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Form 990

Return of Organization Exempt From Income Tax

2012

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

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
LESLY UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
29 EVERETT STREETCity or town, state or country, and ZIP + 4
CAMBRIDGE, MA 021382790

D Employer identification number

04-2103589

E Telephone number

(617) 349-8685

G Gross receipts \$ 131,608,586

F Name and address of principal officer
JOSEPH B MOORE
29 EVERETT STREET
CAMBRIDGE, MA 021382790H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included?
 Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW LESLEY EDU

K Form of organization Corporation Trust Association Other ►

L Year of formation 1909

M State of legal domicile MA

Part I Summary

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

LESLY UNIVERSITY ENGAGES STUDENTS IN TRANSFORMATIVE EDUCATION, THROUGH ACTIVE LEARNING, SCHOLARLY RESEARCH, DIVERSE FORMS OF ARTISTIC EXPRESSION, AND THE INTEGRATION OF RIGOROUS ACADEMICS WITH PRACTICAL, PROFESSIONAL EXPERIENCE, LEADING MEANINGFUL CAREERS AND CONTINUING LIFELONG LEARNING. LESLEY PREPARES SOCIALLY RESPONSIBLE GRADUATES WITH THE KNOWLEDGE, SKILLS, UNDERSTANDING AND ETHICAL JUDGMENT TO BE CATALYSTS SHAPING A MORE JUST, HUMANE, AND SUSTAINABLE WORLD

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,428
6 Total number of volunteers (estimate if necessary)	6	168
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	132,799
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	7,005,256	15,319,552
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,461,117	108,960,050
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,097,629	1,816,748
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,686,853	2,654,547
	121,250,855	128,750,897

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	7,005,256	15,319,552
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,461,117	108,960,050
16a Professional fundraising fees (Part IX, column (A), line 11e)	2,097,629	1,816,748
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,722,682	2,686,853	2,654,547
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	0
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	121,250,855	128,750,897
19 Revenue less expenses Subtract line 18 from line 12	16,897,778	18,102,745

20 Total assets (Part X, line 16)	Prior Year	Current Year
21 Total liabilities (Part X, line 26)	338,574,676	356,431,832
22 Net assets or fund balances Subtract line 21 from line 20	120,174,549	117,473,508
	218,400,127	238,958,324

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-05-14 Date
	BERNICE BRADIN CFO, VP FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M GISO	Preparer's signature	Date 2014-05-14	Check <input type="checkbox"/> if self-employed PTIN P00030126
	Firm's name ► CBIZ TOFIAS			Firm's EIN ► 26-3753134
	Firm's address ► 500 BOYLSTON STREET BOSTON, MA 02116			Phone no (617) 761-0600

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

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

LESLEY UNIVERSITY ENGAGES STUDENTS IN TRANSFORMATIVE EDUCATION, THROUGH ACTIVE LEARNING, SCHOLARLY RESEARCH, DIVERSE FORMS OF ARTISTIC EXPRESSION, AND THE INTEGRATION OF RIGOROUS ACADEMICS WITH PRACTICAL, PROFESSIONAL EXPERIENCE, LEADING MEANINGFUL CAREERS AND CONTINUING LIFELONG LEARNING. LESLEY PREPARES SOCIALLY RESPONSIBLE GRADUATES WITH THE KNOWLEDGE, SKILLS, UNDERSTANDING AND ETHICAL JUDGMENT TO BE CATALYSTS SHAPING A MORE JUST, HUMANE, AND SUSTAINABLE WORLD

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 42,392,579 including grants of \$) (Revenue \$ 97,023,757)

EXPENSES RELATED TO INSTRUCTING FULL TIME AND PART TIME STUDENTS. THE UNIVERSITY IS HOME TO A NUMBER OF IMPORTANT CENTERS AND INSTITUTES THAT CONDUCT RESEARCH, HELP SHAPE PUBLIC POLICY, AND PROVIDE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES ACROSS A WIDE RANGE OF DISCIPLINES INCLUDING *MATH *SPECIAL EDUCATION *LITERACY*CENTER FOR ADULT LEARNERS AT A GLANCE *FOUNDED 1909 *TOTAL ENROLLMENT 7,864*UNDERGRADUATES 2,009*MASTER'S, C A G S, PH D STUDENTS 4,583*NON-MATRICULATING STUDENTS 1,272*TOTAL ALUMNI 81,848*CAMPUS LOCATIONS *BOSTON, MA *CAMBRIDGE, MA LESLEY UNIVERSITY ACADEMICS *UNDERGRADUATE STUDY -THE ART INSTITUTE OF BOSTON -COLLEGE OF LIBERAL ARTS + PROFESSIONAL STUDIES -ADULT LEARNING DEGREE PROGRAMS*GRADUATE STUDY -COURSES + PROGRAMS IN CAMBRIDGE/BOSTON -PROGRAMS OFFERED THROUGHOUT THE US -ONLINE COURSES + PROGRAMS*UNIQUE PROGRAM FORMATS *CENTERS + INSTITUTES *CONTINUING EDUCATION + PROFESSIONAL DEVELOPMENT *THRESHOLD NON-DEGREE PROGRAM*ACCREDITATION -NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES -NATIONAL ASSOCIATION OF SCHOOLS OF ART AND DESIGN

4b (Code) (Expenses \$ 13,283,417 including grants of \$) (Revenue \$)

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

4c (Code) (Expenses \$ 17,808,122 including grants of \$) (Revenue \$)

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

(Code) (Expenses \$ 18,102,745 including grants of \$ 18,102,745) (Revenue \$)

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

(Code) (Expenses \$ 10,210,363 including grants of \$) (Revenue \$ 12,878,913)

AUXILIARY ENTERPRISES

4d Other program services (Describe in Schedule O)

(Expenses \$ 28,313,108 including grants of \$ 18,102,745) (Revenue \$ 12,878,913)

4e Total program service expenses ► 101,797,226

Part IV Checklist of Required Schedules

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

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

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

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

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 and XII is optional

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10,916		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,428		
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 Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b Yes	
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, securities account, or other financial 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 as charitable contributions?		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?			
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?			
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. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a No	
		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		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 28		
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	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9	No	
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			

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 this 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?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	No	
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 MA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 BERNICE BRADIN VPCFO 29 EVERETT STREET CAMBRIDGE, MA (617) 349-8685

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **81**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
DTZ INC 275 GROVE ST AUBURNDALE MA 02446	FACILITIES MANAGEMENT	4,694,901
BON APPETIT MANAGEMENT CO 29 EVERETT ST CAMBRIDGE MA 02138	FOOD SERVICE	4,095,834
SECURITAS PO BOX 403412 ATLANTA GA 30384	SECURITY	1,474,168
BOWDOIN CONSTRUCTION 220-1 RESERVOIR ST NEEDHAM HEIGHTS MA 02494	CONSTRUCTION	958,600
JOHN MORIARTY & ASSOCIATES 3 CHURCH ST WINCHESTER MA 01890	CONSTRUCTION	825,724
2 Total number of independent contractors (including but not limited to those listed above) who received more than		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►36

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	238,676			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,925,974			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,154,902			
	g Noncash contributions included in lines 1a-1f \$		888,201			
	h Total. Add lines 1a-1f			15,319,552		
Program Service Revenue	2a TUITION AND FEES	Business Code				
			900099	96,081,137	96,081,137	
	b AUXILIARY		900099	12,878,913	12,878,913	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			108,960,050		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,916,254		69,823 1,846,431	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		4,259,088				
	b Less rental expenses	2,520,108				
	c Rental income or (loss)	1,738,980				
	d Net rental income or (loss)			1,738,980		1,738,980
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		94,265				
b Less cost or other basis and sales expenses		193,771				
c Gain or (loss)		-99,506				
d Net gain or (loss)			-99,506		-99,506	
8a Gross income from fundraising events (not including \$ 238,676 of contributions reported on line 1c) See Part IV, line 18						
a	53,781					
b Less direct expenses	b 143,810					
c Net income or (loss) from fundraising events			-90,029		-90,029	
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 OTHER INCOME		900099	942,620	942,620		
b PARKING LOT		812930	62,576		62,576	
c ART GALLERY		453220	400		400	
d All other revenue						
e Total. Add lines 11a-11d			1,005,596			
12 Total revenue. See Instructions			128,750,897	109,902,670	132,799 3,395,876	

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)

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	18,102,745	18,102,745		
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 . . .	2,755,727	1,080,301	1,463,181	212,245
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	49,071,398	42,060,992	6,167,185	843,221
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	2,396,618	2,104,922	253,345	38,351
9 Other employee benefits . . .	5,191,375	4,381,091	712,515	97,769
10 Payroll taxes . . .	3,657,319	3,054,827	523,485	79,007
11 Fees for services (non-employees)				
a Management . . .				
b Legal . . .	396,199	2,421	393,778	
c Accounting . . .	157,205		157,205	
d Lobbying . . .	16,000	16,000		
e Professional fundraising services See Part IV, line 17	38,352			38,352
f Investment management fees . . .	552,541		552,541	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	3,076,064	1,459,750	1,611,036	5,278
12 Advertising and promotion . . .	1,064,292	1,012,123	41,004	11,165
13 Office expenses . . .	2,993,049	2,556,109	271,502	165,438
14 Information technology . . .	2,211,487	860,992	1,336,021	14,474
15 Royalties . .				
16 Occupancy . . .	5,784,139	1,974,469	3,801,810	7,860
17 Travel . . .	2,400,174	1,913,139	399,135	87,900
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .	272,228	199,555	62,736	9,937
20 Interest . . .	4,067,742	4,037,810	29,932	
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .	6,164,520	5,929,186	235,334	
23 Insurance . . .	316,878		316,878	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CUSTODIAL CONTRACTS	3,605,939	3,605,939		
b FOOD SERVICE	3,556,568	3,556,568		
c CONSULTING	1,905,293	1,612,466	184,337	108,490
d SECURITY CONTRACTS	1,136,011	1,071,592	64,419	
e All other expenses	2,593,859	1,204,229	1,386,435	3,195
25 Total functional expenses. Add lines 1 through 24e	123,483,722	101,797,226	19,963,814	1,722,682
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year	
Assets	1 Cash—non-interest-bearing	3,017	1 351	
	2 Savings and temporary cash investments	6,936,455	2 6,160,536	
	3 Pledges and grants receivable, net	3,596,933	3 11,486,271	
	4 Accounts receivable, net	9,270,420	4 5,943,687	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6
	7 Notes and loans receivable, net	1,478,346	7 1,403,675	
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	2,626,231	9 2,799,521	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	199,616,275	
	b Less accumulated depreciation	10b	50,911,542	10c 148,704,733
	11 Investments—publicly traded securities			11
	12 Investments—other securities See Part IV, line 11		156,353,511	12 170,225,361
	13 Investments—program-related See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets See Part IV, line 11		9,738,002	15 9,707,697
16 Total assets. Add lines 1 through 15 (must equal line 34)		338,574,676	16 356,431,832	
Liabilities	17 Accounts payable and accrued expenses	11,014,980	17 12,803,616	
	18 Grants payable	1,356,749	18 1,368,893	
	19 Deferred revenue	14,758,599	19 12,291,598	
	20 Tax-exempt bond liabilities	87,253,629	20 90,575,473	
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties	5,790,592	23 433,928	
	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			25
	26 Total liabilities. Add lines 17 through 25		120,174,549	26 117,473,508
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	192,508,114	27 206,662,706	
	28 Temporarily restricted net assets	14,600,664	28 19,588,862	
	29 Permanently restricted net assets	11,291,349	29 12,706,756	
	Organizations that do not follow SFAS 117 (ASC 958), 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	218,400,127	33 238,958,324	
	34 Total liabilities and net assets/fund balances	338,574,676	34 356,431,832	

Part XI Reconciliation of Net AssetsCheck 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	128,750,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,483,722
3	Revenue less expenses Subtract line 2 from line 1	3	5,267,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	218,400,127
5	Net unrealized gains (losses) on investments	5	15,291,022
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,958,324

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
HON JOYCE LONDON ALEXANDER TRUSTEE	1 00	X					0	0	0
MRS GERALDINE M BLOOMBERG TRUSTEE	1 00	X					0	0	0
MS JEAN AXLINE TRUSTEE	1 00	X					0	0	0
MR HAL BELODOFF TRUSTEE	1 00	X					0	0	0
MRS KAREN COTTON CHAPLIN TRUSTEE	1 00	X					0	0	0
MR RICHARD A JALKUT TRUSTEE	1 00	X					0	0	0
MS JUANITA JAMES TRUSTEE	1 00	X					0	0	0
MS JANA KARP TRUSTEE	1 00	X					0	0	0
MR MATTHEW KOZOL TRUSTEE	1 00	X					0	0	0
MS EILEEN LADIEU TRUSTEE	1 00	X					0	0	0
MS JACQUELINE LEACH TRUSTEE	1 00	X					0	0	0
MR MICHAEL E MOONEY TRUSTEE	1 00	X					0	0	0
MRS CAROL C MORIARTY TRUSTEE	1 00	X					0	0	0
MS MICHELLE O'BRIEN TRUSTEE, CLERK	1 00	X	X				0	0	0
MR JOHN O PARKER TRUSTEE	1 00	X					0	0	0
MR DONALD M PERRIN TRUSTEE	1 00	X					0	0	0
MRS DEBORAH SCHWARTZ RAIZES TRUSTEE, CHAIR	1 00	X	X				0	0	0
DR JOTHY ROSENBERG TRUSTEE	1 00	X					0	0	0
MS BARBARA RUSSELL TRUSTEE, TREASURER	1 00	X	X				0	0	0
MR ROBERT SAGE TRUSTEE	1 00	X					0	0	0
MRS NAOMI NASON SKOLER TRUSTEE	1 00	X					0	0	0
MR KENNETH Z SLATER TRUSTEE	1 00	X					0	0	0
MR GARY SMITH TRUSTEE	1 00	X					0	0	0
MS JANET STEINMAYER TRUSTEE	1 00	X					0	0	0
MS LORING LOW STEVENS TRUSTEE	1 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Or director	Individual trustee	Institutional trustee	Officer	Key employee			
MR HANS D STRAUCH TRUSTEE, VICE CHAIR	1 00	X		X			0	0	0
MR DAVID A SWOPE TRUSTEE	1 00	X					0	0	0
MR CARL M YOUNGMAN TRUSTEE	1 00	X					0	0	0
JOSEPH B MOORE PRESIDENT	40 00	X		X			411,490	0	87,056
BERNICE BRADIN VP OF FINANCE/CFO	40 00			X			217,381	0	28,290
MARY LOU BATT VP OF ADMINISTRATION	40 00			X			203,127	0	22,641
WAYNE SELASE WILLIAMS PROVOST	40 00			X			287,857	0	13,482
SHIRIN PHILIPP GENERAL COUNSEL	40 00			X			188,879	0	13,925
KATHERINE MCWEY ASSISTANT CLERK	40 00			X			65,979	0	24,905
RANDY STABILE VP OF ADVANCEMENT	40 00				X		187,850	0	14,496
MARY LOU DYMSKI VP OF BUDGETING & FIN PLAN	40 00				X		187,838	0	18,377
JONATHON GILLETTE DEAN OF GRAD SCHOOL OF ED	40 00				X		180,086	0	32,949
STANLEY TRECKER DEAN OF AIB	40 00				X		176,663	0	15,508
MARY D COLEMAN DEAN OF LESLEY COLLEGE	40 00				X		162,073	0	21,601
ANNA KOVEROLA DEAN OF GSASS	40 00				X		154,157	0	39,273
LEO F RICE JR DIRECTOR OF MARKETING	40 00					X	171,886	0	43,952
JOSEPH CAMBONE SENIOR ASSOCIATE DEAN	40 00					X	156,337	0	28,418
IRENE FOUNTAS DIRECTOR, READING RECOVERY	40 00					X	155,964	0	24,549
MARY PATRICIA LOHSE CHIEF OF STAFF	40 00					X	153,679	0	30,718
MARTHA B MCKENNA UNIVERSITY PROFESSOR	40 00					X	153,252	0	34,971

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Employer identification number

04-2103589

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

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

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

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

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

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

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

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

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

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

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

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f 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)

g 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

h 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 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?

i 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 monetary support
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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		►
b 33 1/3% support test—2011. If the organization did not check a 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		►
17a 10%-facts-and-circumstances test—2012. 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		►
b 10%-facts-and-circumstances test—2011. 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		►
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		►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2012****Open to Public
Inspection****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.

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

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

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

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

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

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

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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			
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?		No		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c Media advertisements?		No		
d Mailings to members, legislators, or the public?		No		
e Publications, or published or broadcast statements?		No		
f Grants to other organizations for lobbying purposes?		No		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i Other activities?	Yes		16,000	
j Total Add lines 1c through 1i			16,000	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, 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	THE UNIVERSITY PAID POLITICAL ADVANTAGE, LLC \$16,000 FOR STATE SUPPORT OF READING RECOVERY PROJECTS

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

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

04-2103589

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> 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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	156,353,512	163,936,032	147,161,485	142,576,277	190,326,605
b Contributions	4,525,397	2,899,799	1,332,582	3,265,367	5,347,7004
c Net investment earnings, gains, and losses	16,594,366	-2,452,105	22,145,214	6,325,160	-48,500,943
d Grants or scholarships	276,028	286,418	274,773	209,367	344,703
e Other expenditures for facilities and programs	6,971,886	7,743,796	6,428,476	4,795,952	4,251,686
f Administrative expenses	170,225,361	156,353,512	163,936,032	147,161,485	142,576,277

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 90 230 %

b Permanent endowment ► 6 510 %

c Temporarily restricted endowment ► 3 260 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

Yes No

(ii) related organizations

Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes No

4 Describe in Part XIII 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		16,510,549			16,510,549
b Buildings		92,173,650	25,072,934		67,100,716
c Leasehold improvements		70,477,860	17,875,071		52,602,789
d Equipment		13,922,516	7,963,537		5,958,979
e Other		6,531,700			6,531,700

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Yes No

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	1,550,735	F
(B) FIXED INCOME	23,103,160	F
(C) DOMESTIC EQUITIES	35,685,581	F
(D) INTERNATIONAL EQUITIES	27,314,598	F
(E) PUBLIC & PRIVATE REAL ASSETS	25,983,102	F
(F) PRIVATE EQUITIES	2,693,137	F
(G) FLEX CAPITAL	53,895,048	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	170,225,361	

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

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

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value	
1 Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	128,050,551
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	15,291,022
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,663,918
e	Add lines 2a through 2d	2e	17,954,940
3	Subtract line 2e from line 1	3	110,095,611
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	552,541
b	Other (Describe in Part XIII)	4b	18,102,745
c	Add lines 4a and 4b	4c	18,655,286
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	128,750,897

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	107,492,354
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 XIII)	2d	2,663,918
e	Add lines 2a through 2d	2e	2,663,918
3	Subtract line 2e from line 1	3	104,828,436
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	552,541
b	Other (Describe in Part XIII)	4b	18,102,745
c	Add lines 4a and 4b	4c	18,655,286
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	123,483,722

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 90 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GAAP. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE UNIVERSITY HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. IN ADDITION, THE UNIVERSITY HAS IDENTIFIED CERTAIN MINOR TAX POSITIONS WITH RESPECT TO CERTAIN OF ITS ACTIVITIES THAT MANAGEMENT DID NOT CONSIDER MATERIAL AND, ACCORDINGLY, SUCH AMOUNTS WERE NOT RECOGNIZED. THE UNIVERSITY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 2,520,108 FUNDRAISING EXPENSES 143,810
PART XI, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL FINANCIAL AID 18,102,745
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 2,520,108 FUNDRAISING EXPENSES 143,810
PART XII, LINE 4B - OTHER ADJUSTMENTS		INSTITUTIONAL FINANCIAL AID 18,102,745

2012

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

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

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

Employer identification number

04-2103589

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

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

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

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

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

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

5a	No	
5b	No	
5c	No	
5d	No	
5e	No	
5f	No	
5g	No	
5h	No	

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- 6b Has the organization's right to such aid ever been revoked or suspended?

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

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

6a	Yes	
6b	No	
7	Yes	

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

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

2012

Open to Public
InspectionSCHEDULE F
(Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury
Internal Revenue ServiceName of the organization
LESLEY UNIVERSITYEmployer identification number
04-2103589**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	1	2	PROGRAM SERVICE	PROVIDE GRADUATE DEGREES IN EXPRESSIVE THERAPIES AND CREATIVE ARTS LEARNING	503,038
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTING		35,141,157
3a Sub-total	1	2			35,644,195
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	2			35,644,195

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

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

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

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Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

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 email 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

(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
RUFFALO CODY & ASSOCIATES	PHONE SOLICITATIONS	Yes	No			
65 KIRKWOOD NORTH			No	12,084	38,352	-26,268
CEDAR RAPIDS, IA						
52404						

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

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GALA (event type)	(event type)	(total number)	
1	Gross receipts . . .	292,457			292,457
2	Less Contributions . . .	238,676			238,676
3	Gross income (line 1 minus line 2) . . .	53,781			53,781
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . .	126,469			126,469
8	Entertainment . . .	22			22
9	Other direct expenses .	17,319			17,319
10	Direct expense summary Add lines 4 through 9 in column (d)				(143,810) ►
11	Net income summary Combine line 3, column (d), and line 10				-90,029 ►

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))
1	Gross revenue				
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	<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 _____

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

13a	
13b	

- a** The organization's facility
- b** An outside facility

14 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

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

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

► Attach to Form 990

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 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 III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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	1529	18,102,745	FMV	SCHOLARSHIPS ARE GIVEN OUT AS BURSAR CREDITS TO THE STUDENT'S ACCOUNT	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2012**Open to Public Inspection**Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

Part I Questions Regarding Compensation

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?

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

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

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	WHEN THE PRESIDENT'S SPOUSE TRAVELS AND IT IS PAID FOR BY THE UNIVERSITY, SHE IS PERFORMING DUTIES ON BEHALF OF THE UNIVERSITY. THE PRESIDENT RESIDES IN UNIVERSITY PROVIDED HOUSING, WHICH IS LESS THAN 1/2 MILE FROM MAIN CAMPUS. THE PROVOST RECEIVED A STIPEND FOR HOUSING AND THE VALUE OF THE HOUSING IS ADDED TO HIS INCOME. THE UNIVERSITY PROVIDES A HOUSE CLEANER FOR THE PRESIDENT AND ALSO PERFORMS ALL NECESSARY MAINTAINENCE ON THE HOME. THE PRESIDENT IS ALSO REIMBURSED FOR EXPENSES RELATING TO FINANCIAL SERVICES ADVICE.
	PART I, LINE 4B	JOSEPH MOORE, \$33,937
	PART I, LINE 7	FOR THE PRESIDENT OF THE UNIVERSITY, A BONUS OF UP TO \$35,000 MAY BE AWARDED. THE BOARD OF TRUSTEES DETERMINES THE AMOUNT BASED ON THE BOARD'S ASSESSMENT OF THE PRESIDENT ACHIEVING CERTAIN AGREED UPON GOALS. OTHER EMPLOYEES WERE PAID A MERIT BONUS.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH B MOORE	(i) 371,315 (ii) 0	35,000 0	5,175 0	51,984 0	35,072 0	498,546 0	0 0
BERNICE BRADIN	(i) 199,634 (ii) 0	0 0	17,747 0	15,285 0	13,005 0	245,671 0	0 0
MARY LOU BATT	(i) 200,750 (ii) 0	0 0	2,377 0	16,444 0	6,197 0	225,768 0	0 0
WAYNE SELASE WILLIAMS	(i) 242,963 (ii) 0	0 0	44,894 0	12,180 0	1,302 0	301,339 0	0 0
SHIRIN PHILIPP	(i) 188,700 (ii) 0	0 0	179 0	13,209 0	716 0	202,804 0	0 0
RANDY STABILE	(i) 187,138 (ii) 0	0 0	712 0	13,144 0	1,352 0	202,346 0	0 0
MARY LOU DYMSKI	(i) 187,126 (ii) 0	0 0	712 0	14,713 0	3,664 0	206,215 0	0 0
JONATHON GILLETTE	(i) 178,067 (ii) 0	0 0	2,019 0	12,789 0	20,160 0	213,035 0	0 0
STANLEY TRECKER	(i) 165,445 (ii) 0	0 0	11,218 0	12,178 0	3,330 0	192,171 0	0 0
MARY D COLEMAN	(i) 161,437 (ii) 0	0 0	636 0	10,485 0	11,116 0	183,674 0	0 0
ANNA KOVEROLA	(i) 153,850 (ii) 0	0 0	307 0	8,069 0	31,204 0	193,430 0	0 0
LEO F RICE JR	(i) 169,774 (ii) 0	500 0	1,612 0	13,309 0	30,643 0	215,838 0	0 0
JOSEPH CAMBONE	(i) 149,850 (ii) 0	1,100 0	5,387 0	11,428 0	16,990 0	184,755 0	0 0
IRENE FOUNTAS	(i) 155,104 (ii) 0	0 0	860 0	12,659 0	11,890 0	180,513 0	0 0
MARY PATRICIA LOHSE	(i) 151,564 (ii) 0	0 0	2,115 0	10,977 0	19,741 0	184,397 0	0 0
MARTHA B MCKENNA	(i) 152,512 (ii) 0	0 0	740 0	12,710 0	22,261 0	188,223 0	0 0

**Schedule K
(Form 990)****2012**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection**Name of the organization
LESLEY UNIVERSITY**Employer identification number**
04-2103589**Part I Bond Issues**

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased	22,975,000	5,030,300		
3	Total proceeds of issue	26,000,000	7,000,000	56,221,393	32,013,314
4	Gross proceeds in reserve funds	99,726	99,726	4,875,066	1,578,778
5	Capitalized interest from proceeds	294,767	112,114	30,568	428
6	Proceeds in refunding escrows	18,960,185			
7	Issuance costs from proceeds	520,000	35,000	611,025	497,603
8	Credit enhancement from proceeds	827,429		827,429	500,819
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,225,048	6,753,160	49,848,618	3,872,932
11	Other spent proceeds	28,687		28,687	1,672,796
12	Other unspent proceeds				
13	Year of substantial completion	2006	2007	2010	2013

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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 of bond-financed property?		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?								
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 ►	0 00000%		0 00000%		0 00000%		0 00000%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	0 00000%		0 00000%		0 %		0 %	
6 Total of lines 4 and 5	0 00000%		0 00000%		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X			X		X
c No rebate due?		X		X	X		X	
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b Name of provider	BANK OF AMERICA							
c Term of hedge	30 000000000000							
d Was the hedge superintegrated?	X							
e Was a hedge terminated?	X							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has 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?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
		SCHEDULE K, PART IV, ARBITRAGE, LINE 2C (C)ISSUER NAME MASS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2013 (D)ISSUER NAME MASS DEVELOPMENT FINANCE AGENCY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2013

Schedule K
(Form 990)

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization
LESLEY UNIVERSITYEmployer identification number
04-2103589

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
MASS DEVELOPMENT A FINANCE AGENCY	04-3431814		08-20-2012	5,030,300	REFINANCE EXISTING DEBT		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Amount of bonds legally defeased								
3	Total proceeds of issue		5,030,300						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2012							
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		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							
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 ►			0 %			%			%
6 Total of lines 4 and 5			0 %			%			%
7 Does the bond issue meet the private security or payment test?		X							
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%			%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has 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?	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

Schedule L

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, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LESLEY UNIVERSITY

Employer identification number

04-2103589

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) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. _____ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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
(1) JOHN MORIARTY & ASSOCIATES	SPOUSE OF TRUSTEE	825,724	PAYMENT FOR CONSTRUCTION SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

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

Employer identification number

04-2103589

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	16,500	APPRAISAL
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	19	871,701	FMV ON DATE OF SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER REPORTED IN COLUMN (B) OF SCHEDULE M REPRESENTS THE NUMBER OF CONTRIBUTIONS OF EACH ITEM

Schedule M (Form 990) (2012)

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.

2012**Open to Public
Inspection**Name of the organization
LESLEY UNIVERSITY**Employer identification number**

04-2103589

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	PRESIDENT MOORE'S EMPLOYMENT AGREEMENT AND COMPENSATION WERE REVIEWED AND APPROVED IN ADVANCE BY THE INDEPENDENT MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES IN MAKING ITS DECISION, THE BOARD OF TRUSTEES REVIEWED COMPARABILITY DATA PROVIDED BY A THIRD-PARTY COMPENSATION CONSULTANT. THE BOARD'S DECISION WAS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD MEETING

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