

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REGIS COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 235 WELLESLEY STREET City or town, state or province, country, and ZIP or foreign postal code WESTON, MA 02493 F Name and address of principal officer: RICH KELLEY SAME AS C ABOVE	D Employer identification number 04-2104451 E Telephone number 781-768-7075 G Gross receipts \$ 108,517,702. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.REGISCOLLEGE.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1927 M State of legal domicile: MA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: REGIS COLLEGE EDUCATES APPROXIMATELY 3,000 UNDERGRADUATE, GRADUATE AND DOCTORAL STUDENTS ON		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1196
	6	Total number of volunteers (estimate if necessary)	6	576
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	6,782,050.	7,245,417.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,266,081.	92,468,662.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-709,086.	431,766.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,340,822.	2,785,983.
			107,679,867.	102,931,828.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,454,048.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,439,797.	47,719,675.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,898,021.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,462,198.	37,611,730.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,356,043.	110,142,424.
	19 Revenue less expenses. Subtract line 18 from line 12	323,824.	-7,210,596.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	109,512,086.	113,182,363.
	22	Net assets or fund balances. Subtract line 21 from line 20	63,387,879.	64,467,796.
		46,124,207.	48,714,567.	

Part II Signature Block

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

Sign Here	Signature of officer RICH KELLEY, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THOMAS F. MULDOON, CPA	Preparer's signature THOMAS F. MULDOON, C
	Firm's name AAFCPAS, INC.	Date 02/20/24
	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581	Check if self-employed <input type="checkbox"/> PTIN P01561688
		Firm's EIN 04-2571780 Phone no. 508-366-9100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: REGIS COLLEGE, THROUGH EDUCATION IN THE ARTS, SCIENCES, AND PROFESSIONS EMPOWERS WOMEN AND MEN TO CHALLENGE THEMSELVES ACADEMICALLY, TO SERVE AND TO LEAD. A CATHOLIC COLLEGE, REGIS IS A DIVERSE AND WELCOMING COMMUNITY GUIDED BY THE VALUES OF THE SISTERS OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 30,688,558. including grants of \$ 24,811,019.) (Revenue \$ 82,507,201.) INSTRUCTION: KNOWLEDGE GENERATION AND THE DELIVERY OF EDUCATION TO APPROXIMATELY 3000 UNDERGRADUATE, GRADUATE AND DOCTORAL STUDENTS ON CAMPUS AND ONLINE IN DAYTIME, EVENING, AND WEEKEND PROGRAMS IN FOUR SCHOOLS; THE YOUNG SCHOOL OF NURSING, THE SCHOOL OF HEALTH SCIENCES ,THE SCHOOL OF ARTS AND SCIENCES AND THE SLOAN SCHOOL OF BUSINESS AND COMMUNICATIONS.

4b (Code:) (Expenses \$ 10,988,546. including grants of \$) (Revenue \$) STUDENT AFFAIRS: STUDENT AFFAIRS: PROVIDE HEALTH AND COUNSELING SERVICES, UNDERGRADUATE ADMISSIONS, CAMPUS MINISTRY, INTER-COLLEGIATE ATHLETICS AND STUDENT ENGAGEMENT SERVICES FOR APPROXIMATELY 3000 STUDENTS.

4c (Code:) (Expenses \$ 29,307,251. including grants of \$) (Revenue \$ 9,961,461.) AUXILIARY ENTERPRISES: PROVIDE DINING SERVICES , RESIDENTIAL HALL SERVICES, CHILDREN'S LEARNING CENTER, FOR APPROXIMATELY 3,000 STUDENTS AND LIFELONG LEARNING PROGRAM FOR COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,642,769. including grants of \$) (Revenue \$)

4e Total program service expenses 77,627,124.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, MI, NH, NY, OR, SC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RICH KELLEY - 781-768-7075
235 WELLESLEY STREET, WESTON, MA 02493

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTOINETTE M. HAYS PRESIDENT	40.00	X		X			504,364.	0.	89,038.	
(2) RICHARD KELLEY CFO	40.00			X			224,728.	0.	15,452.	
(3) MARY ERINA DRISCOLL VP ACADEMIC AFFAIRS/PROVOST	40.00				X		204,839.	0.	17,028.	
(4) JONATHAN SMALL VP GRADUATE & PRO. STUDENT AFFAIRS &	40.00				X		179,517.	0.	28,521.	
(5) STACI SHEA VP INSTITUTIONAL ADVANCEMENT	40.00				X		187,437.	0.	6,631.	
(6) KATE KORZENDORFER VP INFO. TECH. SERVICES/CIO	40.00				X		175,726.	0.	13,657.	
(7) VALERIE HUNT ASSOCIATE PROFESSOR	40.00				X		150,075.	0.	20,968.	
(8) KATHLEEN JOSE CHAIR	1.00	X		X			0.	0.	0.	
(9) WAEL AL-HUSAMI, MD, FACC, FACP VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) SISTER MARIAN BATHO, CSJ SECRETARY	1.00	X		X			0.	0.	0.	
(11) KEVIN C CONROY TREASURER	1.00	X		X			0.	0.	0.	
(12) CLYDE EVANS BOARD OF TRUSTEES	1.00	X					0.	0.	0.	
(13) JOHN M. GRAY BOARD OF TRUSTEES	1.00	X					0.	0.	0.	
(14) SISTER LEILA HOGAN, CSJ BOARD OF TRUSTEES	1.00	X					0.	0.	0.	
(15) SISTER KRISTIN HOKANSON, SNDEN BOARD OF TRUSTEES	1.00	X					0.	0.	0.	
(16) SISTER KATHLEEN MCCLUSKEY, CSJ BOARD OF TRUSTEES	1.00	X					0.	0.	0.	
(17) SISTER JACQUELYN MCCARTHY, CSJ BOARD OF TRUSTEES	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE-ANN FERGUS BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(19) MAYLIN S. TRUESDELL BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(20) ALLISON S. CARTWRIGHT BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(21) KEVIN T CONRY BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(22) LISA SPADAFORA THOMPSON BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(23) SATISH VANKAYALAPATI BOARD OF TRUSTEES (ON LEAVE 10/22)	1.00	X						0.	0.	0.
(24) PATRICE MCCLOSKEY BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(25) GLENN MORRIS BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(26) JEFFREY D. NAVIN BOARD OF TRUSTEES	1.00	X						0.	0.	0.
1b Subtotal								1,626,686.	0.	191,295.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,626,686.	0.	191,295.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

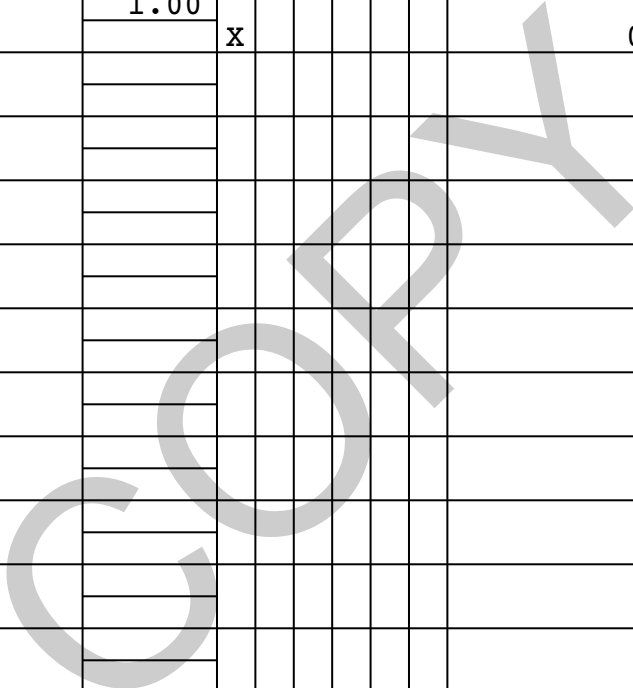
(A) Name and business address	(B) Description of services	(C) Compensation
EMBANET ULC / NCS PEARSON, INC. P.O BOX 7410107, CHICAGO, IL 60674	DISTANCE LEARNING CONSULTANT	15,855,790.
ARAMARK CORPORATION, ARAMARK LOCKBOX #978839, FT. WORTH, TX 76155	FOOD SERVICE	2,109,471.
WRIGHT EXPRESS FINANCIAL SERVICES 33548 TREASURY CENTER, CHICAGO, IL 60694	CREDIT CARD SERVICES	1,074,814.
WALSH BROTHERS INC. 210 COMMERCIAL ST., BOSTON, MA 02109	GENERAL CONTRACTOR	821,437.
CORE EDUCATION, PBC, 201 N UNION ST STE 110, ALEXANDRIA, VA 22314	SCHOOL OF PRO STUDIES PARTNER	532,300.

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 44

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SISTER ROSEMARY BRENNAN, CSJ BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(28) GERALD S. ALGERE BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(29) JANE CARROLL, RN, MS BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(30) LISA M. LYNCH, PHD BOARD OF TRUSTEES	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	630,686.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,930,099.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,684,632.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 168,334.				
	h Total. Add lines 1a-1f		7,245,417.				
Program Service Revenue	2 a TUITION AND FEES	Business Code					
		900099	82,507,201.	82507201.			
	b AUXILIARY ENTERPRISES	900099	9,961,461.	9,961,461.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		92,468,662.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		646,080.			646,080.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	3,646,418.			
			(ii) Personal				
	b Less: rental expenses ...	6b	772,930.				
	c Rental income or (loss)	6c	2,873,488.				
	d Net rental income or (loss)		2,873,488.			2873488.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,449,279.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,663,593.				
	c Gain or (loss)	7c	-214,314.				
	d Net gain or (loss)		-214,314.			-214,314.	
8 a Gross income from fundraising events (not including \$ 630,686. of contributions reported on line 1c). See Part IV, line 18	8a		61,846.				
b Less: direct expenses	8b	149,351.					
c Net income or (loss) from fundraising events		-87,505.			-87,505.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		102931828.	92468662.	0.	3217749.		

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 or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,811,019.	24,811,019.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	785,261.		785,261.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,078,371.	30,029,010.	6,902,198.	1,147,163.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	923,373.	659,579.	227,594.	36,200.
9 Other employee benefits	4,912,802.	3,808,913.	972,849.	131,040.
10 Payroll taxes	3,019,868.	2,363,323.	567,953.	88,592.
11 Fees for services (nonemployees):				
a Management				
b Legal	50,811.		50,811.	
c Accounting	64,569.		64,569.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	283,807.		283,807.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	18,800,385.	1,927,793.	16,857,972.	14,620.
12 Advertising and promotion	566,712.	511,363.	55,349.	
13 Office expenses	921,627.	638,029.	180,269.	103,329.
14 Information technology	541,087.	452,175.	81,190.	7,722.
15 Royalties				
16 Occupancy	2,910,106.	2,150,792.	669,566.	89,748.
17 Travel	394,792.	357,215.	26,995.	10,582.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	77,966.	49,869.	27,365.	732.
20 Interest	1,411,362.	1,044,150.	324,897.	42,315.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,813,533.	2,845,969.	853,201.	114,363.
23 Insurance	599,968.		599,968.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	2,282,555.	2,200,017.	82,538.	
b MISCELLANEOUS	1,908,210.	1,474,327.	380,781.	53,102.
c RESTRICTED EXPENDITURES	1,476,983.	1,340,102.	136,881.	
d SPECIAL PROGRAMS	933,970.	638,121.	259,352.	36,497.
e All other expenses	573,287.	325,358.	225,913.	22,016.
25 Total functional expenses. Add lines 1 through 24e	110,142,424.	77,627,124.	30,617,279.	1,898,021.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,528,221.	1	5,640,964.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,360,447.	3	1,059,236.
	4 Accounts receivable, net	211,890.	4	245,577.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	952,397.	7	818,207.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 129,724,065.		
	b Less: accumulated depreciation	10b 89,504,302.	42,188,092.	10c 40,219,763.
	11 Investments - publicly traded securities	26,957,012.	11	30,689,875.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	21,100,000.	13	27,600,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,214,027.	15	6,908,741.
16 Total assets. Add lines 1 through 15 (must equal line 33)	109,512,086.	16	113,182,363.	
Liabilities	17 Accounts payable and accrued expenses	12,719,413.	17	6,486,121.
	18 Grants payable		18	
	19 Deferred revenue	6,076,950.	19	5,312,553.
	20 Tax-exempt bond liabilities	41,282,339.	20	39,823,556.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	819,263.	23	665,622.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,489,914.	25	12,179,944.
	26 Total liabilities. Add lines 17 through 25	63,387,879.	26	64,467,796.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,780,229.	27	16,978,204.
	28 Net assets with donor restrictions	28,343,978.	28	31,736,363.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	46,124,207.	32	48,714,567.
	33 Total liabilities and net assets/fund balances	109,512,086.	33	113,182,363.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,931,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,142,424.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,210,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,124,207.
5	Net unrealized gains (losses) on investments	5	9,800,956.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,714,567.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization REGIS COLLEGE Employer identification number 04-2104451

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [X] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Empty box for number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **REGIS COLLEGE** Employer identification number **04-2104451**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,605,519.	48,382,350.	41,748,183.	41,835,527.	41,111,873.
b Contributions	1,663,158.	849,998.	694,909.	999,431.	695,228.
c Net investment earnings, gains, and losses	9,394,747.	-5,072,056.	7,541,336.	614,248.	1,629,441.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,928,832.	4,554,773.	1,602,078.	1,701,023.	1,601,015.
f Administrative expenses					
g End of year balance	48,734,592.	39,605,519.	48,382,350.	41,748,183.	41,835,527.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 45.0000 %
 - b Permanent endowment 43.8000 %
 - c Term endowment 11.2000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		522,323.		522,323.
b Buildings		42,219,148.	20,892,248.	21,326,900.
c Leasehold improvements		62,051,110.	46,488,528.	15,562,582.
d Equipment		20,775,333.	18,309,233.	2,466,100.
e Other		4,156,151.	3,814,293.	341,858.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 40,219,763.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LAND HELD FOR INVESTMENT		
(2) - BOARD DESIGNATED FOR		
(3) ENDOWMENT	27,600,000.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	27,600,000.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESTRICTED CASH	5,783,946.
(2) RIGHT-OF-USE ASSETS - FINANCE	241,366.
(3) RIGHT-OF-USE ASSETS - OPERATING	883,429.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,908,741.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FOR FEDERAL STUDENT LOANS	2,145,930.
(3) DEPOSITS HELD FOR OTHERS	144,753.
(4) DEPOSITS & OTHER LONG TERM	
(5) PAYABLES	680,650.
(6) LINE OF CREDIT	8,000,000.
(7) FINANCE LEASE LIABILITIES	241,360.
(8) OPERATING LEASE LIABILITIES	967,251.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,179,944.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	88,736,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,800,956.	
b	Donated services and use of facilities	2b	175,813.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-24,811,019.	
e	Add lines 2a through 2d	2e	-14,834,250.	
3	Subtract line 2e from line 1	3	103,570,302.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	283,807.	
b	Other (Describe in Part XIII.)	4b	-922,281.	
c	Add lines 4a and 4b	4c	-638,474.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	102,931,828.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	86,145,692.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	175,813.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	922,281.	
e	Add lines 2a through 2d	2e	1,098,094.	
3	Subtract line 2e from line 1	3	85,047,598.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	283,807.	
b	Other (Describe in Part XIII.)	4b	24,811,019.	
c	Add lines 4a and 4b	4c	25,094,826.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	110,142,424.	

Part XIII Supplemental Information.

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

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 AND LAND HELD FOR INVESTMENT FOR GENERAL OPERATIONAL SPENDING.

PART X, LINE 2:

THE COLLEGE ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

Part XIII Supplemental Information (continued)

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COLLEGE HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS -24,811,019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED WITH REVENUE -772,930.

SPECIAL EVENTS DIRECT EXPENSE NETTED WITH REVENUE -149,351.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -922,281.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED WITH REVENUE 772,930.

SPECIAL EVENTS DIRECT EXPENSE NETTED WITH REVENUE 149,351.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 922,281.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS 24,811,019.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	X	
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.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2022

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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 G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GOLF (event type)	NONE (total number)	
Revenue	1	Gross receipts	620,283.	72,249.	692,532.
	2	Less: Contributions	577,542.	53,144.	630,686.
	3	Gross income (line 1 minus line 2)	42,741.	19,105.	61,846.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,450.		2,450.
	6	Rent/facility costs	35,803.	1,500.	37,303.
	7	Food and beverages	84,270.		84,270.
	8	Entertainment			
	9	Other direct expenses	9,242.	16,086.	25,328.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			149,351.
11	Net income summary. Subtract line 10 from line 3, column (d)			-87,505.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **REGIS COLLEGE** Employer identification number **04-2104451**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
S. THERESE HIGGINS CSJ SCHOLAR	172	3,940,469.	0.	FMV	SCHOLARSHIP
SR. D'ARC MERIT SCHOLARSHIP	194	3,409,209.	0.	FMV	SCHOLARSHIP
DOMITILLA MERIT SCHOLARSHIP	124	2,452,800.	0.	FMV	SCHOLARSHIP
ST. JOSEPH MERIT SCHOLARSHIP	113	2,395,550.	0.	FMV	SCHOLARSHIP
TOWER SCHOLARSHIP	112	1,979,500.	0.	FMV	SCHOLARSHIP

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE COLLEGE COMPLIES WITH THE U.S. DEP. OF EDUCATION POLICY REGARDING TITLE
IV FUNDS AND OTHER GRANT AWARDS. THE COLLEGE HAS DEDICATED FINANCIAL AID
PROFESSIONALS AND GRANT ADMINISTRATORS. THESE INDIVIDUALS 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.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
REGIS GRANT	437.	1,728,957.	0.	FMV	SCHOLARSHIP
PRESIDENTIAL CATHOLIC SCHOOLS SCHOL	36.	1,635,643.	0.	FMV	SCHOLARSHIP
RESIDENT GRANT	518.	1,449,000.	0.	FMV	SCHOLARSHIP
TUITION DISCOUNTS: ONLINE	611.	1,144,783.	0.	FMV	SCHOLARSHIP
ANNIVERSARY SCHOLARSHIP	57.	871,750.	0.	FMV	SCHOLARSHIP
DIVERSE EDUCATOR SCHOLARSHIP	12.	535,340.	0.	FMV	SCHOLARSHIP
TUITION DISCOUNTS: PARTNERS ON GROUND	173.	487,874.	0.	FMV	SCHOLARSHIP
REGIS VOUCHER SCHOLARSHIP	75.	327,435.	0.	FMV	SCHOLARSHIP
TUITION DISCOUNTS: ALUMNI	131.	307,637.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
GRADUATE ASSISTANTSHIPS	31.	184,463.	0.	FMV	SCHOLARSHIP
ENDOWED CATHERINE BURKE ENDOWD SCHOLARSHIP	79.	184,091.	0.	FMV	SCHOLARSHIP
P.R. DEAR NEIGHBOR SCH	3.	138,450.	0.	FMV	SCHOLARSHIP
APPEAL GRANT	59.	102,400.	0.	FMV	SCHOLARSHIP
CATHOLIC HS SCHOLARSHIP	30.	85,667.	0.	FMV	SCHOLARSHIP
REGIS BOSTON SCHOLAR ATHLETE SCHOLARSHIP	2.	67,214.	0.	FMV	SCHOLARSHIP
HONORS PROGRAM SCHOLARSHIP	67.	65,875.	0.	FMV	SCHOLARSHIP
ALUMNI SCHOLARSHIP	35.	64,200.	0.	FMV	SCHOLARSHIP
STELLATO SISTERS SCH IN NURSIN	5.	62,500.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
AC GRAD ASSISTANTSHIPS	6.	56,660.	0.	FMV	SCHOLARSHIP
SIBLING AWARD	21.	47,500.	0.	FMV	SCHOLARSHIP
MASSACHUSETTS NURSING ASSOCIATION COVID19 SCHOLARSHIP	1.	46,150.	0.	FMV	SCHOLARSHIP
SLOANE SCHOLARSHIP	1.	46,150.	0.	FMV	SCHOLARSHIP
NURSING-GEN MASTERS SCHOLARSHIPS : FINANCI	1.	46,150.	0.	FMV	SCHOLARSHIP
REGIS SCHOLARSHIP	19.	42,389.	0.	FMV	SCHOLARSHIP
ENDOWED DOROTHY A. ANTANASIO SCHOLARSHIP	7.	42,043.	0.	FMV	SCHOLARSHIP
ENDOWED E & R STANTON GUTHRIE SCHOLARSHIP	9.	39,934.	0.	FMV	SCHOLARSHIP
ENDOWED HANNA BRADLEY SCHOLARSHIP	9.	39,674.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
NURSING TRANSFER SCHOLARSHIP	22.	36,200.	0.	FMV	SCHOLARSHIP
CLASS OF 2024 NURSING SCH	17.	34,000.	0.	FMV	SCHOLARSHIP
NEWBURY TRANSFER GRANT	1.	33,000.	0.	FMV	SCHOLARSHIP
OCCUPATIONAL THERAPY SCHOLARSH	4.	32,500.	0.	FMV	SCHOLARSHIP
ACCELERATED BACHELOR NURSING - 16 M	7.	31,250.	0.	FMV	SCHOLARSHIP
PUERTO RICO HIGH SCHOOL GRANT	8.	22,500.	0.	FMV	SCHOLARSHIP
ENDOWED FULD TRUST ENDOWED SCHOLARSHIP	5.	21,000.	0.	FMV	SCHOLARSHIP
ENDOWED ALUMNI SCHOLARSHIP FUND	6.	20,802.	0.	FMV	SCHOLARSHIP
SCHRAFFT TRUST GRANT	5.	20,000.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
S. JOHN SULLIVAN SCHOLARSHIPS	5.	18,627.	0.	FMV	SCHOLARSHIP
CLASS OF '61 SCHOLARSHIP RESTRICTED	6.	18,573.	0.	FMV	SCHOLARSHIP
NURSE LEADER SCHOLARSHIP	3.	18,480.	0.	FMV	SCHOLARSHIP
ENDOWED L & J POWERS SCHOLARSHIP	2.	16,737.	0.	FMV	SCHOLARSHIP
ENDOWED CAROL MURPHY & DONALD MCCREADY SCHOLARSHIP	3.	16,342.	0.	FMV	SCHOLARSHIP
ENDOWED DOROTHY H. CARR MCCARTHY SCHOLARSHIP	6.	15,330.	0.	FMV	SCHOLARSHIP
GRADUATE GCP SOCIAL JUSTICE SCHOLARSHIP	4.	15,000.	0.	FMV	SCHOLARSHIP
PATRICIA G KORZENDORFER SCH	3.	15,000.	0.	FMV	SCHOLARSHIP
SR THERESE SHARING OP SCHOLARSHIP	2.	14,755.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED HERRICK, ELIZABETH SCHOLARSHIP	4.	14,412.	0.	FMV	SCHOLARSHIP
ENDOWED JANE F MCCARTHY MEMORIAL SCHOLARSHIP	4.	12,761.	0.	FMV	SCHOLARSHIP
ENDOWED GEORGE I ALDEN SCHOLARSHIP	4.	12,014.	0.	FMV	SCHOLARSHIP
MJE SCHOLARSHIP : GENERAL	1.	12,000.	0.	FMV	SCHOLARSHIP
ENDOWED WR HEARST SCHOLARSHIP	2.	11,848.	0.	FMV	SCHOLARSHIP
FLATLEY FOUNDATION SCH GRANT	6.	11,750.	0.	FMV	SCHOLARSHIP
ENDOWED ALICE TOOMEY MCLAUGHLIN SCHOLARSHIP	2.	11,700.	0.	FMV	SCHOLARSHIP
ENDOWED S. VITERBO MCCARTHY SCHOLARSHIP	2.	10,787.	0.	FMV	SCHOLARSHIP
ENDOWED CLASS OF 59 SCHOLARSHIP	2.	10,400.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED MSGR. EDWARD T. HARRINGTON SCHOLARSHIP	1.	10,400.	0.	FMV	SCHOLARSHIP
KLEMPNER NURSING SCHOLARSHIP	2.	10,375.	0.	FMV	SCHOLARSHIP
ENDOWED GENERAL ENDOWED SCHOLARSHIPS	3.	10,257.	0.	FMV	SCHOLARSHIP
BOSTON EXCEL ACADEMY SCHOLARSHIP	2.	10,000.	0.	FMV	SCHOLARSHIP
BOSTON LATIN ACADEMY SCHLRSHIP	2.	10,000.	0.	FMV	SCHOLARSHIP
ENDOWED HAMILTON FAMILY SCHOLARSHIP	2.	9,457.	0.	FMV	SCHOLARSHIP
HOLLIS SCHOLARSHIP FUND	5.	9,446.	0.	FMV	SCHOLARSHIP
ENDOWED S. MERCY CHICAGO SCHOLARSHIP	2.	9,200.	0.	FMV	SCHOLARSHIP
ENDOWED JACQUELINE COVO SCHOLARSHIP	2.	8,871.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED: MILDRED CUNNINGHAM END	5.	8,520.	0.	FMV	SCHOLARSHIP
DNP REGIS PRIDE SCHOLARSHIP	9.	8,325.	0.	FMV	SCHOLARSHIP
GENERIC MASTERS SCHOLARSHIP	3.	7,500.	0.	FMV	SCHOLARSHIP
SPEECH-LANGUAGE PATHOLOGY SCHOLARSHIP	1.	7,500.	0.	FMV	SCHOLARSHIP
ENDOWED HELEN M. MCCARTHY SCHOLARSHIP	1.	7,400.	0.	FMV	SCHOLARSHIP
ENDOWED TIERNEY ENDOWED SCHOLARSHIP	3.	7,129.	0.	FMV	SCHOLARSHIP
ST JOSEPH PREPARATORY HS	1.	6,000.	0.	FMV	SCHOLARSHIP
ENDOWED CATHERINE & FRANCIS MCCARTHY SCHOLARSHIP	6.	5,932.	0.	FMV	SCHOLARSHIP
ENDOWED MARY HUNT MCNEIL SCHOLARSHIP	3.	5,358.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED CAROLE FIORINNE-BARRETT ENDOWED SCHOL	1.	5,000.	0.	FMV	SCHOLARSHIP
SHAMES DENTAL HYGIENE TERM SCH	1.	5,000.	0.	FMV	SCHOLARSHIP
JOHN AND JEAN GRAY SCHOLARSHIP	1.	5,000.	0.	FMV	SCHOLARSHIP
CLASS OF 1981 MEMORIAL SCHOLARSHIP	1.	5,000.	0.	FMV	SCHOLARSHIP
TRAMUTO PORTER COMPASSIONATE SCHOL	1.	5,000.	0.	FMV	SCHOLARSHIP
ENDOWED CRAVEN SCHOLARSHIP	1.	4,400.	0.	FMV	SCHOLARSHIP
VA YELLOW RIBBON MATCH	1.	4,394.	0.	FMV	SCHOLARSHIP
CLASS OF 1999	2.	4,029.	0.	FMV	SCHOLARSHIP
LLARC BRADY-GRIFFITH SCHOLARSHIP	2.	4,000.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
PHI THETA KAPPA SCHOLARSHIP	3.	3,985.	0.	FMV	SCHOLARSHIP
ENDOWED: AURELIA M. KELLEY SCHOLARSHIP	1.	3,590.	0.	FMV	SCHOLARSHIP
BARBARA KELLEHER HYLAND TERM S	3.	3,500.	0.	FMV	SCHOLARSHIP
ENDOWED ARTHUR & DOROTHY MURRAY SCHOLARSHIP	2.	3,458.	0.	FMV	SCHOLARSHIP
ENDOWED J VIANO RUBERTI SCHOLARSHIP	2.	3,376.	0.	FMV	SCHOLARSHIP
ENDOWED WARREN D. GRIBBONS SCHOLARSHIP	1.	3,215.	0.	FMV	SCHOLARSHIP
HANNAH BRADLEY SPECIAL FUND	1.	3,192.	0.	FMV	SCHOLARSHIP
ENDOWED PATRICIA KILEY MURRAY '60 ENDOWED SCHOLARSHIP	1.	3,105.	0.	FMV	SCHOLARSHIP
ENDOWED SS. ALPHONSINE SCHOLARSHIP	2.	3,043.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED: CLASS OF '63 SCHOLARSHIPS	1.	3,030.	0.	FMV	SCHOLARSHIP
ENDOWED CHRISTINE MURPHY CONOLE SCHOLARSHIP	1.	3,000.	0.	FMV	SCHOLARSHIP
ENDOWED BRYAN/HAWLEY SCHOLARSHIP	2.	2,600.	0.	FMV	SCHOLARSHIP
ENDOWED MARGARET BURNS WHALEN SCHOLARSHIP	4.	2,553.	0.	FMV	SCHOLARSHIP
ENDOWED CLASS OF 61 SCHOLARSHIP	1.	2,500.	0.	FMV	SCHOLARSHIP
ENDOWED KRISTEN SHANNON SCHOLARSHIP	1.	2,398.	0.	FMV	SCHOLARSHIP
ENDOWED CORENA LEDGER SCHOLARSHIP	1.	2,236.	0.	FMV	SCHOLARSHIP
ENDOWED TERRY WOOD LAVINE ENDOWED SCHOLARSHIP	1.	2,169.	0.	FMV	SCHOLARSHIP
ENDOWED JOHN & MARGARET ROCHE SCHOLARSHIP	1.	1,843.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
KANEB SCHOLARSHIP	1.	1,800.	0.	FMV	SCHOLARSHIP
ENDOWED E. FRAWLEY-BAGLEY SCHOLARSHIP.	1.	1,737.	0.	FMV	SCHOLARSHIP
ENDOWED SR. JULIA FORD GRADUATE SCHOLARSHIP	1.	1,675.	0.	FMV	SCHOLARSHIP
ENDOWED SMIDDY SCHOLARSHIP	2.	1,566.	0.	FMV	SCHOLARSHIP
ENDOWED ANNE MOORE DOLAN SCHOLARSHIP	2.	1,540.	0.	FMV	SCHOLARSHIP
CRISTO REY BOSTON HS SCHOLARSHIP	1.	1,500.	0.	FMV	SCHOLARSHIP
ENDOWED MARY C. BARRETT SCHOLARSHIP	1.	1,500.	0.	FMV	SCHOLARSHIP
ENDOWED: MARIE TREMBLAY DONAHUE SCHOLARSHIP	2.	1,442.	0.	FMV	SCHOLARSHIP
ENDOWED MARGARET HIGGINS SCHOLARSHIP	2.	1,421.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED JANE DUNN'56 ENDOWED SCHOLSHP	1.	1,232.	0.	FMV	SCHOLARSHIP
ENDOWED MARGARET C. HALLISEY SCHOLARSHIP	2.	1,151.	0.	FMV	SCHOLARSHIP
ENDOWED MCMANUS SCHOLARSHIP	1.	1,122.	0.	FMV	SCHOLARSHIP
ENDOWED: ROCHE FAMILY ENDOWED SCH FUND	1.	1,036.	0.	FMV	SCHOLARSHIP
ENDOWED NURSING HONOR SOCIETY SCHOLARSHIP	1.	1,000.	0.	FMV	SCHOLARSHIP
ENDOWED HAWLEY ENDOWED SCHOLARSHIP	1.	1,000.	0.	FMV	SCHOLARSHIP
NURSING DNP SCHOLARSHIP : FINANCIAL AID NT	1.	1,000.	0.	FMV	SCHOLARSHIP
CIC-DOROTHEA M. WATERBURY SCHL	1.	1,000.	0.	FMV	SCHOLARSHIP
ENDOWED J DESIMONE SCHOLARSHIP	1.	818.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

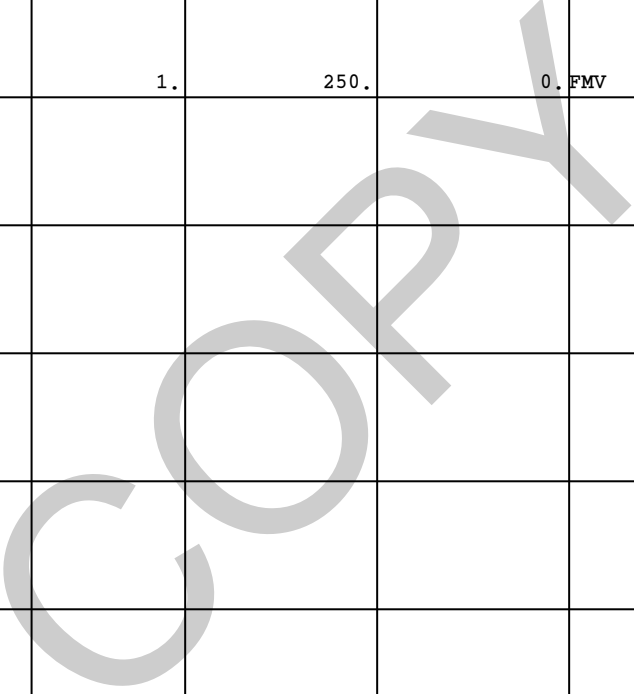
Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
MARY C. BRYAN SCHOLARSHIP : GENERAL	1.	810.	0.	FMV	SCHOLARSHIP
ENDOWED EDWINA HUGHES SCHOLARSHIP	2.	787.	0.	FMV	SCHOLARSHIP
ENDOWED FLYNN SCHOLARSHIP	1.	745.	0.	FMV	SCHOLARSHIP
ENDOWED DENMARK SCHOLARSHIP	1.	739.	0.	FMV	SCHOLARSHIP
ENDOWED BOWLER/GARBER ENDOWED AWARD	1.	531.	0.	FMV	SCHOLARSHIP
ENDOWED MAY SCHOLARSHIP	1.	515.	0.	FMV	SCHOLARSHIP
SISTER GRETCHEN BOGAN COMMUNICATION SCHOLARSHIP	1.	500.	0.	FMV	SCHOLARSHIP
ENDOWED: S. MYRA FARRELL SCHOLARSHIP	1.	428.	0.	FMV	SCHOLARSHIP
ENDOWED BUXTON SCHOLARSHIP	1.	361.	0.	FMV	SCHOLARSHIP

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
ENDOWED HELEN BORDON SCHOLARSHIP	1.	300.	0.	FMV	SCHOLARSHIP
SISTER LUCILLA DINNEEN CATHOLIC TEACHERS SCHOL	1.	250.	0.	FMV	SCHOLARSHIP



**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTOINETTE M. HAYS PRESIDENT	(i)	494,764.	0.	9,600.	61,827.	27,211.	593,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD KELLEY CFO	(i)	224,728.	0.	0.	7,198.	8,254.	240,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY ERINA DRISCOLL VP ACADEMIC AFFAIRS/PROVOST	(i)	204,839.	0.	0.	6,657.	10,371.	221,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN SMALL VP GRADUATE & PRO. STUDENT AFFAIRS &	(i)	179,517.	0.	0.	6,109.	22,412.	208,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACI SHEA VP INSTITUTIONAL ADVANCEMENT	(i)	187,437.	0.	0.	5,901.	730.	194,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATE KORZENDORFER VP INFO. TECH. SERVICES/CIO	(i)	175,726.	0.	0.	5,671.	7,986.	189,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VALERIE HUNT ASSOCIATE PROFESSOR	(i)	150,075.	0.	0.	3,903.	17,065.	171,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

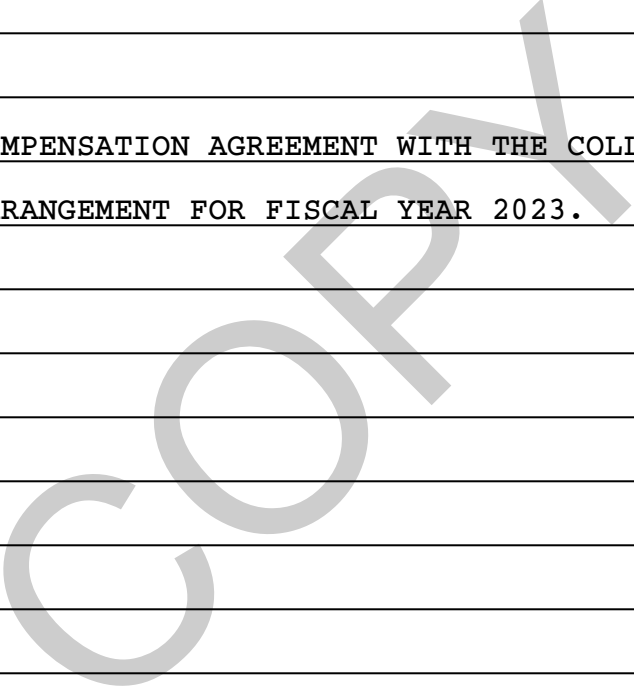
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FOR THE CONVENIENCE OF THE COLLEGE, THE COLLEGE PROVIDES ON CAMPUS HOUSING FOR ITS PRESIDENT.

PART I, LINE 4B:

ANTOINETTE HAYS HAS A DEFERRED COMPENSATION AGREEMENT WITH THE COLLEGE. \$48,812 WAS ACCRUED UNDER THIS ARRANGEMENT FOR FISCAL YEAR 2023.



Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **REGIS COLLEGE** Employer identification number **04-2104451**

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	A	MASSACHUSETTS DEVELOPMENT FINANCE AGEN	04-3431814	NONE	06/13/13	50000000.	CONSTRUCTION AND RENOVATION UNDER		X		X			X
	B													
	C													
	D													

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	9,992,253.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	50,000,000.							
4	Gross proceeds in reserve funds	1,000,000.							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	98,200.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	23,549,823.							
11	Other spent proceeds	25,351,977.							
12	Other unspent proceeds								
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(F) DESCRIPTION OF PURPOSE: CONSTRUCTION AND RENOVATION UNDER MASTER PLAN

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/07/2022

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **REGIS COLLEGE** Employer identification number: **04-2104451**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	59,634.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	108,700.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II **Supplemental Information.** 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.

SCHEDULE M, LINE 32B:

REGIS COLLEGE UTILIZES A BROKER TO SELL DONATED STOCK.

COPY

**SCHEDULE O
(Form 990)**

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 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAMPUS AND ONLINE IN DAYTIME, EVENING AND WEEKEND PROGRAMS IN FOUR
SCHOOLS; THE YOUNG SCHOOL OF NURSING; THE SCHOOL OF HEALTH SCIENCES;
THE SCHOOL OF ARTS & SCIENCES AND THE SLOAN SCHOOL OF BUSINESS AND
COMMUNICATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ST. JOSEPH OF BOSTON.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC AFFAIRS: DEANS' ADMINISTRATIVE OFFICES, GLOBAL SUPPORT AND
LIBRARY AND ACADEMIC SUPPORT SERVICES FOR APPROXIMATELY 3000 STUDENTS.
EXPENSES \$ 6,642,769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 TO 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

FORM 990, PART VI, SECTION B, LINE 11B:

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:

Name of the organization

REGIS COLLEGE

Employer identification number

04-2104451

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 EMPLOYMENT 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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	1,927,793.
MANAGEMENT AND GENERAL EXPENSES	16,857,972.
FUNDRAISING EXPENSES	14,620.
TOTAL EXPENSES	18,800,385.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	18,800,385.

Name of the organization REGIS COLLEGE	Employer identification number 04-2104451
--	---

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. REGIS COLLEGE	Taxpayer identification number (TIN) 04-2104451
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 235 WELLESLEY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WESTON, MA 02493	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **RICH KELLEY**
235 WELLESLEY STREET - WESTON, MA 02493

Telephone No. ▶ **781-768-7075** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.