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DLN: 93493317017383

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2012

Open to Public Inspection

				-2013			
<b>B</b> Ch	eck if app	plicable	C Name of organization REGIS COLLEGE		D Employ	yer identi	ification number
Add	ress cha	inge			04-21	04451	
— Na	me chang	ge	Doing Business As				
— Init	ial return	ı	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telepho	ne numbo	<u>.</u> !r
– Tei	mınated		235 WELLESLEY STREET				
– <sub>Am</sub>	ended re	eturn	City or town, state or country, and ZIP + 4		(/81)	768-70	/5
— Apı	olication p	pending	WESTON, MA 02493		<b>G</b> Gross re	eceipts \$ 5	8,233,325
			F Name and address of principal officer	<b>H(a)</b> Is t	this a group	return fo	 or
			THOMAS PISTORINO 235 WELLESLEY STREET		liates?		┌ Yes 🗸 No
			WESTON, MA 02493	H(b) Are	all affiliates	s include	ed? 「Yes 「No
							ee instructions)
Ta	x-exemp	t status	✓ 501(c)(3)	H(c) Gr	oup exempti	on numh	ner 🌬
ı w	ebsite:	► WW	W REGISCOLLEGE EDU	n(c) on	oup exempe	on name	, c. r
<b>∢</b> For	n of orga	anızatıon	Corporation  Trust  Association  Other ►	<b>L</b> Year of	formation 19	27 <b>M</b> St	ate of legal domicile MA
Pa	rt I	Sum	mary				
Governance	E\ PI FC A	VENIN ROFES OR ADI UDIO Y AMPUS	OLLEGE EDUCATES APPROXIMATELY 1,900 UNDERGRADUATE AN G, AND WEEKEND PROGRAMS IN TWO SCHOOLS, THE SCHOOL OF SIONS AND THE SCHOOL OF LIBERAL ARTS, EDUCATION AND SOO JLT LEARNERS THE COLLEGE OPERATES A LIBRARY, FINE ARTS CISUAL SERVICES, HEALTH CENTER, ADMISSION, CAREER PLANNISMINISTRY, INTER-COLLEGIATE ATHLETICS, REGISTRATION SERENS LEARNING CENTER, BOOKSTORE, AND A VARIETY OF OTHERS	NURSING CIAL SCIE ENTER, LA ING, CAM VICES, DI	i, SCIENCE ENCE, AND ANGUAGE A PUS SAFET INING, RES	AND HE CONTII AND TEC Y, TRAN IDENT I	ALTH NUING STUDIES CHNOLOGY LABS, ISPORTATION,
	2 CI	heck th	us box ▶ fithe organization discontinued its operations or disposed of	more than	25% of its	net asse	ets
Activities &							
	3 N	umber	of voting members of the governing body (Part VI, line 1a) $ \cdot  \cdot  \cdot  \cdot $			3	33
¥			of independent voting members of the governing body (Part VI, line 1b)			4	30
			mber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	1,065
			mber of volunteers (estimate if necessary)			6 7a	14
			lated business taxable income from Form 990-T, line 34			7a 7b	0
					-i V	<u> </u>	C V
				Pr	rior Year		Current Year
_	8	Contri	butions and grants (Part VIII, line 1h)	Pi	1,793,9	77	2,224,421
enue	8 9		butions and grants (Part VIII, line 1h)	Pr			
tavenue	9 10	Progra Invest	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0	581	2,224,421 54,232,648 363,725
Rayenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5	581	2,224,421
Revenue	9 10 11	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0	581 053 424	2,224,421 54,232,648 363,725
Revenue	9 10 11	Progra Invest Other Total r 12) .	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0 689,4	581 953 924	2,224,421 54,232,648 363,725 748,540
Revenue	9 10 11 12	Progra Invest Other Total r 12) . Grants Benefi	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0 689,4	581 953 924	2,224,421 54,232,648 363,725 748,540 57,569,334
	9 10 11 12	Progra Invest Other Total r 12) . Grants Benefi Salarie	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0	581 953 924 935 990 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10)	m service revenue (Part VIII, line 2g)	Pr	1,793,9 49,443,5 397,0 689,4	581 953 924 935 990 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0	581 953 924 935 990 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0	581 953 924 935 990 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0	581 953 924 935 990 0 0 021 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0	581 553 524 035 090 0 021 0	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currel	581 953 924 935 990 0 0 921 0 781 892 443	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currel	581 553 524 035 090 0 021 0 781 392 43	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currel	581 953 924 935 990 0 921 0 781 392 443 <b>nt</b>	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7	581 553 524 035 090 0 021 0 781 892 643 1t	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as	m service revenue (Part VIII, line 2g)		1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5	581 553 524 035 090 0 021 0 781 892 643 1t	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632
not Assets of Expenses y and Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 II	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign ties of j ge and l	m service revenue (Part VIII, line 2g)	Beginni Ing schedu	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and sta	581 524 935 990 0 921 0 781 892 443 <b>nt</b> 766 649 217	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462
not Assets of Expenses y and Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 II	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign ties of j ge and l	m service revenue (Part VIII, line 2g)	Beginni Ing schedu	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and sta	581 524 935 990 0 921 0 781 892 443 <b>nt</b> 766 649 217	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462
To you be the seeds of the seed	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penalt	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as Sign ties of j ge and l g any kr	m service revenue (Part VIII, line 2g)	Beginni Ing schedu	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and stals based on	581 524 935 990 0 921 0 781 892 443 <b>nt</b> 766 649 217	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462
To you be the seeds of the seed	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penalt	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign  ties of   ge and   g any kr Signa	mservice revenue (Part VIII, line 2g)	Beginni Ing schedu	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and stars based on	581 524 935 990 0 921 0 781 892 443 <b>nt</b> 766 649 217	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462
To you be the seeds of the seed	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penalt	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as Sign ties of ige and is any kr  **** Signa  **** THON Type	mservice revenue (Part VIII, line 2g)	Beginni Ing schedu an officer) i	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and stals based on	581 553 524 035 090 0 021 0 781 392 .43 1t	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462
Tunder Assets of Expenses  Part Hand Batences  Eural Batences	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r penalthrowledgerer has	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as  Sign ties of p ge and l gany kr  Thom Type	m service revenue (Part VIII, line 2g)	Beginni Ing schedu an officer) i	1,793,9 49,443,5 397,0 689,4 52,324,0 14,930,0 19,750,0 15,276,7 49,956,8 2,367,1 ing of Currer Year 57,007,7 34,964,5 22,043,2 ules and stars based on	581 524 935 990 0 921 0 781 892 443 <b>nt</b> 766 649 217	2,224,421 54,232,648 363,725 748,540 57,569,334 16,667,041 0 22,680,630 0 17,095,750 56,443,421 1,125,913 End of Year 92,573,094 57,785,632 34,787,462 , and to the best of nation of which
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May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Par		nt of Program Serv hedule O contains a res				٦
1	Briefly describe th	ne organization's missio	n			
СНА	LLENGE THÉMSEL		TO SERVE AND	TO LEAD A CATHOL	SIONS EMPOWERS WOMI LIC COLLEGE, REGIS IS A EPH OF BOSTON	
2	Did the organization the prior Form 990		cant program ser	rvices during the year v	which were not listed on	
	If "Yes," describe	these new services on S	Schedule O			
3	services?	on cease conducting, or		changes in how it con	ducts, any program · · · · · · · ·	
4	expenses Section		(4) organizations	are required to report	ee largest program services the amount of grants and a	•
4a	(Code	) (Expenses \$	13,042,828	including grants of \$	) (Revenue \$	45,435,681 )
	EVENING, AND WEEK		HOOLS, THE SCHOOL	OF NURSING, SCIENCE AN	ID HEALTH PROFESSIONS AND TH	GRADUATE STUDENTS IN DAYTIME, IE SCHOOL OF LIBERAL ARTS,
4b	(Code	) (Expenses \$	4,019,680	ıncludıng grants of \$	) (Revenue \$	)
		OPERATING THE LIBRARY, FI UNDERGRADUATE, GRADUA			Y LABS, PROVIDING AUDIO VISUA ELY 1,850 STUDENTS	L SERVICES TO PROFESSIONAL
	(Code	) (Expenses \$	5,968,711	ıncludıng grants of \$	) (Revenue \$	)
		ROVIDE HEALTH SERVICES, A ISTRATION SERVICES FOR A			TY AND TRANSPORTATION, CAME	PUS MINISTRY, INTER-COLLEGIATE
	(Code	) (Expenses \$	3,259,801	including grants of \$	) (Revenue \$	8,796,967 )
		ISES- PROVIDE DINING SERV NS SERVICES FOR APPROXIN			S LEARNING CENTER, BOOKSTOR	E SERVICES,
	(Code OTHER PROGRAM SE	) (Expenses \$ RVICES- SCHOLARSHIP AND	16,667,041 GRANTS TO APPROX	including grants of \$ IMATELY 1,850 STUDENTS	16,667,041 ) (Revenue \$	)
4d	Other program se (Expenses \$	ervices (Describe in Sc 19,926,842 ir	•	s 16,667,0	41 )(Revenue\$	8,796,967)
4e	Total program se	rvice expenses 🕨	42,958,061			

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 $IV^{\square}$	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥦	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a	Yes	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> (	(2012)

Par				_
	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   88		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		İ
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>		
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, 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			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
	Sponsoring organizations maintaining donor advised funds.			i
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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			
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	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, <b>7b</b>	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal I	Reven	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	Reven	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described and the polic	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 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)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THOMAS PISTORINO 235 WELLESLEY STREET WESTON, MA (781) 768-7075

Form	990	(2012)
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	than o	one l both	box, an	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	.   '	(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
											_		
											+		
											-		
											-		
1b	Sub-Total							<u> </u>			+		
C	Total from continuation sheet	·     ·   ·   ·   · ts to Part VII, S	ection /	Α.				Þ					
d	Total (add lines 1b and 1c) .							Þ	1,028,544		0		63,561
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any <b>f</b> ood on line 1a? <i>If</i> "Yes," complete 5					key	emplo • •	yee,	, or highest compen	sated employee	3		Νo
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for	•		
	services rendered to the organ	nızatıon? <i>If "Yes</i>	," compi	lete S	chea	lule I	l for su	ch p	erson	[	5		Νo
S	ection B. Independent Co	ntractors											
1	Complete this table for your fi	ve highest comp											
	compensation from the organi	zation Report co	nmnanc	ation	tor	rha (	ralend:	ar va	ar ending with or wil	thin the organization	on'e i	ray vear	

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION 1101 MARKET STREET PHILADELPHIA PA 19107	FOOD SERVICE	1,807,384
WRIGHT EXPRESS FINANCIAL SERVICES 33548 TREASURY CENTER CHICAGO IL 60694	CREDIT CARD SERVICES	895,970
SASAKI ASSOCIATES INC 64 PLEASANT STREET WATERTOWN MA 02472	ARCHITECTURAL PLANNING	571,033
INTEGRATION PARTNERS 24 HARTWELL AVENUE LEXINGTON MA 02421	IT SERVICES	402,727
SECURITAS SECURITY SERVICES USA 2 CAMPUS DRIVE PARSIPPANY NJ 07054	ASSET PROTECTION	401,280
Tatal number of independent contractors (including but not limited to those listed above	Victor received make then	

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 ► 11

Part V	/	Statement of Revenue					
		Check if Schedule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b					
100 101		·					
S, (	C	Fundraising events 10					
Giff Tar	d	Related organizations 1d					
ii ŝ	e	Government grants (contributions) 1e	202,678				
io I S	f	All other contributions, gifts, grants, and 1f	2,021,743				
tributio Other	_	similar amounts not included above  Noncash contributions included in lines					
ΞÓ	g	1a-1f \$					
Coma	h	Total. Add lines 1a-1f	🗼	2,224,421			
			Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	900099	45,435,681	45,435,681		
94. 84.	ь	AUXILIARY ENTERPRISES	900099	8,796,967	8,796,967		
ē. Ш	c			-,,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7 Y C	d						
3 S	e						
Ē	f	All other program service revenue					
Š	'	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		54,232,648			
	3	Investment income (including divider and other similar amounts)		363,902			363,902
	4	Income from investment of tax-exempt bond					
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	- 4 200 224					
	ь	Less rental 641,784					
	l c	expenses Rental income 748,540					
	d	or (loss)  Net rental income or (loss)		748,540			748,540
	"	(i) Securities	(II) O ther	, 10,310			7 10,3 10
	7a	Gross amount	(ii) o thei				
		from sales of 22,030 assets other than inventory					
	ь	Less cost or other basis and 22,207					
		sales expenses Gain or (loss) -177					
	l d	` '		-177			-177
	d 8a	Net gain or (loss) Gross income from fundraising		177			177
Other Revenue		events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
F.		a					
‡	ь	Less direct expenses <b>b</b>					
0	С	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less returns and allowances					
		a					
	Ь	Less cost of goods sold b	L				
	C	Net income or (loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>
	4-	Miscellaneous Revenue	Business Code				
	11a						<del>                                     </del>
	b						<u> </u>
	С						ļ
	d	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d	•				
	12	<b>Total revenue.</b> See Instructions .		57,569,334	54,232,648	(	1,112,265

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 (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 16,667,041 16,667,041 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 807,956 103,367 572,457 132,132 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 17,559,787 13,148,535 3,873,293 537,959 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . 2,982,645 657,904 Other employee benefits . . . . 2,233,365 91,376 10 1,330,242 996,067 293,422 40,753 11 Fees for services (non-employees) Management . . . . 57,300 57,300 Legal . . . . . . . . 69,009 69,009 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 22,030 22,030 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,668,770 372,057 1,109,801 186,912 Schedule O) . . . . . . . Advertising and promotion . . 346,627 67,131 279,496 12 13 Office expenses . . . . . 2,374,934 1,244,448 1,057,728 72,758 671,726 553,217 110,665 14 Information technology . . 7,844 15 Royalties . 2,573,886 1,927,292 567,741 78,853 16 Occupancy . . . . . . **17** 502,840 419,954 57,007 25,879 Travel . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 20 1,584,724 1,023,638 493,282 67,804 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 2,927,286 1,890,854 908,268 128,164 23 181,878 181,878 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) 1,691,163 a MISCELLANEOUS 1,248,965 427,426 14,772 FOOD SERVICE 1,347,882 1,347,882 SPECIAL PROGRAMS 741,347 410,340 233,788 97,219 d EQUIPMENT RENTAL AND MA 164,176 50,885 113,291 170,172 74,562 72,911 e All other expenses 22,699 Total functional expenses. Add lines 1 through 24e 25 56,443,421 42,958,061 11,980,236 1,505,124 Joint costs. Complete this line only if the organization 26 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 Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	14,451	1	42,581
	2	Savings and temporary cash investments	1,436,643	2	2,521,216
	3	Pledges and grants receivable, net	201,783	3	383,819
	4	Accounts receivable, net	1,251,275	4	1,796,944
	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	
Assets	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	
Š	7	Notes and loans receivable, net	1,753,935	7	1,849,618
4	8	Inventories for sale or use	1,700,000	8	1,040,010
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  81,665,362		-	
	Ь	Less accumulated depreciation 10b 54,131,844	27,805,614	10c	27,533,518
	11	Investments—publicly traded securities	8,358,775	11	8,925,896
	12	Investments—other securities See Part IV, line 11	6,994,436		7,301,377
	13	Investments—program-related See Part IV, line 11	. ,	13	17,000,000
	14	Intangible assets		14	, ,
	15	Other assets See Part IV, line 11	9,190,854	15	25,218,125
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,007,766		92,573,094
	17	Accounts payable and accrued expenses	2,430,710		3,007,663
	18	Grants payable	2, 100,110	18	
	19	Deferred revenue	2,025,862	19	2,056,184
	20	Tax-exempt bond liabilities	26,585,098	20	50.000.000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	25,555,555	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
졅		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	1,645,947	23	175,236
	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	2 270 022	25	2 540 540
	26	D	2,276,932 34,964,549	25	2,546,549 57,785,632
	26	Total liabilities. Add lines 17 through 25	34,904,349	26	37,765,632
Fund Balance	27	Unrestricted net assets	6,493,961	27	18,469,680
<u>छ</u>	28	Temporarily restricted net assets	2,385,263	28	3,118,763
<u>∞</u>	29	Permanently restricted net assets	13,163,993	29	13,199,019
Ĭ	29	·	13, 103,333	29	15, 155, 615
正		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	22,043,217	33	34,787,462
7	34	Total liabilities and net assets/fund balances	57,007,766	34	92,573,094

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	Check if Schedule O Contains a response to any question in this rate XI	· ·	• •	<u> </u>	• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,5	569,334
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	. 25,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,0	043,217
5	Net unrealized gains (losses) on investments	5		6	506,576
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		11,0	11,756
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		34,7	87,462
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	ın		1:	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

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

Form 990, Part VII - Compensation of Compensated Employees, and Indepe			,Tru	ıste	ees,	Key	En	nployees, Highe	st	
( <b>A)</b> Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	not one on i r an trus	box s bot d a tee)	, th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
SISTER MARY ANNE DOYLE CSJ BOARD OF TRUSTEES	1 00	х						0	0	0
PETER LANGENUS BOARD OF TRUSTEES	1 00	×						0	0	0
KATHLEEN DAWLEY BOARD OF TRUSTEES	1 00	x						0	0	0
KAREN HOKANSON SND BOARD OF TRUSTEES	1 00	×						0	0	0
ELLEN C KEARNS BOARD OF TRUSTEES	1 00	×						0	0	0
DR RICHARD W YOUNG BOARD OF TRUSTEES	1 00	×						0	0	0
CLYDE H EVANS BOARD OF TRUSTEES	1 00	х						0	0	0
CAROLE F BARRETT BOARD OF TRUSTEES	1 00	х						0	0	0
SISTER ROSEMARY BRENNAN CSJ BOARD OF TRUSTEES	1 00	х						0	0	0
SISTER MAUREEN DOHERTY CSJ SECRETARY	1 00	х		х				0	0	0
BEVERLY BOORSTEIN BOARD OF TRUSTEES	1 00	х						0	0	0
RUTH SANDERSON KINGSBURY BOARD OF TRUSTEES	1 00	х						0	0	0
PETER J MINIHANE CPA BOARD OF TRUSTEES	1 00	х						0	0	0
PAUL V GARRITY VF BOARD OF TRUSTEES	1 00	х						0	0	0
MARY T ROCHE BOARD OF TRUSTEES	1 00	х						0	0	0
SISTER MARIAN BATHO CSJ BOARD OF TRUSTEES	1 00	х						0	0	0
KATHLEEN O'HARE BOARD OF TRUSTEES	1 00	х						0	0	0
SISTER KATHLEEN MCCLUSKEY CSJ BOARD OF TRUSTEES	1 00	х						0	0	0
JUDY M LAUCH BOARD OF TRUSTEES	1 00	х						0	0	0
JOAN SHEA BOARD OF TRUSTEES	1 00	х						0	0	0
JANE TEDDER BOARD OF TRUSTEES	1 00	х						0	0	0
GLENN MORRIS BOARD OF TRUSTEES	1 00	х						0	0	0
ERNEST BARTELL CSC BOARD OF TRUSTEES	1 00	х						0	0	0
DONATO J TRAMUTO BOARD OF TRUSTEES	1 00	х						0	0	0
TERESA M MCGONAGLE BOARD OF TRUSTEES	1 00	х						0	0	0

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

Compensated Employees, and Independent			,,		,	,,				
<b>(A)</b> Name and Title	(B) A verage hours per week (list		than	not one on i er an trust	box s bot d a	, th		( <b>D</b> ) 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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
DONNA M NORRIS MD CHAIR	1 00	Х		х				0	0	0
SISTER LEILA HOGAN CSJ VICE CHAIR	1 00	Х		х				0	0	0
ANTOINETTE HAYS PRESIDENT	40 00	Х		х				270,132	0	13,495
CHRISTINA M MCCANN TREASURER	1 00	Х		х				0	0	0
MEYER CHAMBERS BOARD OF TRUSTEES	1 00	x						0	0	0
MICHAEL J HALLORAN BOARD OF TRUSTEES	1 00	х						0	0	0
ANN M LAGASSE BOARD OF TRUSTEES	1 00	х						0	0	0
JOHN TEGAN JR BOARD OF TRUSTEES	1 00	х						0	0	0
MIRIAM SHERMAN CHIEF DEVELOPMENT OFFICER	40 00			х				132,133	0	1,102
PAUL VACCARO VP ENROLLMENT & MARKETING	40 00			х				128,835	0	12,531
THOMAS PISTORINO VP OF FINANCE & BUSINESS	40 00			х				173,490	0	12,964
MARY LOMBARD PROFESSOR	40 00					х		117,432	0	5,128
PENELOPE GLYNN DEAN, SCHOOL OF NURSING, SCIENCE & HEALTH	40 00					х		103,367	0	12,982
STEVEN SAVAS DIRECTOR FOR FINANCE AND BUSINESS	40 00					х		103,155	0	5,359

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As Filed Data -

DLN: 93493317017383

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

**REGIS COLLEGE** 

# **Public Charity Status and Public Support**

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

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

Open to Public Inspection

									04-2104		
	rt I			blic Charity Sta						nstruction	S
	rganı		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	f churches c	lescribed in <b>s</b>	ection 170	(b)(1)(A)(i).		
2		A scho	ol described	in <b>section 170(b)(1</b>	<b>L)(A)(ii).</b> (At	tach Sched	ule E )				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın <b>sectio</b>	n 170(b)(1	L)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)(	(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	l	_	•	erated for the benefi	-	or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
_	_			<b>A)(iv).</b> (Complete P	· ·						
6	<u> </u>			local government o	_			• •			
7				at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	$\vdash$			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mplete Part II	r \			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	ibutions mom	harchin fac	s and gross
9	,	_		rities related to its e					· ·	-	
		•		oss investment inco	•	=		-			
		•		ganızatıon after June				•		cax) nom c	,4311163363
10	$\vdash$	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		ganized and operated	•		•		. , , ,	to carry out	the nurneces of
	'	_		ly supported organiz	,				•	•	
				bes the type of supp							()()
		a	Type I	<b>b</b>	Type II	I - Functior	nally integrate	ed <b>d</b>	Type III - N	on-functior	ally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pul	blicly support	ed organiza	atıons descrıb	ed in secti	on 509(a)(1) or
f			1509(a)(2)	received a written de	etermination	from the IP	S that it is a	Type I Ty	ne II or Tyne	III cuppor	ting organization
•			this box	received a writteri d	eceriiiiiacioii	nom the in	S that it is a	турет, ту	pe II, or Type	III Suppoi	
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		·
			ng persons?								
		., .		rectly or indirectly o	•		5	persons d	escribed in (ii		Yes No
		•		governing body of th	• •	•	n?				.g(i)
			•	er of a person descr							g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the follown	ng information about	the supporte	ed organizat	tion(s)				
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	uppoi			organization	organizati		the organi	zation	organizat	ion in	monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume		suppor	τ,	ın the U	S7	
				(see	docume	ווני					
				instructions))	V	N.	Vac.	N <sub>C</sub>	V	NI-	$\dashv$
					Yes	No	Yes	No	Yes	No	
										1	
Total	<u> </u>					-			+		+

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493317017383

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	of the organization		Emp	loyer identifica	tion numbe	er
KLUIS U	OLLLOL		04-2	2104451		
Part 1	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	inds	or Accounts	. Complet	te if the
		(a) Donor advised funds		(b) Funds and o	theraccou	ınts
Tot	tal number at end of year					
Ag	gregate contributions to (during year)					
Αg	gregate grants from (during year)					
A g	gregate value at end of year					
	d the organization inform all donors and donor advisories are the organization's property, subject to the or		or advi	ısed	┌ Yes	┌ No
us	d the organization inform all grantees, donors, and d ed only for charitable purposes and not for the benef nferring impermissible private benefit?				┌ Yes	┌ No
art I	Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV	, line 7.	
	rpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)  Preservation of an Preservation of a c	ertifie	d historic struct	cure	
	mplete lines 2a through 2d if the organization held a sement on the last day of the tax year	a qualified conservation contribution in th	ne forn	n of a conservat	ion	
		<u> </u>		Held at the	End of the	Year
	tal number of conservation easements	-	2a			
	tal acreage restricted by conservation easements	_	2b			
	mber of conservation easements on a certified histo	· · · ·	2c			
	mber of conservation easements included in (c) acc storic structure listed in the National Register	quired after 8/17/06, and not on a	2d			
Nu	mber of conservation easements modified, transfer	red, released, extinguished, or terminated	d by th	ne organization (	during	
the	e tax year 🗠					
Nu	mber of states where property subject to conservat	ion easement is located 🛌				
	es the organization have a written policy regarding forcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of	violations, and	┌ Yes	┌ No
Sta ►_	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents c	during the year		
An ►s	nount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during	g the year		
	es each conservation easement reported on line 2(o d section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
ba	Part XIII, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial				
rt II	Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	her Similar <i>i</i>	Assets.	
wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education, o	r rese	arch in furthera		
, Ift wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue s ets held for public exhibition, education, o	tatem	ent and balance		ıc
(i)	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii)	Assets included in Form 990, Part X			<b>►</b> \$		
Ift	the organization received or held works of art, histor lowing amounts required to be reported under SFAS		r finan			
Re	venues included in Form 990, Part VIII, line 1			<b>F</b> \$		
As	sets included in Form 990, Part X			F >		

Part	Organizations Maintaining Co	llections of Ar	t, His	storical i	reasures, or O	tne	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progr	ams			
b	Scholarly research		е	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organization	's ex	empt purpose	ın	
5	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than t							☐ Yes	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					d "Y	es" to Form 9	<del>9</del> 90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions or other ass	ets i	not	✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete th	e follo	wing table	Г				
_					-		Ar	nount	
C	Beginning balance				-	1c			79,757
d	Additions during the year				-	1d			14,266
e	Distributions during the year				-	1e			67,461
f	Ending balance				L	1f		_	26,562
2a	Did the organization include an amount on Fo	orm 990, Part X, lı	ne 21?	•				│ Yes	✓ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if th	e expla	anation has	been provided in P	art >	KIII		
Pa	rt V Endowment Funds. Complete							( )=	<del></del>
1-	Beginning of year balance	(a)Current year 14,153,144	(B)	Prior year 13,884,621	<b>b (c)</b> Two years back 12,841,346	+	11,739,881	<b>(e)</b> Four y	12,341,070
1a b	Contributions	55,026		77,569			76,639		299,011
	Net investment earnings, gains, and losses	33,020		77,303	003,337		, 0,033		
c d	Grants or scholarships	17,871,003		548,238	587,361		1,513,541		-465,013
e	Other expenditures for facilities	406,977		357,284	427,643		488,715		435,187
f	and programs								
g	End of year balance	31,672,196		14,153,144	13,884,621		12,841,346		11,739,881
2	Provide the estimated percentage of the cur		aco (lur				, ,		
		53 670 %	ice (iii	ie 19, coluii	iii (a)) iieiu as				
a	Board designated or quasi-endowment	33 37 3 70							
b	r emilanent endowment F	N 0/							
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho	) % uld equal 100%							
3a	Are there endowment funds not in the posse organization by	ssion of the organi	zatıon	that are hel	d and administere	d for	the	V	l No
	(i) unrelated organizations					_	3a	(i) Yes	No No
	(ii) related organizations						3a(		No
ь	If "Yes" to 3a(II), are the related organization						3		<u> </u>
4	Describe in Part XIII the intended uses of the	ne organization's e	ndowm	nent funds				•	
Par	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 9	90, Pa						
	Description of property			(a) Cost or basis (inves			(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land				522	,323			522,323
b	Buildings				23,285	,765	14,812,82	2	8,472,943
c	Leasehold improvements				38,269	,124	25,203,99	9 1	.3,065,125
d	Equipment				13,742	,270	11,977,40	0	1,764,870
	Other				5,845		2,137,62	.3	3,708,257
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).)		🛌	2	7,533,518

Part VII Investments—Other Securities. See			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of the o	year market value
(2)Closely-held equity interests			
(3)Other			
(A) NON-PUBLICLY TRADED BOND AND EQUITY	7 201 277		F
FUNDS MANAGED BY THE COMMON FUND	7,301,377		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7,301,377		
Part VIII Investments—Program Related. See	e Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value		od of valuation
/1) LAND HELD FOR INVESTMENT - DOADD		Cost or end-o	f-year market value
(1) LAND HELD FOR INVESTMENT - BOARD DESIGNATED FOR ENDOWMENT	17,000,000		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	17,000,000		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
(1) RESTRICTED CASH			24,944,760
(2) DEBT ISSUES COSTS, NET			273,365
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		<u> </u>	25,218,125
<b>Part X</b> Other Liabilities. See Form 990, Part X  (a) Description of liability	(, line 25. (b) Book value		
<del>-</del>	(D) DOOK Value		
Federal income taxes			
ADVANCES FOR FEDERAL STUDENT LOANS	2,061,698		
ANNUITY PAYMENT LIABILITY	189,210		
DEPOSITS HELD FOR OTHERS	151,209		
DEPOSITS & OTHER LONG TERM PAYABLES	144,432		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Fin 48 (ASC 740) Footnote In Part XIII, provide the tex	2,546,549	nization's financial states	ments that reports the
Z. I III 40 IA3C 740 FOULHOLE TH PAIL XIII. DROVIGE THE TEX	con the loothole to the ordal	nzation s illiancial statel	nems mat reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	53,162,409
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-5,048,709
3	Subtract line <b>2e</b> from line <b>1</b>	3	58,211,118
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-641,784
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	57,569,334
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	40,418,164
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	641,784
3	Subtract line <b>2e</b> from line <b>1</b>	3	39,776,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,667,041
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	56,443,421

#### 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 ınformatıon

I dentifier	Return Reference	Explanation
	PART IV, LINE 1B	THE COLLEGE ACTS AS FISCAL AGENT FOR A BOSTON AREA SCHOOL IN ACCORDANCE WITH ITS CONTRACT WITH THE BOSTON PUBLIC SCHOOLS THE COLLEGE RECEIVES AND DISBURSES FUNDS ON BEHALF OF THIS ORGANIZATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE CATEGORIZED INTO THREE AREAS, FINANCIAL AID, INSTITUTIONAL AND LAND HELD FOR INVESTMENT THE COLLEGE USES THE ANNUAL SPENDING RATE ON THE FINANCIAL AID FUNDS TO PROVIDE SCHOLARSHIPS TO STUDENTS THAT MEET THE REQUIRED CRITERIA THE COLLEGE USES THE SPENDING RATE ON THE INSTITUTIONAL FUNDS FOR CAPITAL APPROPRIATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AS OF JUNE 30, 2013, THE COLLEGE DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY THE COLLEGE FILES TAX AND INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS
PART XI, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS -16,667,041 CHANGE IN CARRYING VALUE OF SPLIT INTEREST AGREEMENTS - 22,959 ADJUSTMENT TO CARRYING VALUE OF INVESTMENT IN LAND 16,981,398 WRITE-OFF OF DEBT ISSUANCE COSTS AND UNAMORTIZED DISCOUNT - 518,528 LOSS ON TERMINATION OF PROJECT UNDER DEVELOPMENT -5,428,155
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENT EXPENSES NETTED WITH REVENUE -641,784
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSES NETTED WITH REVENUE 641,784
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS 16,667,041

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DLN: 93493317017383

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Schools** 

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

Name of the organization REGIS COLLEGE 04-2104451 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

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

Schedule E (Form 990 or 990-EZ) 2012

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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.

OMB No 1545-0047

2012

DLN: 93493317017383

Open to Pu<u>blic</u>

Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number **REGIS COLLEGE** 04-2104451 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) Amount of cash (h) Purpose of grant (c) IRC Code (e) A mount of non-(g) Description of organization valuation non-cash assistance or assistance section grant cash or government if applicable assistance (book, FMV, appraisal, other)

2 Enter total number of section 501	L(c)(3) and governm	ent organizations liste	ed in the line 1 table .	 	▶	

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

	- ( )	
rt III	Grants and Other Assistance to Individuals in the United States. Comple	ete 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

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

Software ID: Software Version:

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

#### Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
TUITION DISCOUNTS GENERAL	299	232,321			
REGIS GRANTS FINANCIAL AID-UG INTERNAL	1007	10,129,031			
REGIS GRANTS FINANCIAL AID NT INTERNAL	28	165,326			
SEOG IY & CY FINANCIAL AID UG EXTERNAL	341	50,898			
TOWER SCHOLARSHIP FINANCIAL AID- UG INTER	137	1,391,380			
ALUMNAE SPONS AWARDS FINANCIAL AID-UG IN	67	126,000			
ANNIVERSARY SCHOLARSHIP FINANCIAL AID-UG	272	2,973,810			
FOUNDERS SCHOLARSHIP FINANCIAL AID-UG IN	39	612,450			
NURSING GRADUATE ASSISTANCESHIP REGIS GRANTS	38	243,750			
MASSACHUSETTS U-PLAN FINANCIAL AID-UG IN	1	1,291			
SIBLING DISCOUNT FINANCIAL AID-UG INTERN	15	35,000			
HEALTH ADMINISTRATION SCH FINANCIAL AID	28	160,000			
NURSING-GEN MASTERS SCHOLARSHIPS GENERAL	8	16,000			
THE KANEB SCHOLARS PROGRAM GENERAL	25	56,900			
SHARING OPPORTUNITYS GENERAL	6	31,669			
EXPENDED ENDOWMENT INCOME GENERAL	135	383,998			
YAWKEY FOUNDATION GENERAL	13	33,000			
STACY STOTT SCHOLARSHIP GENERAL	4	2,000			
BOGAN COMMUNICATIONS GR GENERAL	2	3,217			
YOLANDE C O'DONNELL SCHOLARSHIPS GENERAL	3	16,500			
S JOHN SULLIVAN SCHOLARSHIPS GENERAL	1	2,500			

DLN: 93493317017383

OMB No 1545-0047

**Schedule J** 

(Form 990)

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.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **REGIS COLLEGE** 

**Employer identification number** 

04-2104451

Pa	rt I Questions Regarding Compensation			
			Yes	No
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			
	First-class or charter travel  Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments			
	Discretionary spending account  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	1b		
2				
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
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			
	▼ Compensation committee     ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) 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 (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)ANTOINETTE HAYS PRESIDENT	(i) (ii)	270,132 0	0	0	0	13,495 0	283,627 0	0
(2)THOMAS PISTORINO VP OF FINANCE & BUSINESS	(i) (ii)	173,490 0	0	0	0	12,964 0	186,454 0	0

Schedule J (Form 990) 2012

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

Schedule J (Form 990) 2012

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**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.

DLN: 93493317017383 OMB No 1545-0047

2012

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

**Employer identification number** 

REC	EGIS COLLEGE									04	04-2104451									
P	art I Bond Issues			,																
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose		(f) Description of purpose		(f) Description of purpose		f) Description of purpose		(f) Description of purpose		<b>(g)</b> D€	efeased	beha	On alf of suer		Pool
			<b></b>				<u> </u>			Yes	No	Yes	No	Yes	No					
<b>A</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		06-01-2008	10,00	0,000	RENC AND	CONSTRUCTION, RENOVATION, IMPROVEMENT AND EQUIPPING OF ATHLETIC FIELDS					x		×					
В	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		06-13-2013	50,00	0,000	1	ONSTRUCTION AND ENOVATION UNDER MASTER LAN			х		x		x					
Pa	art III Proceeds																			
			<del></del>		A		$\longrightarrow$	В	3		С	$\longrightarrow$	D							
1	A mount of bonds retired					820,		<b></b>				$\longrightarrow$								
	A mount of bonds legally defease	ed				9,522,757					$\longrightarrow$									
3	Total proceeds of issue	<del>.</del>			10,343,204 50,000,000					$\longrightarrow$										
4	Gross proceeds in reserve funds					1,000,000 1,000,000				$\longrightarrow$										
5	Capitalized interest from procee						$\longrightarrow$	<b></b>				$\longrightarrow$								
6	Proceeds in refunding escrows						$\longrightarrow$	<b></b>				$\longrightarrow$								
7	Issuance costs from proceeds					98,200 98,200				$\longrightarrow$										
8	Credit enhancement from proce						$\longrightarrow$	<b></b>				$\longrightarrow$								
9	Working capital expenditures from	<u> </u>					$\longrightarrow$	<b></b>				$\longrightarrow$								
10	Capital expenditures from proce	eeds ————				10,116,	_					$\longrightarrow$								
11	Other spent proceeds					227,		<u> </u>	25,308,265											
12					+	23,593,	,535	2	23,593,535											
13	Year of substantial completion				20:			ļ <u>.</u> ,	l											
		C			Yes	No		Yes	No	Yes	N	lo	Yes	+	No					
14	Were the bonds issued as part of					X		Х			+-	$\longrightarrow$		+						
<u>15</u>						X			Х			$\longrightarrow$		$\rightarrow$						
16	Has the final allocation of proce				X	<u> </u>		Х												
17	allocation of proceeds?		d records to suppo	ort the final	X			х												
Pa	rt IIII Private Business Us	se						1												
					V	1	$\longrightarrow$	B V			C			D I	B1 -					
					Yes	No	<u>,                                    </u>	Yes	No	Yes	N	<u>•</u>	Yes	$-\!\!\!+\!\!\!\!-$	No					

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х of bond-financed property? 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? Are there any research agreements that may result in private business use of bond-Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government 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 Total of lines 4 and 5 % 0/∩ % % Does the bond issue meet the private security or payment test? 7 Χ Х 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 Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С Α D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Exception to rebate? Χ b Χ No rebate due? Х Χ C If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Part IV Arbitrage (Continued)

			Α Α	<b>L</b>	Ь	•	'		ט ן	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in contract (GIC)?	n a guaranteed investment		Х		Х				
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor f value of the GIC satisfied?	or establishing the fair market								
6	Were any gross proceeds invest period?	ed beyond an available temporary		Х		X				
7	Has the organization established the requirements of section 148	·		Х		X				
Pa	rt V Procedures To Unde	rtake Corrective Action								
			А	<b>L</b>	В	1	С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization establishe that violations of federal tax req and corrected through the volun self-remediation is not available	uirements are timely identified tary closing agreement program if	Х		х					
			•	•		-				
P	art VI Supplemental Info	<b>ormation.</b> Complete this part to pr	ovide additior	nal informati	on for respo	nses to ques	tions on Sch	edule K (see	instructions)	١.
	Identifier	Return Reference				Explan	ation			
(F) [	DESCRIPTION OF PURPOSE	R	EFINANCE EXI	STING BORR	OWING AND	TO PROVIDE	FOR MASTER	PLAN CONST	RUCTION AN	ID

RENOVATION

Schedule K (Form 990) 2012

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DLN: 93493317017383

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

**Employer identification number** 

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REGIS COLLEGE Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-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 (b) Relationship (c) Purpose (d) Loan to (f)Balance (a) Name of (e)Original (i)Written **(g)** In (h) ınterested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee?

# person with organization organization? amount organization? Yes No Yes No Yes No To From Yes No Yes No Yes No Total

Part III	Grants or Assistance Benefitting Interested Persons.
	Computer of the augustical anguity and IlVaell on Forms COO.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
			_	
			-	
_			•	

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	on answered "Yes" on I	Form 990, Part IV, lır	e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organiz	(e) Sharing of organization's revenues?	
				Yes	No	
(1) KATHLEEN DAWLEY	TRUSTEE OF BOARD	90,000	KATHLEEN DAWLEY IS THE PRESIDENT OF MAGUIRE ASSOCIATES, INC , A COMPANY THAT PROVIDES ADMISSION CONSULTING SERVICES TO THE COLLEGE		Νο	
Part V Supplemental Informat	ion					

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

**Return Reference Identifier Explanation** 

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493317017383

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization

**Employer identification number** 

REGIS COLLEGE 04-2104451 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining or items contributed amounts reported on noncash contribution amounts ıf applicable Form 990, Part VIII, line 1g 1 Art-Works of art . . . . 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 7 50,969 FAIR MARKET VALUE Securities—Publicly traded . Χ Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . Х 1 15,000 FAIR MARKET VALUE 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . . Real estate—Residential . **16** Real estate—Commercial . Real estate—Other . . . 17 18 Collectibles . . . . Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . 24 45,000 FAIR MARKET VALUE Other ► ( EQUIPMENT ) Χ 25 26 O ther **►**( \_\_\_\_\_ **27** Other ▶( \_\_\_\_\_ **28** Other ▶ ( Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement .

			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	Yes	
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			

**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.

number of items received, of a combination of both. Also complete this part for any additional information.			
Identifier	Return Reference	Explanation	
THIRD PARTY USE	PART I, LINE 32B	REGIS COLLEGE UTILIZES A BROKER TO SELL DONATED STOCK	

Schedule M (Form 990) (2012)

OMB No 1545-0047

2012

Open to Public Inspection

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization REGIS COLLEGE

**Employer identification number** 

04-2104451

Identifier	Return	Explanation
identifier	Reference	Браналон
	FORM 990, PART VI, SECTION A, LINE 6	THE BY-LAWS OF THE CORPORATION PROVIDE FOR BETWEEN FIVE AND NINE MEMBERS AT LEAST FIVE MEMBERS SHOULD BE MEMBERS OF THE CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF BOSTON
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE CORPORATION ELECT MEMBERS OF THE GOVERNING BOARD OF TRUSTEES OF THE COLLEGE
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE CORPORATION APPROVE CHANGES TO BY-LAWS AND THE SALE OR DISPOSITION OF REAL ESTATE
	FORM 990, PART VI, SECTION B, LINE 11	THE PREPARER OF THE 990 WILL PRESENT A COPY OF THE FORM TO THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE HAS A SINGLE COMBINED WRITTEN DOCUMENT FOR CONDUCT, ETHICS, CONFLICT OF INTEREST, TECHNOLOGY USE, AND CONFIDENTIALITY POLICIES FOR FACULTY, STAFF AND ADMINISTRATION THIS DOCUMENT IS PART OF THE HIRING PROCESS, SIGNED BY THE EMPLOYEE AND STORED IN THE OFFICE OF HUMAN RESOURCES IN ADDITION, THE COLLEGE ALSO DISTRIBUTES A RELATED PARTY QUESTIONNAIRE THROUGH ITS ANNUAL AUDIT PROCESS TO ALL BOARD MEMBERS AND OFFICERS THIS QUESTIONNAIRE IS DESIGNED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS OUR ANNUAL INDEPENDENT AUDIT WILL NOT BE COMPLETE UNTIL ALL OF THESE FORMS HAVE BEEN SIGNED AND RETURNED FURTHERMORE, THE BY-LAWS OF THE COLLEGE STATES "NO MEMBER OF THE CORPORATION, TRUSTEE, OFFICER OR EMPLOYEE OF THE CORPORATION SHALL HAVE ANY PERSONAL FINANCIAL INTEREST, DIRECT OR INDIRECT, IN ANY CONTRACT RELATING TO THE BUSINESS CONDUCTED BY THE CORPORATION, OR THE FURNISHING OF SUPPLIES TO THE CORPORATION, UNLESS AUTHORIZED BY CONCURRING VOTE OF TWO-THIRDS OF THE DISINTERESTED TRUSTEES, EVEN THOUGH THE DISINTERESTED TRUSTEES BE LESS THAN A QUORUM, AND PROVIDE THAT THE MATERIAL FACTS AS TO HER INTEREST IN SUCH TRANSACTION ARE DISCLOSED OR ARE KNOWN TO THE BOARD OF TRUSTEES:"
	FORM 990, PART VI, SECTION B, LINE 15	FOR THE RECRUITMENT OF THE PROSPECTIVE EXECUTIVE POSITION, THE COLLEGE ENGAGES AN INDEPENDENT PROFESSIONAL EXECUTIVE SEARCH FIRM THROUGH AN AD HOC COMPENSATION COMMITTEE APPROVED BY THE BOARD OF TRUSTEES THE COLLEGE AND THE FIRM WORK TOGETHER TO OBTAIN COMPARATIVE MARKET DATA AND ACQUIRE AVAILABLE SALARY SURVEY DATA THE COMPENSATION COMMITTEE REVIEWS COMPARATIVE MARKET DATA AND AVAILABLE SALARY SURVEY DATA BEFORE MAKING RECOMMENDATIONS TO THE BOARD OF TRUSTEES WHICH HAS FINAL APPROVAL THE PRESIDENT HAS A WRITTEN EMPLOY MENT CONTRACT COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE COLLEGE IS DETERMINED BY MARKET DATA AND INTERNAL SALARY GRADES FOR VICE PRESIDENT POSITIONS THE REVIEW OF COMPARATIVE MARKET DATA AND SALARY SURVEY DATA ARE PERFORMED BY A SEARCH COMMITTEE IN CONJUNCTION WITH AN EXECUTIVE SEARCH FIRM FOR OTHER KEY EMPLOYEES THE COLLEGE PERFORMS COMPARATIVE MARKET DATA AND ACQUIRES AVAILABLE SALARY SURVEY INFORMATION THROUGH THE OFFICE OF HUMAN RESOURCES
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN CARRYING VALUE OF SPLIT INTEREST AGREEMENTS -22,959 LOSS ON TERMINATION OF PROJECT UNDER DEVELOPMENT -5,428,155 ADJUSTMENT TO CARRYING VALUE OF INVESTMENT OF LAND 16,981,398 WRITE OFF OF DEBT ISSUANCE COSTS AND UNAMORTIZED DISCOUNT -518,528
	PART XII, LINE 2C	THERE ARE NO CHANGES FROM THE PRIOR YEAR