTS, FACULTY, AND STAFF WITH SECURE, WEB-BASED ACCESS TO SELECTED ADMINISTRATIVE, ACADEMIC, AND EMPLOYEE RECORDS U-ONLINE IS THE ONLY ON-LINE OFFICIAL WEB-BASED SOURCE OF INFORMATION FROM THE UNIVERSITY OF NEW ENGLAND BLACKBOARD/WEBCT - THE BLACKBOARD LEARNING SYSTEM IS A COURSE MANAGEMENT SYSTEM WITH TEACHING AND LEARNING TOOLS FOR COURSE PREPARATION, DELIVERY, AND MANAGEMENT MYUNE - MYUNE PROVIDES UNE STUDENTS, FACULTY AND STAFF WITH INTRANET AND INTERNET SERVICES, SUCH AS EMAIL, PERSONAL SCHEDULES, AND CAMPUS CALENDARS
4c	(Code) (Expenses \$ 7,326,968 including grants of \$) (Revenue \$ 7,374,216)
	THE DENTAL HYGIENE CLINIC, A LEARNING LABORATORY FOR STUDENTS IN THE DENTAL HYGIENE PROGRAM AT THE WESTBROOK COLLEGE CAMPUS IN PORTLAND, PROVIDES LOW-COST ORAL HEALTH SERVICES TO MORE THAN 5,000 PORTLAND-AREA RESIDENTS EACH YEAR APPROXIMATELY 40 MEDICAL STUDENTS EACH YEAR VOLUNTEER HUNDREDS OF HOURS AT THE BIDDEFORD FREE CLINIC
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 143,927,952

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	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, Part 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, Part 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? If "Yes," complete Schedule G, Part I	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	Yes	
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	11,411			
b	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			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2,954			
b	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			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	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.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	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		No

Section B. Policies

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	ME
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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.	LEANNA FLEMING CONTROLLER 11 HILLS BEACH ROAD BIDDEFORD, ME 04005 (207) 602-2063

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

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 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 organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,836,242	0	353,576

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

Section B. Independent Contractors

\$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WRIGHT-RYAN CONSTRUCTION INC 10 DANFORTH STREET PORTLAND, ME 04101	CONSTRUCTION	13,098,033
EMBANET-COMPASS KNOWLEDGE GROUP INC 225 SPARKS AVENUE TORONTO, ONTARIO M2H 2S5 CA	EDUCATIONAL CURRICULUM	6,423,175
SODEXHO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152516170	FOOD SERVICE	3,841,672
ALLIEDCOOK CONSTRUCTION CORP PO BOX 1396 PORTLAND, ME 04104	CONSTRUCTION	3,650,437
ELLUCIAN COMPANY LP 13377 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	TECHNOLOGY SERVICES	3,636,128

\$100,000 of compensation from the organization ►18

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,943,776				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,315,132				
	g	Noncash contributions included in lines 1a-1f \$ 1,073,520						
	h	Total. Add lines 1a-1f		17,258,908				
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	900099	130,291,035	130,291,035			
	b	RESIDENCE AND DINING H	900099	17,928,961	17,928,961			
	c	HEALTH CENTERS	900099	7,374,216	7,374,216			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		155,594,212				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		441,400			441,400	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents	362,948					
		b Less rental expenses	195,953					
		c Rental income or (loss)	166,995					
	d	Net rental income or (loss)		166,995	166,995			
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	2,653,363	83,800				
		b Less cost or other basis and sales expenses	2,441,168	3,796				
		c Gain or (loss)	212,195	80,004				
	d	Net gain or (loss)		292,199			292,199	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 27,352					
	b	Less direct expenses	b 13,293					
	c	Net income or (loss) from fundraising events . .		14,059			14,059	
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
11a	CONFERENCES	900099	1,014,711			1,014,711		
b	OTHER AUXILIARY INCOM	900099	757,212			757,212		
c	INTERCOMPANY REVENUES/	900099	257,269	257,269				
d	All other revenue		582,596	582,596				
e	Total. Add lines 11a-11d		2,611,788					
12	Total revenue. See Instructions		176,379,561	156,601,072	0	2,519,581		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,121,868	32,121,868		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,041,517	2,403,352	407,568	230,597
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,100,810	52,802,059	2,960,312	1,338,439
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,980,287	2,755,920	154,509	69,858
9	Other employee benefits	7,782,746	7,150,133	424,151	208,462
10	Payroll taxes	4,035,623	3,731,807	209,221	94,595
11	Fees for services (non-employees)				
a	Management				
b	Legal	378,567	189,284	189,283	
c	Accounting	106,869		106,869	
d	Lobbying	12,457		12,457	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	788,988	716,433	15,516	57,039
13	Office expenses	4,092,976	3,921,172	112,127	59,677
14	Information technology	3,985,408	1,992,704	1,992,704	
15	Royalties				
16	Occupancy	431,306	431,306		
17	Travel	2,593,469	2,378,586	155,746	59,137
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	723,183	465,722	146,420	111,041
20	Interest	5,438,892	5,438,892		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,749,082	6,749,082		
23	Insurance	729,929	207,786	522,143	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OUTSIDE SERVICES	5,491,406	2,462,484	2,948,759	80,163
b	UTILITIES	3,898,065	3,629,369	252,433	16,263
c	ROOM AND BOARD	3,433,199	3,433,199		
d	SOFTWARE AND SMALL EQUI	2,889,848	1,946,385	920,312	23,151
e					
f	All other expenses	10,548,173	9,000,409	1,346,123	201,641
25	Total functional expenses. Add lines 1 through 24f	159,354,668	143,927,952	12,876,653	2,550,063
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			39,238,483	2	39,290,740
	3	Pledges and grants receivable, net			10,584,723	3	7,539,919
	4	Accounts receivable, net			4,333,430	4	3,377,555
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			15,481,815	7	15,114,684
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,524,005	9	1,516,010
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	235,814,562			
	b	Less: accumulated depreciation	10b	66,609,011	149,220,030	10c	169,205,551
	11	Investments—publicly traded securities			31,408,080	11	30,070,048
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,375,091	15	7,672,947
16	Total assets. Add lines 1 through 15 (must equal line 34)			259,165,657	16	273,787,454	
Liabilities	17	Accounts payable and accrued expenses			15,935,189	17	18,023,781
	18	Grants payable			858,484	18	491,488
	19	Deferred revenue			7,335,672	19	8,823,338
	20	Tax-exempt bond liabilities			113,497,120	20	110,948,042
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,346,209	23	2,184,389
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			10,720,318	25	10,558,395
	26	Total liabilities. Add lines 17 through 25			150,692,992	26	151,029,433
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			74,269,902	27	92,692,588
	28	Temporarily restricted net assets			11,107,549	28	6,329,144
	29	Permanently restricted net assets			23,095,214	29	23,736,289
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			108,472,665	33	122,758,021
34	Total liabilities and net assets/fund balances			259,165,657	34	273,787,454	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	176,379,561
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,354,668
3	Revenue less expenses Subtract line 2 from line 1	3	17,024,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,472,665
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,739,537
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	122,758,021

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNIVERSITY OF NEW ENGLAND	Employer identification number 01-0211810
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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 line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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		
b 33 1/3% support tests—2010. 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		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization UNIVERSITY OF NEW ENGLAND	Employer identification number 01-0211810
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		12,457	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV		No		
j Total lines 1c through 1i			12,457		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	SEEKING EDUCATIONAL GRANT FUNDS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number
01-0211810

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☒ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a 3
b Total acreage restricted by conservation easements	2b 181 00
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 193,567

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	28,493,638	23,369,720	21,235,531	28,622,866	
b Contributions	878,151	546,191	682,404	151,746	
c Investment earnings or losses	-1,416,717	5,586,895	2,746,026	-7,539,081	
d Grants or scholarships	664,288	968,884	436,000		
e Other expenditures for facilities and programs	177,163	40,284	858,241		
f Administrative expenses					
g End of year balance	27,113,621	28,493,638	23,369,720	21,235,531	

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

- a** Board designated or quasi-endowment ▶ 1 820 %
- b** Permanent endowment ▶ 86 500 %
- c** Term endowment ▶ 11 680 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,808,595		4,808,595
b Buildings		185,484,541	49,738,024	135,746,517
c Leasehold improvements				
d Equipment		22,804,781	15,993,067	6,811,714
e Other		22,716,645	877,920	21,838,725
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				169,205,551

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	176,379,561
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	159,354,668
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,024,893
4	Net unrealized gains (losses) on investments	4	-1,891,223
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-848,314
9	Total adjustments (net) Add lines 4 - 8	9	-2,739,537
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,285,356

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	142,575,716
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,891,223
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	209,246
e	Add lines 2a through 2d	2e	-1,681,977
3	Subtract line 2e from line 1	3	144,257,693
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)	4b	32,121,868
c	Add lines 4a and 4b	4c	32,121,868
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	176,379,561

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	127,442,046
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	209,246
e	Add lines 2a through 2d	2e	209,246
3	Subtract line 2e from line 1	3	127,232,800
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	32,121,868
c	Add lines 4a and 4b	4c	32,121,868
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	159,354,668

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE POLICY OF NOT REPORTING WORKS OF ART IS NOT PRESENT IN THE FINANCIAL STATEMENTS
	PART III, LINE 4	THE UNIVERSITY HOUSES THE MAINE WOMEN WRITERS COLLECTION OF LITERATURE. THERE IS ALSO AN ART GALLERY THAT EXHIBITS PAINTING AND OTHER WORKS OF ART. THESE COLLECTIONS AND EXHIBITS FURTHER THE LIBERAL ARTS CURRICULUM AND SCHOLARLY ACTIVITIES.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PART V, LINE 4: THE UNIVERSITY USES INCOME FROM ITS ENDOWMENT IN ACCORDANCE WITH THE DONORS' WISHES. MOST OF THE DONOR RESTRICTED INCOME IS FOR STUDENT SCHOLARSHIPS. IF THE DONOR MAKES NO RESTRICTIONS OR IF THE ENDOWMENT IS BOARD-CREATED, THE INCOME IS USED FOR SCHOLARSHIPS AND/OR GENERAL USE.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE (CODE) SECTION 501(C)(3), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. FASB ASC TOPIC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION OF TAX BENEFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC TOPIC 740 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. BASED ON ITS ANALYSIS, THE UNIVERSITY HAS DETERMINED THAT THE ADOPTION OF ASC 740 DOES NOT HAVE A MATERIAL IMPACT TO ITS FINANCIAL STATEMENTS. HOWEVER, THE UNIVERSITY'S CONCLUSIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, FURTHER IMPLEMENTATION GUIDANCE EXPECTED FROM FASB AND ON-GOING ANALYSES OF TAX LAWS, REGULATIONS AND INTERPRETATIONS THEREOF.
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS OF REFUNDING OF BONDS -848,314
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL INCOME AND EXPENSES NETTED 195,953. FUND RAISING EVENTS NETTED 13,293.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 32,121,868
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 195,953. FUND RAISING EXPENSE 13,293.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 32,121,868

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number

01-0211810

Part I		YES	NO
<div>1</div> 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	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> 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?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> 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			

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	PUBLICIZED IN EMPLOYMENT ADS, BROCHURES, CATALOGS, ETC
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES TITLE IV AND TITLE VII EDUCATIONAL ASSISTANCE FOR ITS STUDENTS

[illegible]

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE UNIVERSITY RECEIVED PROGRAM REVENUE FROM ISRAEL COLLEGE THE UNIVERSITY PROVIDED ISRAELI COLLEGE NURSING STUDENTS VARIOUS LIBERAL ARTS COURSES IN ISRAEL IN THE FALL OF 2011

Identifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number

01-0211810

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ➡						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLFING TOURNAMENT (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	27,352		27,352
	2	Less Charitable contributions	0		
	3	Gross income (line 1 minus line 2)	27,352		27,352
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .	10,969		10,969
	7	Food and beverages . .			
	8	Entertainment			
	9	Other direct expenses .	2,324		2,324
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					14,059

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW ENGLAND

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number

01-0211810

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS AND GRANTS TO STUDENTS ATTENDING THE UNIVERSITY	2665	32,121,868		FMV	

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY'S OFFICE OF STUDENT FINANCIAL SERVICES AWARDS ALL FEDERAL AND STATE FINANCIAL AID GRANTS IN ACCORDANCE WITH THE FEDERAL AND STATE REGULATIONS DONOR RESTRICTED GRANTS ARE AWARDED IN ACCORDANCE WITH THE DONOR'S WISHES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number
01-0211810

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>5</div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIELLE RIPICH PHD	(i) (ii)	409,895 0	30,000 0	21,299 0	64,965 0	10,592 0	536,751 0	0 0
(2) NICOLE LABBE-TRUFANT CPA	(i) (ii)	173,269 0	0 0	3,702 0	14,187 0	333 0	191,491 0	0 0
(3) DAVID WARD	(i) (ii)	197,423 0	0 0	1,202 0	16,128 0	60,682 0	275,435 0	0 0
(4) MARC HAHN DO	(i) (ii)	422,376 0	0 0	15,497 0	19,600 0	15,772 0	473,245 0	0 0
(5) KENNETH JOHNSON DO	(i) (ii)	226,114 0	0 0	718 0	16,500 0	13,805 0	257,137 0	0 0
(6) PETER DANE	(i) (ii)	250,701 0	0 0	572 0	19,600 0	14,036 0	284,909 0	0 0
(7) GENE YONUSCHOT	(i) (ii)	330,661 0	0 0	0 0	0 0	0 0	330,661 0	0 0
(8) JAMES KOELBL	(i) (ii)	257,012 0	0 0	2,358 0	6,875 0	13,035 0	279,280 0	0 0
(9) KATHRYN THOMPSON	(i) (ii)	220,591 0	0 0	376 0	12,065 0	11,280 0	244,312 0	0 0
(10) JACQUE CARTER	(i) (ii)	103,208 0	0 0	286 0	8,570 0	7,887 0	119,951 0	0 0
(11) TIMOTHY FORD	(i) (ii)	164,391 0	0 0	517 0	13,601 0	14,063 0	192,572 0	0 0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	MEMBERSHIP TO A SOCIAL CLUB WHOSE MEMBERS ARE BUSINESS LEADERS IN THE LOCAL COMMUNITY. HOUSING ALLOWANCE FOR A KEY EMPLOYEE FOR CONVENIENCE OF THE UNIVERSITY. BENEFIT FROM TUITION EXCHANGE PROGRAM FOR A KEY EMPLOYEE, WHICH IS AVAILABLE TO ALL UNIVERSITY PERSONNEL. THE PRESIDENT RECEIVED GROSS-UP PAYMENTS FOR CLUB DUES. AN ADDITIONAL KEY EMPLOYEE RECEIVED GROSS-UP PAYMENTS FOR A CELL PHONE STIPEND. THIS IS AVAILABLE TO ALL QUALIFIED EMPLOYEES.
	PART I, LINE 4B	PART I, LINE 4B. THE UNIVERSITY HAS NON-QUALIFIED RETIREMENT PLANS FOR THE PRESIDENT FOR WHICH THE UNIVERSITY CONTRIBUTED \$61,078.
	PART I, LINE 7	BONUSES ARE DISCRETIONARY IN NATURE AND ARE APPROVED BY THE BOARD.

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.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization UNIVERSITY OF NEW ENGLAND										Employer identification number 01-0211810		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560425TL4	06-03-2004	15,595,000	AUTHORITY 2004A, REFINANCE 1995A BONDS		X		X		X
B MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560425B58	04-06-2006	9,435,000	AUTHORITY 2006B, RESIDENCE HALL		X		X		X
C MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560425QS2	10-16-2003	11,100,000	AUTHORITY 2003D, REFINANCE 1993 BONDS		X		X		X
D MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560425G20	09-07-2006	12,355,000	AUTHORITY 2006F, RESIDENCE HALL		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	15,897,354		9,738,078		11,313,401		12,746,890	
4	Gross proceeds in reserve funds	1,209,500		602,436		854,581		825,103	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	14,475,859		8,956,312		10,200,413			
7	Issuance costs from proceeds	56,161		31,487		45,477		36,389	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							11,861,554	
11	Other spent proceeds								
12	Other unspent proceeds	1,525,835		147,843		157,311		188,793	
13	Year of substantial completion	2004		2006		2003		2006	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X	X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?						X		X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>								
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 <div></div>								
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?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X			X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X		X		X		X	
b	Name of provider	FSA		FSA		FSA		FSA	
c	Term of GIC	21 0000000000000		30 0002600000000		20 0000000000000		30 0000000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service Name of the organization UNIVERSITY OF NEW ENGLAND	Employer identification number 01-0211810										

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560525Z78	06-19-2008	24,605,000	AUTHORITY 2008C, ACADEMIC BLGS, SCHOOL OF PHARMACY		X		X		X
B	MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560427GE0	11-17-2010	28,650,000	AUTHORITY 2009A, RESIDENCE HALL AND SYNTHETIC TURF FIELD		X		X		X
C	MAINE HEALTH HIGHER EDUCATION FACILITIES AUTHORITY	01-0314384	560427NM4	11-30-2011	23,220,000	AUTHORITY 2011C, REFINANCE 2001A AND 2001D		X		X	X	

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	24,013,353		28,778,825		23,418,619			
4	Gross proceeds in reserve funds	1,517,200		1,920,350		1,739,150			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	222,163		271,900		93,965			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	21,407,408		25,237,306		23,916,012			
11	Other spent proceeds								
12	Other unspent proceeds	274,382		162,910		146,644			
13	Year of substantial completion	2008		2009		2011			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		
			X		X	X			
			X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a 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?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	GE FUNDING CAPITAL							
c	Term of GIC	30 0000000000000		30 0000000000000		20 0000000000000			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

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.

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Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number

01-0211810

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) INTERESTED PERSON	KEY EMPLOYEE	34,935
(2) INTERESTED PERSON	STUDENT BOARD MEMBER	19,500

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	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
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
UNIVERSITY OF NEW ENGLAND

Employer identification number
01-0211810

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	2	35,800	FAIR VALUE OF ART
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	1,073,520	SALE OF STOCK
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II	31	Yes		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	32a		No	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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
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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization UNIVERSITY OF NEW ENGLAND	Employer identification number 01-0211810
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE 990 IS REVIEWED BY THE LEGAL AFFAIRS/AUDIT COMMITTEE OF THE BOARD AND IS MADE AVAILABLE TO EACH MEMBER OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST REPORT ON AN ANNUAL BASIS THE REPORTS ARE REVIEWED BY THE LEGAL AFFAIRS/AUDIT COMMITTEE, WHO, IN TURN, COMMUNICATES ANY CONFLICTS TO THE FULL BOARD SHOULD AN ISSUE ARISE IN WHICH A BOARD MEMBER OR KEY EMPLOYEE HAS A CONFLICT, THE INDIVIDUAL IS REQUIRED TO RECUSE THEMSELVES FROM ANY AND ALL ACTIVITIES RELATED TO THE CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	THE UNIVERSITY HIRED AN OUTSIDE CONSULTING FIRM AND CREATED A COMPENSATION COMMITTEE TO MAKE EVERY EFFORT TO ENSURE THAT THE PRESIDENT'S COMPENSATION IS REASONABLE, FAIR AND EQUITABLE MINUTES ARE KEPT FOR THE COMPENSATION COMMITTEE MEETINGS THE PRESIDENT'S COMPENSATION IS ALSO APPROVED BY THE FULL BOARD THE PRESIDENT OF THE UNIVERSITY SETS SALARIES FOR KEY EXECUTIVES AND ANNUALLY REVIEWS INDEPENDENT SALARY DATA FROM SIMILAR INSTITUTIONS TO ENSURE THAT SALARIES AND WAGES ARE WITHIN THE APPROPRIATE RANGE CONTEMPORANEOUS DOCUMENTATION OF THIS PROCESS IS MAINTAINED
	FORM 990, PART VI, SECTION C, LINE 18	INFORMATION IS AVAILABLE ON WWW GUIDESTAR ORG INFORMATION IS FORWARDED TO ANY ONE UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THE FINANCIALS ARE AVAILABLE IN THE LIBRARY OR ON THE WEB THE WEBSITE IS WWW GUIDESTAR ORG
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,891,223 LOSS OF REFUNDING OF BONDS - 848,314 TOTAL TO FORM 990, PART XI, LINE 5 -2,739,537
LINE 2C-DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT?	FORM 990 PAGE 11 PART XI LINE 2C	THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT
MISSION AND CORE VALUES STATEMENT	FORM 990 PAGE 2, PART III- ORGANIZATION'S MISSION- CONTINUED	CORE VALUES STATEMENT THE UNIVERSITY OF NEW ENGLAND VALUES STUDENT-CENTERED, MULTI-DISCIPLINARY AND INTERDISCIPLINARY PROGRAMS THAT MEET THE HIGHEST ETHICAL STANDARDS TO ACHIEVE EXCELLENCE IN SUPPORT OF AN INTEGRATIVE APPROACH TO THE LIBERAL ARTS, HEALTH AND THE ENVIRONMENT, AS WELL AS SCHOLARSHIP AND RESEARCH STUDENT CENTERED *PERSONAL CONTACT WITH COMMUNITY *GENUINE PERSONAL RELATIONSHIPS *EXPERIENTIAL LEARNING *LIFE-LONG LEARNING EXCELLENCE AND INNOVATION *QUALITY ACADEMICS *RESPECT FOR NEW IDEAS *CRITICAL THINKING *ENTREPRENEURIAL *AGILITY AND FLEXIBILITY INTERDISCIPLINARY *INTEGRATION *SEEK CONNECTIONS ACROSS DISCIPLINES INTEGRITY AND ETHICAL BEHAVIOR *HONESTY, RESPECT, TRUST *ACADEMIC FREEDOM GLOBAL COMMUNITY & DIVERSITY *EMBRACE & LEARN FROM DIVERSITY *SERVICE & CIVIC ENGAGEMENT *SOCIAL JUSTICE *NON-DISCRIMINATORY HEALTH AND WELLNESS *WHOLE PERSON WELLNESS *OSTEOPATHIC HEALING *INTEGRATIVE HEALTH CARE ENVIRONMENTAL STEWARDSHIP *HEALTHY ENVIRONMENTS *SUSTAINABILITY SCHOLARSHIP AND RESEARCH *CREATE NEW KNOWLEDGE *COLLABORATION

Additional Data

Software ID:

Software Version:

EIN: 01-0211810

Name: UNIVERSITY OF NEW ENGLAND

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA J MILLIKEN TAYLOR BOARD MEMBER	1 00	X						0	0	0
KARIN A GREGORY JD MPH BOARD MEMBER	1 00	X						0	0	0
MICHAEL A MOREL CHAIR OF BOARD OF TRUSTEES	10 00	X						0	0	0
DAVID M BIONDI DO BOARD MEMBER	1 00	X						0	0	0
RITA R COLWELL PHD BOARD MEMBER	1 00	X						0	0	0
BRIAN K DALLAIRE PHARM D BOARD MEMBER	1 00	X						0	0	0
DAVID L ANDERSON PHD BOARD MEMBER	1 00	X						0	0	0
GARY E PALMAN DO BOARD MEMBER	1 00	X						0	0	0
NANCY POND BOARD MEMBER	1 00	X						0	0	0
MELINDA Y SMALL PHD BOARD MEMBER	1 00	X						0	0	0
DANIEL C D'ENTREMONT BOARD MEMBER	1 00	X						0	0	0
JOSEPH F KARPINSKI DDS BOARD MEMBER	1 00	X						0	0	0
ROBERT T LEONARD JR DO BOARD MEMBER	1 00	X						0	0	0
GERALD A TALBOT BOARD MEMBER	1 00	X						0	0	0
CHARLES J KEAN III JD CPA BOARD MEMBER	1 00	X						0	0	0
JAMES C NORWOOD JR BOARD MEMBER	1 00	X						0	0	0
MARK DOIRON BOARD MEMBER	1 00	X						0	0	0
DIANE COLLINS FIELD BOARD MEMBER	1 00	X						0	0	0
HUGO L RICCI JR BOARD MEMBER	1 00	X						0	0	0
VINCENT E FUREY JR BOARD MEMBER	1 00	X						0	0	0
SANDI GOOLDEN BOARD MEMBER	1 00	X						0	0	0
GROVER C GILMORE PHD BOARD MEMBER	1 00	X						0	0	0
JOSEPH RKENNEALLY DMD BOARD MEMBER	1 00	X						0	0	0
DANIELLE RIPICH PHD PRESIDENT	40 00	X		X				461,194	0	75,557
BRANDON HOTHAM STUDENT	1 00	X						4,074	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDRA MALINOWSKI STUDENT	1 00	X						0	0	0
RICHARD M RODERICK BOARD MEMBER	1 00	X						0	0	0
PATRICIA J PHILLIPS DO BOARD MEMBER	1 00	X						0	0	0
BARBARA ROSS-LEE DO BOARD MEMBER	1 00	X						0	0	0
NICOLE LABBE-TRUFANT CPA VP FOR FISCAL AFFAIRS	40 00			X				176,971	0	14,520
DAVID WARD DEAN CHP	40 00				X			198,625	0	76,810
MARC HAHN DO DEAN OF COLL OF OSTEO MED	40 00				X			437,873	0	35,372
KENNETH JOHNSON DO ASSOCIATE DEAN	40 00					X		226,832	0	30,305
PETER DANE ASSOCIATE DEAN	40 00					X		251,273	0	33,636
GENE YONUSCHOT DISTANCE ED DIRECTOR	40 00					X		330,661	0	0
JAMES KOELBL DEAN OF COLL OF DENTAL MED	40 00					X		259,370	0	19,910
KATHRYN THOMPSON PROFESSOR	40 00					X		220,967	0	23,345
JACQUE CARTER PROVOST	40 00						X	103,494	0	16,457
TIMOTHY FORD VP FOR RESEARCH	40 00						X	164,908	0	27,664