EXTENDED TO MAY 15, 2026

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SALVE REGINA UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 OCHRE POINT AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEWPORT, RI 02840-4190

F Name and address of principal officer: DR. KELLI J. ARMSTRONG
SAME AS C ABOVE

D Employer identification number
05-0259080

E Telephone number
401-341-2142

G Gross receipts $ 180,531,274.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.SALVE.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1934 **M** State of legal domicile: RI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SALVE REGINA UNIVERSITY PREPARES MEN AND WOMEN FOR RESPONSIBLE (SEE SCHEDULE O FOR CONTINUATION)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1523
6	Total number of volunteers (estimate if necessary)	6	31
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-115,014.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,041,707.	15,524,842.
9	Program service revenue (Part VIII, line 2g)	127,977,485.	135,227,007.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,325,616.	8,002,606.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	461,702.	385,016.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,806,510.	159,139,471.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,456,941.	58,497,582.
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)	49,761,712.	50,506,732.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 2,011,251.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,144,421.	36,935,637.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,363,074.	145,939,951.
19	Revenue less expenses. Subtract line 18 from line 12	-2,556,564.	13,199,520.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	223,861,328.	278,864,156.
21	Total liabilities (Part X, line 26)	44,821,159.	82,665,727.
22	Net assets or fund balances. Subtract line 21 from line 20	179,040,169.	196,198,429.

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 — Date

MICHAEL GRANDCHAMP, VP FOR OPERATIONS/CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
BRENDA L. BOOTH	BRENDA L. BOOTH	05/13/26	☐	P01342395

Firm's name CBIZ ADVISORS, LLC — Firm's EIN 26-3753134

Firm's address 53 STATE STREET, 17TH FLOOR
BOSTON, MA 02109 — Phone no. 617-807-5000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
SALVE REGINA UNIVERSITY, A CATHOLIC INSTITUTION FOUNDED BY THE SISTERS OF MERCY, SEEKS WISDOM AND PROMOTES UNIVERSAL JUSTICE. THE UNIVERSITY, THROUGH TEACHING AND RESEARCH, PREPARES MEN AND WOMEN FOR RESPONSIBLE LIVES BY IMPARTING AND EXPANDING (SEE SCHEDULE O FOR CONTINUATION)

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 $ 127,752,336. including grants of $ 58,497,582.) (Revenue $ 135,227,007.)
SALVE REGINA UNIVERSITY (THE "UNIVERSITY"), LOCATED IN NEWPORT, RHODE ISLAND, IS A CATHOLIC UNIVERSITY WHICH OPENED IN 1947 AND IS ACCREDITED BY THE NEW ENGLAND COMMISSION OF HIGHER EDUCATION, INC., FORMERLY KNOWN AS THE NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES. THE UNIVERSITY WAS FOUNDED BY AND CONTINUES TO BE SPONSORED BY THE SISTERS OF MERCY. THE UNIVERSITY ENROLLS APPROXIMATELY 2,700 MEN AND WOMEN IN A VARIETY OF ACADEMIC PROGRAMS. THE UNIVERSITY'S STUDENT POPULATION IS PREDOMINATELY FROM THE NORTHEAST REGION OF THE UNITED STATES. THE UNDERGRADUATE PROGRAMS ARE BASED ON THE LIBERAL ARTS. THE UNIVERSITY OFFERS BACCALAUREATE AND MASTER DEGREES, A CERTIFICATE OF ADVANCED GRADUATE STUDY AND A PH.D. IN HUMANITIES AND INTERNATIONAL RELATIONS.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 127,752,336.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3849		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 1523			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed RI

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. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

MICHELE WOOD - 401-341-2872

C/O SALVE REGINA UNIVERSITY, 100 OCHRE POINT AVENUE, NEWPORT, RI 02840

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) KELLI J ARMSTRONG PRESIDENT	35.00	X		X				314,720.	0.	142,233.
(2) MAELYNN PATTEN VP FOR ADVANCEMENT	35.00				X			269,612.	0.	37,097.
(3) NANCY SCHREIBER PROVOST/VP ACADEMIC AFFAIRS	35.00				X			256,700.	0.	35,663.
(4) MICHAEL GRANDCHAMP CFO/VP OPERATIONS	35.00			X				249,740.	0.	39,835.
(5) JAMES LUDES VP FOR STRATEGIC	35.00				X			190,199.	0.	78,902.
(6) LETIZIA GAMBRELLE BOONE VP FOR STUDENT AFFAIRS	35.00				X			171,862.	0.	87,861.
(7) LYNNE MELLO CHIEF MARKETING & COMMUNICATIONS	35.00				X			164,146.	0.	77,312.
(8) JAMES FOWLER VP FOR ENROLLMENT	35.00				X			180,370.	0.	37,738.
(9) MICHAEL PIMENTAL CHIEF OF STAFF	35.00				X			170,226.	0.	41,766.
(10) STEVEN RODENBORN VICE-PROVOST & DEAN OF STUDENTS	35.00					X		166,390.	0.	36,574.
(11) SEAN SULLIVAN ATHLETIC DIRECTOR	35.00					X		165,356.	0.	36,444.
(12) MICHELE WOOD ASSISTANT VP/CONTROLLER	35.00					X		174,862.	0.	26,370.
(13) SANDRA ANTHOINE ASSISTANT VP ADVANCEMENT	35.00					X		164,665.	0.	36,083.
(14) DAVID ALTOUNIAN VICE-PROVOST	35.00					X		166,227.	0.	29,620.
(15) THERESA LADRIGAN-WHELPLEY VP FOR MISSION INTEGRATION	35.00				X			155,098.	0.	13,588.
(16) WILLIAM HALL FORMER VP FOR ADMIN/CFO	35.00						X	131,682.	0.	23,384.
(17) M. THERESA ANTONE, RSM CHANCELLOR	35.00			X				0.	0.	81,391.

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) KATHERINE ALDRICH, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) DENNIS ALGIERE TRUSTEE	1.00	X						0.	0.	0.
(20) LESLIE BARRETT TRUSTEE (AS OF 10/1/24)	1.00	X						0.	0.	0.
(21) DAVID G. BAZARSKY TRUSTEE, VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(22) WANDA BLAKE TRUSTEE	1.00	X						0.	0.	0.
(23) TIMOTHY P. BURNS TRUSTEE	1.00	X						0.	0.	0.
(24) NANCY C. CARDOZA TRUSTEE	1.00	X						0.	0.	0.
(25) DR. MARY ANN DILLON, RSM TRUSTEE	1.00	X						0.	0.	0.
(26) TARA GRIFFIN TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								3,091,855.	0.	861,861.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,091,855.	0.	861,861.

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 89

		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
SODEXO & AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD/CUSTODIAL SERVICE	7,531,948.
IDESIGNEDU LLC 4514 COLE AVE SUITE, DALLAS, TX 75205	ONLINE PROGRAM MANAGEMENT	1,484,415.
CARNEGIE DARTLETT 210 LITTLETON RD, WESTFORD, MA 01886	MARKETING SERVICES	1,120,889.
HTS ENGINEERING INC 1 CORPORATION WAY, PEABODY, MA 01960	HVAC EQUIPMENT AND INSTALLATION	749,014.
PAUL WEBER ARCHITECTURE 449 THAMES STREET, NEWPORT, RI 02840	ARCHITECTURE SERVICES	688,451.

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 40

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) STEPHEN B. HUTTLER, ESQ.	1.00									
TRUSTEE		X						0.	0.	0.
(28) ANNE WALLACE JUGE	1.00									
TRUSTEE		X						0.	0.	0.
(29) DR. CHRISTINE KAVANAGH, RSM	1.00									
TRUSTEE		X						0.	0.	0.
(30) GERALD E. LAVALLEE	1.00									
TRUSTEE		X						0.	0.	0.
(31) DR. WILLIAM F. LUCEY III	1.00									
TRUSTEE		X						0.	0.	0.
(32) DR. SHIRLEY MADHERE-WEIL	1.00									
TRUSTEE		X						0.	0.	0.
(33) BERNARD F. MCKAY	1.00									
TRUSTEE		X						0.	0.	0.
(34) MAUREEN MITCHELL, RSM	1.00									
TRUSTEE (AS OF 10/1/24)		X						0.	0.	0.
(35) SUSAN ANN MOORADIAN	1.00									
TRUSTEE		X						0.	0.	0.
(36) CHERYL E. MROZOWSKI	1.00									
TRUSTEE, CHAIRPERSON		X		X				0.	0.	0.
(37) MARYPATRICIA MURPHY, RSM	1.00									
TRUSTEE, SECRETARY		X		X				0.	0.	0.
(38) BARBARA A. PAPITTO	1.00									
TRUSTEE (AS OF 10/1/24)		X						0.	0.	0.
(39) PAUL A. PERRAULT	1.00									
TRUSTEE, TREASURER		X		X				0.	0.	0.
(40) DR. BRIAN A. PRYOR	1.00									
TRUSTEE		X						0.	0.	0.
(41) JOHN A. SULLIVAN	1.00									
TRUSTEE		X						0.	0.	0.
(42) DR. JULIA A. UPTON, RSM	1.00									
TRUSTEE		X						0.	0.	0.
(43) SARAH RODGERS MCNEILL	1.00									
TRUSTEE (THRU 9/30/24)		X						0.	0.	0.
(44) HELEN DORFINGER RYAN	1.00									
TRUSTEE (THRU 9/30/24)		X						0.	0.	0.
(45) CONFERENCE FOR MERCY HIGHER EDU	1.00									
TRUSTEE			X					0.	0.	0.
(46) MICHAEL STAFF	1.00									
TRUSTEE		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) KATHLEEN WALGREEN	1.00									
TRUSTEE		X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,853,570.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,671,272.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,272,792.				
	h **Total.** Add lines 1a-1f			15,524,842.			
Program Service Revenue		**Business Code**					
	2a TUITION	611710		107605440.	107605440.		
	b ROOM	611710		14,126,059.	14126059.		
	c MEAL PLAN	611710		8,906,268.	8,906,268.		
	d FEES	611710		4,589,240.	4,589,240.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			135227007.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,385,231.		-8,436.	2393667.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	1,087,600.					
	b Less: rental expenses 6b	956,809.					
	c Rental income or (loss) 6c	130,791.					
	d Net rental income or (loss)			130,791.		-106,578.	237,369.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	26,027,360.	25,009.				
	b Less: cost or other basis and sales expenses 7b	19,788,875.	646,119.				
	c Gain or (loss) 7c	6,238,485.	-621,110.				
	d Net gain or (loss)			5,617,375.			5617375.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a 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		**Business Code**					
	11a BOOKSTORE	900099		117,836.			117,836.
	b VENDOR REBATE	900099		95,626.			95,626.
	c						
	d All other revenue	900099		40,763.			40,763.
	e **Total.** Add lines 11a-11d			254,225.			
	12 **Total revenue.** See instructions			159139471.	135227007.	-115,014.	8502636.

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 ☐

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	57,707,951.	57,707,951.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	789,631.	789,631.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,356,706.	830,872.	1,133,633.	392,201.
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	35,271,978.	27,444,219.	6,900,235.	927,524.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,419,048.	1,670,761.	642,709.	105,578.
9 Other employee benefits	7,691,283.	6,540,006.	916,902.	234,375.
10 Payroll taxes	2,767,717.	2,052,167.	614,591.	100,959.
11 Fees for services (nonemployees):				
a Management				
b Legal	149,900.		149,900.	
c Accounting	135,910.		135,910.	
d Lobbying	24,000.		24,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	688,881.	688,881.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,304,196.	3,866,083.	389,126.	48,987.
12 Advertising and promotion	983,138.	154,315.	828,823.	
13 Office expenses	549,797.	299,840.	249,957.	
14 Information technology	3,064,150.	1,828,212.	1,235,938.	
15 Royalties				
16 Occupancy	4,694,011.	4,081,814.	560,929.	51,268.
17 Travel	1,639,232.	1,218,475.	385,838.	34,919.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	960,542.	960,542.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,817,687.	6,080,347.	697,768.	39,572.
23 Insurance	2,346,879.	2,060,160.	286,719.	
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 SERVICES	4,691,048.	4,681,626.	9,422.	
b SPECIAL PROJECTS/EVENTS	2,311,006.	2,070,577.	215,060.	25,369.
c SUPPLIES	1,216,331.	1,116,914.	91,954.	7,463.
d RESTRICTED GRANTS	869,022.	590,390.	278,632.	
e All other expenses	1,489,907.	1,018,553.	428,318.	43,036.
25 **Total functional expenses.** Add lines 1 through 24e	145,939,951.	127,752,336.	16,176,364.	2,011,251.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	2,273,111.	1	1,898,361.
	2	Savings and temporary cash investments	14,113,175.	2	19,198,000.
	3	Pledges and grants receivable, net	10,024,595.	3	13,619,464.
	4	Accounts receivable, net	1,291,260.	4	2,071,883.
	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	1,378,674.	7	1,003,447.
	8	Inventories for sale or use	39,188.	8	50,895.
	9	Prepaid expenses and deferred charges	198,547.	9	211,217.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 243,450,000.			
	b	Less: accumulated depreciation — 10b: 149,575,000.	89,860,151.	10c	93,875,000.
	11	Investments - publicly traded securities	62,327,476.	11	64,124,465.
	12	Investments - other securities. See Part IV, line 11	38,868,954.	12	45,328,535.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,486,197.	15	37,482,889.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	223,861,328.	16	278,864,156.
Liabilities	17	Accounts payable and accrued expenses	7,609,356.	17	10,912,938.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	29,474,418.	20	62,819,992.
	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		23	
	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	7,737,385.	25	8,932,797.
	26	**Total liabilities.** Add lines 17 through 25	44,821,159.	26	82,665,727.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	133,812,887.	27	138,793,000.
	28	Net assets with donor restrictions	45,227,282.	28	57,405,429.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	179,040,169.	32	196,198,429.
	33	Total liabilities and net assets/fund balances	223,861,328.	33	278,864,156.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,139,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,939,951.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,199,520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,040,169.
5	Net unrealized gains (losses) on investments	5	3,914,519.
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	44,221.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	196,198,429.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
	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?	2b	X	
	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 [X] 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?	2c	X	
	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?	3a	X	
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	3b	X	

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

2024

Open to Public Inspection

Name of the organization

SALVE REGINA UNIVERSITY

Employer identification number

05-0259080

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7950353.	20502166.	8254316.	5041707.	15524842.	57273384.
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	7950353.	20502166.	8254316.	5041707.	15524842.	57273384.
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)						18522490.
6 **Public support.** Subtract line 5 from line 4.						38750894.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7950353.	20502166.	8254316.	5041707.	15524842.	57273384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1096185.	2035668.	3019995.	3603892.	3472831.	13228571.
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.)	234,194.	300,923.	260,359.	240,133.	244,237.	1279846.
11 **Total support.** Add lines 7 through 10						71781801.

12 Gross receipts from related activities, etc. (see instructions) 12 617,382,089.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 53.98 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 59.75 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**1**		
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? *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.*	**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)? *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).*	**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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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? 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.*	**2a**		
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? *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.*	**2b**		
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? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**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 (*explain in detail in* **Part VI**):			
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 ☐ 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 2024 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-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization	Employer identification number (EIN)
SALVE REGINA UNIVERSITY	05-0259080

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? **Yes** **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		24,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			24,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
THE UNIVERSITY RETAINS CONSULTANTS TO HELP THE UNIVERSITY UNDERSTAND THE INNER WORKINGS OF THE FEDERAL LEGISLATIVE BRANCH OF THE GOVERNMENT. THE CONSULTANTS HELP PROVIDE KNOWLEDGE OF POTENTIAL FUNDING OPPORTUNITIES AND HOW BEST TO TAKE ADVANTAGE OF THOSE FUNDING OPPORTUNITIES AND FURTHER THE MISSSION OF THE UNIVERSITY.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

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? **Yes** **No**

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

Part II Conservation Easements.

Complete if the organization answered "Yes" 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	1
b	Total acreage restricted by conservation easements	2b	0.00
c	Number of conservation easements on a certified historic structure included on line 2a	2c	1
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☒ **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0.

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 $ _____

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 in 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	92,360,000.	83,049,000.	77,430,000.	81,633,000.	63,213,000.
b Contributions	4,497,000.	3,591,000.	3,203,000.	5,610,000.	2,632,000.
c Net investment earnings, gains, and losses	10,637,000.	9,901,000.	5,717,000.	-6,780,000.	18,583,000.
d Grants or scholarships	824,000.	852,000.	689,000.	603,000.	520,000.
e Other expenditures for facilities and programs	4,409,000.	3,329,000.	2,612,000.	2,430,000.	2,275,000.
f Administrative expenses					
g End of year balance	102,261,000.	92,360,000.	83,049,000.	77,430,000.	81,633,000.

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

a Board designated or quasi-endowment 63.7000 %
b Permanent endowment 36.3000 %
c Term endowment .0000 %

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

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		5,923,648.		5,923,648.
b Buildings		177,682,932.	109,293,304.	68,389,628.
c Leasehold improvements				
d Equipment		50,414,255.	40,281,696.	10,132,559.
e Other		9,429,165.		9,429,165.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				93,875,000.

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) EQUITY FUNDS	3,676,781.	END-OF-YEAR MARKET VALUE
(B) REIT	3,626,181.	END-OF-YEAR MARKET VALUE
(C) MULTI-STRATEGY HEDGE		
(D) FUNDS	13,999,005.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	24,026,568.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	45,328,535.	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) OTHER ASSETS	2,407,889.
(2) RIGHT-OF -USE ASSET-OPERATING LEASES	2,016,000.
(3) DEPOSITS WITH TRUSTEE	33,059,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	37,482,889.

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) STUDENT DEPOSITS	6,059,275.
(3) REFUNDABLE ADVANCES - GOVERNMENT	641,038.
(4) OBILGATIONS UNDER OPERATING LEASE	2,016,000.
(5) LIABILITY FOR FUNDS HELD IN TRUST	216,484.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	8,932,797.

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 ... X

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	106,178,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,914,519.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	956,809.		
e	Add lines 2a through 2d			2e	4,871,328.
3	Subtract line 2e from line 1			3	101,306,729.
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	688,881.		
b	Other (Describe in Part XIII.)	4b	57,143,861.		
c	Add lines 4a and 4b			4c	57,832,742.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	159,139,471.

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	89,019,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	956,809.		
e	Add lines 2a through 2d			2e	956,809.
3	Subtract line 2e from line 1			3	88,062,988.
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	688,881.		
b	Other (Describe in Part XIII.)	4b	57,188,082.		
c	Add lines 4a and 4b			4c	57,876,963.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	145,939,951.

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 II, LINE 5:
THE UNIVERSITY ENTERED INTO A FIFTY YEAR EASEMENT WITH THE RHODE ISLAND HISTORIC PRESERVATION SOCIETY IN EXCHANGE FOR A GRANT INTENDED TO HELP DEFRAY THE EXTERIOR RESTORATION OF OCHRE COURT. OCHRE COURT, AN ARCHITECTURALLY SIGNIFICANT STRUCTURE, IS USED TO HOUSE UNIVERSITY ADMINISTRATION. THE NATURE OF THE EASEMENT IS SUCH THAT THE UNIVERSITY MUST KEEP THE EXTERIOR INTACT AND CANNOT MODIFY SAID EXTERIOR WITHOUT THE EXPRESS APPROVAL OF THE RI HISTORIC PRESERVATION SOCIETY. IN ADDITION, SAID STRUCTURE'S EXTERIOR MUST BE ALLOWED TO BE VIEWED BY THE GENERAL PUBLIC. NO MODIFICATIONS HAVE BEEN MADE SINCE THE RESTORATION NOR HAS PUBLIC ACCESS BEEN BLOCKED.

PART II, LINE 9:
THE ORGANIZATION MAKES NO MENTION OF THE EASEMENT IN ITS FINANCIAL STATMENTS. THE EASEMENT IS BETWEEN THE ORGANIZATION AND THE STATE OF RHODE ISLAND AND STIPULATES THAT NO DEMOLITION OR ALTERATION CAN BE MADE TO THE EXTERIOR OF OCHRE COURT, LOCATED IN NEWPORT, RI. THE ORGANIZATION IS AWARE OF THE EASEMENT AND NO CHANGES HAVE BEEN MADE TO THE EXTERIOR THUS THERE IS NO DEVOTED STAFF FOR MONITORING, INSPECTING AND/OR ENFORCEMENT OF THE EASEMENT.

PART V, LINE 4:
THE UNIVERSITY USES THE ENDOWMENT FUNDS STRICTLY IN ACCORDANCE WITH DONOR INTENTION. THE MAJORITY OF PERMANENT ENDOWMENT IS HELD FOR SCHOLARSHIP, TEACHING, AND PROGRAM EXPENSES. A SMALL PORTION OF THE PERMANENT ENDOWMENT

Part XIII Supplemental Information *(continued)*

IS FOR STUDENT RELATED ACTIVITIES SUCH AS ATHLETIC PROGRAMS. THE UNRESTRICTED ENDOWMENT IS KEPT IN FINANCIAL RESERVES TO BE USED AT THE BOARD OF TRUSTEES DISCRETION.

PART X, LINE 2:
THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE UNIVERSITY HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE UNIVERSITY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE UNIVERSITY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	956,809.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND GRANTS	57,188,082.
CHANGE IN SPLIT INTEREST VALUE	-44,221.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	57,143,861.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	956,809.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND GRANTS	57,188,082.

SCHEDULE E (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

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?	1	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?	2	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	3	X	
	A NON-DISCRIMINATORY POLICY STATEMENT IS INCLUDED IN ALL PUBLIC ANNOUNCEMENTS AND PUBLICATIONS.			
4	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	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?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		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?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain in 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 in Part II	7	X	

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:
THE UNIVERSITY RECEIVES FEDERAL GOVERNMENT FUNDS (TITLE IV) TO BE USED IN THE STUDENT FINANCIAL AID PROGRAM. THE FUNDS RECEIVED INCLUDE PELL GRANTS, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, FEDERAL WORK STUDY AND PARTICIPATION IN THE FEDERAL DIRECT LOAN PROGRAMS (SUBSIDIZED STAFFORD, UNSUBSIDIZED STAFFORD, PARENT PLUS LOANS). IN ADDITION, THE UNIVERSITY RECEIVED AN APPROPRIATION FROM THE FEDERAL GOVERNMENT FOR USE IN THE REHABILITATIVE SERVICES GRADUATE DEPARTMENT. ALL GRANTS ARE REVIEWED, EVALUATED AND REPORTED (A-133) BY THE UNIVERSITY'S INDEPENDENT AUDITOR, CBIZ CPAS, LLC.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SALVE REGINA UNIVERSITY

Employer identification number

05-0259080

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,592,477.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	28,150.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	96,450.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	665,031.
3 a Subtotal	0	0			9,382,108.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			9,382,108.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities .....

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	CENTRAL AMERICA AND THE CARIBBEAN	2	0.		28,150.	DIRECT REDUCTION OF TUITION	FMV
SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	EAST ASIA AND THE PACIFIC	6	0.		96,450.	DIRECT REDUCTION OF TUITION	FMV
SCHOLARSHIPS TO STUDENTS STUDYING ABROAD	EUROPE (INCLUDING ICELAND & GREENLAND)	48	0.		665,031.	DIRECT REDUCTION OF TUITION	FMV

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	[X] Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	[X] Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	[X] Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	[X] Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	Yes	[X] No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
ELIGIBILITY FOR NEED-BASED FINANCIAL AID IS BASED ON FEDERAL DEPARTMENT OF EDUCATION REGULATIONS AND UNIVERSITY POLICIES GOVERNING FINANCIAL AID PROGRAMS. USING THE INFORMATION PROVIDED ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), THE OFFICE OF FINANCIAL AID CREATES A FINANCIAL AID OFFER BASED ON FINANCIAL NEED AS DETERMINED BY SUBTRACTING THE STUDENT AID INDEX (SAI) FROM THE COST OF ATTENDANCE.

THE COST OF ATTENDANCE (COA) INCLUDES DIRECT. COSTS, FOR WHICH THE STUDENT RECEIVES A BILLING STATEMENT (TUITION, FEES AND ON-CAMPUS HOUSING AND FOOD) AS WELL AS ESTIMATED INDIRECT COSTS NOT BILLED BY THE UNIVERSITY (BOOKS, SUPPLIES, PERSONAL EXPENSES, TRANSPORTATION AND OFF-CAMPUS HOUSING AND FOOD). THE DIFFERENCE BETWEEN THE STUDENT AID INDEX (SAI) AND THE COST OF ATTENDANCE (COA) IS THE STUDENT'S MAXIMUM ELIGIBILITY FOR NEED-BASED ASSISTANCE. TO REMAIN ELIGIBLE FOR FEDERAL, STATE AND INSTITUTIONAL FINANCIAL AID, A STUDENT MUST MEET THE MINIMUM REQUIREMENTS OF SATISFACTORY ACADEMIC PROGRESS AS PUBLISHED IN THE UNDERGRADUATE CATALOG.

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

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? ..... [X] 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 .....

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

Schedule I (Form 990) (Rev. 12-2024)

LHA 432101 01-02-25

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
INSTITUTIONAL SCHOLARSHIPS/GRANTS	2067	0.	56,398,451.	FMV	SCHOLARSHIP SERVING TO REDUCE TUITION CHARGED TO STUDENTS
FEDERAL SCHOLARSHIPS/GRANTS	473	0.	1,309,500.	FMV	SCHOLARSHIP SERVING TO REDUCE TUITION CHARGED TO STUDENTS

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:
ELIGIBILITY FOR NEED-BASED FINANCIAL AID IS BASED ON FEDERAL DEPARTMENT OF EDUCATION REGULATIONS AND UNIVERSITY POLICIES GOVERNING FINANCIAL AID PROGRAMS. USING THE INFORMATION PROVIDED ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), THE OFFICE OF FINANCIAL AID CREATES A FINANCIAL AID OFFER BASED ON FINANCIAL NEED AS DETERMINED BY SUBTRACTING THE STUDENT AID INDEX (SAI) FROM THE COST OF ATTENDANCE.

THE COST OF ATTENDANCE (COA) INCLUDES DIRECT. COSTS, FOR WHICH THE STUDENT RECEIVES A BILLING STATEMENT (TUITION, FEES AND ON-CAMPUS HOUSING AND FOOD) AS WELL AS ESTIMATED INDIRECT COSTS NOT BILLED BY THE UNIVERSITY (BOOKS, SUPPLIES, PERSONAL EXPENSES, TRANSPORTATION AND OFF-CAMPUS HOUSING AND FOOD). THE DIFFERENCE BETWEEN THE STUDENT AID INDEX (SAI) AND THE COST OF ATTENDANCE (COA) IS THE STUDENT'S MAXIMUM ELIGIBILITY FOR NEED-BASED ASSISTANCE. TO REMAIN ELIGIBLE FOR FEDERAL, STATE AND INSTITUTIONAL FINANCIAL AID, A STUDENT MUST MEET THE MINIMUM REQUIREMENTS OF SATISFACTORY ACADEMIC PROGRESS AS PUBLISHED IN THE UNDERGRADUATE CATALOG.

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

SALVE REGINA UNIVERSITY

Employer identification number

05-0259080

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel	[X] Housing allowance or residence for personal use		
	Travel for companions	[ ] Payments for business use of personal residence		
	Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	Discretionary spending account	[X] 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	1b	X	
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?	2	X	
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.			
	[X] Compensation committee	[X] Written employment contract		
	[ ] Independent compensation consultant	[X] Compensation survey or study		
	[X] Form 990 of other organizations	[X] 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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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) KELLI J ARMSTRONG	(i)	314,279.	0.	441.	46,380.	95,853.	456,953.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAELYNN PATTEN	(i)	269,171.	0.	441.	22,248.	14,849.	306,709.	0.
VP FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY SCHREIBER	(i)	256,259.	0.	441.	20,819.	14,844.	292,363.	0.
PROVOST/VP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GRANDCHAMP	(i)	249,294.	0.	446.	20,600.	19,235.	289,575.	0.
CFO/VP OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES LUDES	(i)	189,792.	0.	407.	14,589.	64,313.	269,101.	0.
VP FOR STRATEGIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LETIZIA GAMBRELLE BOONE	(i)	171,460.	0.	402.	14,405.	73,456.	259,723.	0.
VP FOR STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LYNNE MELLO	(i)	163,767.	0.	379.	13,596.	63,716.	241,458.	0.
CHIEF MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES FOWLER	(i)	179,954.	0.	416.	14,925.	22,813.	218,108.	0.
VP FOR ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL PIMENTAL	(i)	169,819.	0.	407.	14,585.	27,181.	211,992.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEVEN RODENBORN	(i)	165,970.	0.	420.	13,761.	22,813.	202,964.	0.
VICE-PROVOST & DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SEAN SULLIVAN	(i)	164,984.	0.	372.	13,728.	22,716.	201,800.	0.
ATHLETIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHELE WOOD	(i)	174,435.	0.	427.	14,008.	12,362.	201,232.	0.
ASSISTANT VP/CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SANDRA ANTHOINE	(i)	164,256.	0.	409.	13,367.	22,716.	200,748.	0.
ASSISTANT VP ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID ALTOUNIAN	(i)	165,805.	0.	422.	12,085.	17,535.	195,847.	0.
VICE-PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) THERESA LADRIGAN-WHELPLEY	(i)	154,751.	0.	347.	12,442.	1,146.	168,686.	0.
VP FOR MISSION INTEGRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) WILLIAM HALL	(i)	131,461.	0.	221.	8,540.	14,844.	155,066.	0.
FORMER VP FOR ADMIN/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.

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:
THE PRESIDENT AND CHANCELLOR ARE ALLOWED USE OF A RESIDENCE ON CAMPUS FOR BOTH PERSONAL AND UNIVERSITY RELATED BUSINESS USE. ALSO, BY CONTRACT, THE CHANCELLOR IS A MEMBER OF A LOCAL SOCIAL CLUB AND COUNTRY CLUB FOR WHICH THE UNIVERSITY IS RESPONSIBLE FOR THE PAYMENT OF DUES. BOTH CLUBS CAN BE USED FOR BOTH PERSONAL AND UNIVERSITY RELATED BUSINESS USE. LASTLY, THE PRESIDENT AND CHANCELLOR HAVE AN INDIVIDUAL WHO PERFORMS HOUSEKEEPING SERVICES IN THEIR RESIDENCE AND AN INDIVIDUAL WHO WILL DRIVE THEM TO UNIVERSITY FUNCTIONS. THESE BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION.

PART II:
THE UNIVERSITY WAS FOUNDED BY THE SISTERS OF MERCY AND HAS AN EMPLOYEE WHO IS AFFILIATED WITH THIS RELIGIOUS ORDER. BECAUSE OF THE NATURE OF THE ORDER AND THE POVERTY VOWS TAKEN BY SISTERS LISTED ON FORM 990, PART VII, W-2 EARNINGS ARE NOT REPORTED AS THIS EMPLOYEE IS NOT DIRECTLY TAXABLE DUE TO RELIGIOUS AFFILIATION. RATHER, THE COMPENSATION IS MADE PAYABLE PRIMARILY TO THE SISTERS OF MERCY AND IT IS THE ORDER THAT DETERMINES WHAT PORTION THE EMPLOYEE WILL RECEIVE. TOTAL COMPENSATION TO THE SISTERS OF MERCY TOTALED $53,772 FOR THE 2024 CALENDAR YEAR FOR THE CHANCELLOR.

SCHEDULE K (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

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	RI HEALTH AND EDUCATIONAL BUILDING COR	05-0259080	000000000	12/19/11	32980000.	CURRENT REFUND OF 3 PRIOR ISSUES (1		X		X		X
B	RI HEALTH AND EDUCATIONAL BUILDING COR	05-0259080	000000000	05/07/15	27500000.	REFUND 2006 & RENOVATION/ADDITI		X		X		X
C	RI HEALTH AND EDUCATIONAL BUILDING COR	05-0259080	000000000	05/15/25	36000000.	SHEPHARD AVE, PAVILION, GERETY		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	32,980,000.	27,500,000.	36,000,000.	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	657,590.	475,000.	328,814.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	32,322,410.	23,740,000.	2,748,036.	
11	Other spent proceeds		3,285,000.		
12	Other unspent proceeds			32,923,150.	
13	Year of substantial completion	2012	2017		

		A		B		C		D	
		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		X			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		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00 %		.00 %		.00 %		%	
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	.00 %		.00 %		.00 %		%	
6	Total of lines 4 and 5	.00 %		.00 %		.00 %		%	
7	Does the bond issue meet the private security or payment test?		X		X		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		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

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		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?	X			X		X		
c	No rebate due?		X	X			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		X		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		X		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		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		X		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: RI HEALTH AND EDUCATIONAL BUILDING CORPORATION
(F) DESCRIPTION OF PURPOSE:
CURRENT REFUND OF 3 PRIOR ISSUES (1999, 2002A, 2002B)

(A) ISSUER NAME: RI HEALTH AND EDUCATIONAL BUILDING CORPORATION
(F) DESCRIPTION OF PURPOSE:
REFUND 2006 & RENOVATION/ADDITION ACADEMIC FACILITY

(A) ISSUER NAME: RI HEALTH AND EDUCATIONAL BUILDING CORPORATION
(F) DESCRIPTION OF PURPOSE:
SHEPHARD AVE, PAVILION, GERETY AND MUNROE CONSTRUCTION

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: RI HEALTH AND EDUCATIONAL BUILDING CORPORATION
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2025

PART I:
DURING 2011, THE UNIVERSITY ENTERED INTO ANOTHER TAX EXEMPT DEBT
ARRANGEMENT THROUGH THE RHODE ISLAND HEALTH AND EDUCATION BUILDING

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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

CORPORATION (RIHEBC). THE TOTAL DEBT OFFERING TOTALED $32,980,000. THE ISSUE, DATED DECEMBER 19, 2011 WAS A FIXED RATE DEBT OFFERING THAT QUALIFIED UNDER SECTION 501(C)(3) NON-HOSPITAL BONDS. THIS ENTIRE OFFERING WAS A PRIVATE PLACEMENT WITH EASTERN BANK LOCATED IN MEDFORD, MASSACHUSETTS.

THE UNIVERSITY UTILIZED SAID PROCEEDS (PLUS THE DEBT SERVICE RESERVE AND PRINCIPAL/INTEREST DEPOSIT ACCOUNTS) SOLELY FOR THE REFINANCING OF THREE EXISTING FIXED RATE DEBT OFFERINGS TO ACHIEVE A MORE FAVORABLE INTEREST RATE. PROCEEDS FROM THE THREE ORIGINAL OFFERINGS, ONE FROM 1999 AND TWO FROM 2002, WERE USED FOR A NUMBER OF DIFFERENT PURPOSES FROM DORMITORY CONSTRUCTION, LIBRARY CONSTRUCTION, RECREATION CENTER CONSTRUCTION, DORMITORY RENOVATION, AND PROPERTY PURCHASES FOR DORMITORY AND ADMIN. USE. IN EACH INSTANCE, ALL FACILITIES INVOLVED DO NOT HAVE ANY PRIVATE BUSINESS USE. LASTLY, ALL PROCEEDS WERE EXPENDED WITH 3 MONTHS OF THE DATE OF ISSUE.

DURING 2015, THE UNIVERSITY ENTERED INTO A TAX EXEMPT DEBT ARRANGEMENT THROUGH THE RHODE ISLAND HEALTH AND EDUCATION BUILDING CORPORATION (RIHEBC). THE TOTAL DEBT OFFERING TOTALED 27,500,000. THE ISSUE, DATED MAY 7, 2015 WAS SPLIT INTO THREE SEPARATE SUB ISSUES (A,B AND C) WITH ONE BEING A FIXED RATE OFFERING AND THE OTHER TWO WERE VARIABLE RATE OFFERINGS. THE ENTIRE ARRANGEMENT QUALIFIED UNDER SECTION 501(C)(3) NON-HOSPITAL BONDS. THIS ENTIRE OFFERING WAS A PRIVATE PLACEMENT WITH EASTERN BANK LOCATED IN MEDFORD, MASSACHUSETTS.

THE UNIVERSITY USED THE MAJORITY OF THE PROCEEDS FOR THE ADDITION AND RENOVATION TO ITS MAIN ACADEMIC FACILITY (O'HARE ACADEMIC CENTER). IN ADDITION, THE BALANCE OF THE PROCEEDS WERE USED TO REFUND THE EXISITING 2006 ISSUE WHOSE PURPOSE WAS FOR THE RENOVATION OF THREE SEPARATE ACADEMIC FACILITIES (ANTONE CENTER FOR THE ARTS, MCAULEY HALL AND ANGELUS HALL). ALL FOUR FACILITIES IN QUESTION DO NOT HAVE ANY PRIVATE BUSINESS USE. THE PROJECT WAS COMPLETED DURING THE WINTER OF 2017 AND THE CONSTRUCTION FUND WAS FULLY LIQUIDATED IN JANUARY 2017.

DURING 2025, THE UNIVERSITY ENTERED INTO ANOTHER TAX EXEMPT DEBT ARRANGEMENT THROUGH THE RHODE ISLAND HEALTH AND EDUCATION BUILDING CORPORATION (RIHEBC). THE TOTAL DEBT OFFERING TOTALLED $36,000,000. THE ISSUE, DATED MAY 15, 2025 WITH A FIXED RATE OF 4.75% FOR 10 YEARS (RATE TO BE RESET IN YEAR 11 FOR THE FOLLOWING 20 YEAR TERM). THE ENTIRE ARRANGEMENT QUALIFIED UNDER SECTION 501(C)(3) NON-HOSPITAL

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

BONDS. THE ENTIRE OFFERING WAS A PRIVATE PLACEMENT WITH EASTERN BANK LOCATED IN MEDFORD, MASSACHUSETTS. THE UNIVERSITY IS USING THE PROCEEDS FOR THE CONSTRUCTION OF AN ADDITIONAL STUDENT DORMITORY AND PAVILION BUILDING, AND RENOVATION OF THE STUDENT LIFE BUILDING, AND A STUDENT DORMITORY. THESE PROJECTS ARE IN PROCESS. THE FOUR FACILITIES DO NOT HAVE ANY PRIVATE BUSINESS USE.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	LORRIE TAYLOR BURNS	WIFE OF CURRENT BOA	75,377.	FULL-TIME F		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: LORRIE TAYLOR BURNS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
WIFE OF CURRENT BOARD MEMBER
(D) DESCRIPTION OF TRANSACTION: FULL-TIME FACULTY

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

SALVE REGINA UNIVERSITY

Employer identification number

05-0259080

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	16	1,272,792.	FMV AS OF DONATION D
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
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	0		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a			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?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			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.				

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, PART I, LINE 32B:
THE NUMBER REPORTED IN COLUMN (B) OF SCHEDULE M REPRESENTS THE NUMBER OF CONTRIBUTIONS OF EACH ITEM.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIVES BY IMPARTING AND EXPANDING KNOWLEDGE, DEVELOPING SKILLS AND CULTIVATING ENDURING VALUES. THROUGH LIBERAL ARTS AND PROFESSIONAL PROGRAMS, STUDENTS DEVELOP THEIR ABILITIES FOR THINKING CLEARLY AND CREATIVELY, ENHANCE THEIR CAPACITY FOR SOUND JUDGEMENT, AND PREPARE FOR THE CHALLENGE OF LEARNING THROUGHOUT THEIR LIVES. IN KEEPING WITH THE TRADITIONS OF THE SISTERS OF MERCY, AND RECOGNIZING THAT ALL PEOPLE ARE STEWARDS OF GOD'S CREATION, THE UNIVERSITY ENCOURAGES STUDENTS TO WORK FOR A WORLD THAT IS HARMONIOUS, JUST AND MERCIFUL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KNOWLEDGE, DEVELOPING SKILLS AND CULTIVATING ENDURING VALUES. THROUGH LIBERAL ARTS AND PROFESSIONAL PROGRAMS, STUDENTS DEVELOP THEIR ABILITIES FOR THINKING CLEARLY AND CREATIVELY, ENHANCE THEIR CAPACITY FOR SOUND JUDGEMENT, AND PREPARE FOR THE CHALLENGE OF LEARNING THROUGHOUT THEIR LIVES. IN KEEPING WITH THE TRADITIONS OF THE SISTERS OF MERCY, AND RECOGNIZING THAT ALL PEOPLE ARE STEWARDS OF GOD'S CREATION, THE UNIVERSITY ENCOURAGES STUDENTS TO WORK FOR A WORLD THAT IS HARMONIOUS, JUST AND MERCIFUL.

FORM 990, PART VI, SECTION A, LINE 6:
FOR AN EXPLANATION, SEE THE RESPONSE TO FORM 990, PART VI, LINE 7B BELOW.

FORM 990, PART VI, SECTION A, LINE 7B:
THE CORPORATION BY ITS BOARD OF TRUSTEES ACKNOWLEDGES SPONSORSHIP BY THE SISTERS OF MERCY OF THE AMERICAS AND AFFILIATION WITH THE CONFERENCE FOR MERCY HIGHER EDUCATION (CMHE) AS DEFINED IN THE COVENANT OF MERCY HIGHER EDUCATION. NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THE BYLAWS OF THE UNIVERSITY, AND AS A CONDITION TO THE CORPORATION'S AFFILIATION WITH CMHE AND SPONSORSHIP BY THE SISTERS OF MERCY OF THE AMERICAS, IN NO EVENT SHALL THE BOARD OF TRUSTEES TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS OF THE CONFERENCE FOR MERCY HIGHER EDUCATION OR ITS SUCCESSOR OR DESIGNEE:
A. APPROVE A SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS, A MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION OR LIQUIDATION OF THE CORPORATION, OR OTHER FUNDAMENTAL TRANSACTION CONTEMPLATED WITHIN THE NONPROFIT CORPORATION LAW OF THE STATE OF RHODE ISLAND, OR THE BYLAWS;
OR
B. AMEND ARTICLE II AND/OR ARTICLE III SECTION 1 OF THE BYLAWS WITH RESPECT TO THE CORPORATION'S ROMAN CATHOLIC IDENTITY OR THE CONDITIONS PROVIDED HEREIN RELATING TO THE AFFILIATION OF THE CORPORATION WITH CMHE OR ITS SPONSORSHIP BY THE SISTERS OF MERCY OF THE AMERICAS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE INFORMATION FOR THE IRS FORM 990 IS COMPILED BY SEVERAL MEMBERS OF UNIVERSITY ADMINISTRATION, PRIMARILY THE ASSISTANT VP FOR FINANCE/CONTROLLER, VICE PRESIDENT FOR OPERATIONS/CFO, AND THE ASSOCIATE VP AND CHIEF HUMAN RESOURCES OFFICER. THE REVIEW FUNCTION FOR THIS FILING RESTS WITH THE AUDIT COMMITTEE BY VIRTUE OF ITS APPOINTMENT BY THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE IS EMPOWERED TO ACCEPT, APPROVE AND RECOMMEND RATIFICATION TO THE FULL BOARD TO APPROVE THE 990 PRIOR TO FILING. EACH TRUSTEE MEMBER RECEIVES A DRAFT OF THE FILING FOR REVIEW AS WELL, PRIOR TO

Name of the organization: SALVE REGINA UNIVERSITY

Employer identification number: 05-0259080

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
AT THE ANNUAL MEETING OF THE BOARD OF TRUSTEES HELD IN FALL EACH YEAR, ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THIS FORM DISCLOSES ANY DIRECT BUSINESS ASSOCIATIONS, FAMILY MEMBERS AND OR BUSINESS ASSOCIATIONS OF FAMILY MEMBERS THAT EXIST TO PUT THE UNIVERSITY ON NOTICE OF POTENTIAL CONFLICTS. THIS INFORMATION IS SHARED WITH SENIOR ADMINISTRATION FOR MONITORING. IF A POTENTIAL CONFLICT OR QUESTION ARISES, IT SHOULD BE REPORTED TO THE PRESIDENT TO BE REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL OR FOR SUCH ACTION AS THE EXECUTIVE COMMITTEE MAY DETERMINE. IT IS THE RESPONSIBILITY OF THE EXECUTIVE COMMITTEE TO 1) CALL FOR ADDITIONAL INFORMATION, 2) ATTEMPT TO RESOLVE ANY CONFLICTS, 3) DETERMINE WHETHER A CONFLICT OF INTEREST IS PRESENT (UTILIZING LEGAL COUNSEL IF NECESSARY) AND REPORT IT TO THE BOARD OF TRUSTEES FOR APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:
ANNUALLY, A QUESTIONNAIRE/EVALUATION IS SENT TO ALL TRUSTEES REGARDING THE PRESIDENT'S PERFORMANCE. THE EVALUATIONS ARE RETURNED TO THE CHAIR OF THE BOARD AND THE RESULTS ARE REVIEWED AND TABULATED. ANNUALLY, THE CHAIR OF THE BOARD RECEIVES FROM THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES MARKET-BASED COMPENSATION DATA FOR THE PRESIDENTS AT SIMILARLY SITUATED INSTITUTIONS OF HIGHER EDUCATION. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE RESULTS OF THE EVALUATIONS AND COMPENSATION SURVEY INFORMATION. ADJUSTMENTS ARE MADE TO THE PRESIDENT'S COMPENSATION, SUCH AS TIME OF HIRE, CONTRACT RENEWAL,OR AS CIRCUMSTANCES REQUIRE.

COMMITTEE RECOMMENDATIONS TO ADJUST THE PRESIDENT'S COMPENSATION ARE FORWARDED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. THIS PROCESS IS FULLY DOCUMENTED.

ANNUALLY, THE PRESIDENT MEETS WITH AND EVALUATES EACH OF THE VICE PRESIDENTS. THE PRESIDENT RECEIVES FROM THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES MARKET-BASED COMPENSATION DATA FOR THE VICE-PRESIDENTS AT SIMILARLY SITUATED INSTITUTIONS OF HIGHER EDUCATION. THE PRESIDENT REPORTS TO THE BOARD EXECUTIVE COMMITTEE HER RECOMMENDATIONS FOR COMPENSATION FOR THE VICE PRESIDENTS. THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OFFERED. THIS PROCESS IS FULLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:
ANY REQUEST FOR PUBLIC INSPECTION REQUESTS FOR UNIVERSITY FORMS 1023, 990, 990-T AND/OR AUDITED FINANCIAL STATEMENTS ARE GRANTED WITHIN 5 BUSINESS DAYS AND CAN TAKE THE FORM OF ELECTRONIC COMMUNICATION, DIRECT PUBLIC INSPECTION, OR MAILING OF SAID DOCUMENTS TO THE INQUIRING PARTY. THE UNIVERSITY CURRENTLY PUBLISHES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE AT HTTPS://SALVE.EDU/OUR-MISSION/CAMPUS-OFFICES-AND-SERVICES/BUSINESS-OFFICE AS WELL. THE FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.COM. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN SPLIT INTEREST VALUE 44,221.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SALVE REGINA UNIVERSITY

Employer identification number
05-0259080

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SRU HOLDINGS, LLC - 93-3306590 100 OCHRE POINT AVENUE NEWPORT, RI 02840	REAL ESTATE HOLDING CORP.	RHODE ISLAND	0.	10,437,203.	N/A

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
STANFORD WHITE CASINO THEATRE - 30-0307655 100 OCHRE POINT AVENUE NEWPORT, RI 02840	HISTORIC BUILDING RESTORATION	RHODE ISLAND	501(C)(3)	LINE 7	SALVE REGINA UNIVERSITY	X	
CONFERENCE FOR MERCY HIGHER EDUCATION - 43-1973007, 8630 FENTON STREET #934, SILVER SPRING, MD 20790	SPONSORSHIP	MARYLAND	501(C)(3)	LINE 1	N/A		X

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SPLIT INTEREST TRUSTS (2)	TRUST	RI	SALVE REGINA UNIVERSITY	TRUST				X	

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II:

SALVE REGINA UNIVERSITY HAS DIRECT CONTROL OF A RELATED TAX EXEMPT ORGANIZATION NAMED STANFORD WHITE CASINO THEATRE. THE PURPOSE OF THIS RELATED ORGANIZATION HAS BEEN TO RESTORE AN ARCHITECTURALLY SIGNIFICANT THEATRE LOCATED IN NEWPORT, RI. THE NATURE OF CONTROL STEMS FROM THE RELATED ORGANIZATION'S BOARD OF TRUSTEES WHICH IS COMPOSED OF SALVE REGINA UNIVERSITY OFFICERS (PRESIDENT AND CFO), AND TWO SALVE REGINA UNIVERSITY TRUSTEES. THE BOARD MEMBERS SERVE AS A VOLUNTEER BOARD, RECEIVE NO COMPENSATION, AND ARE ADMINISTRATIVELY SEPARATE. SINCE COMPLETION OF THE RENOVATION, THE UNIVERSITY HAS BEEN ABLE TO USE THE FACILITIES FOR ARTISTIC PERFORMANCE.

WITH THE COMPLETION OF THE RESTORATION OF THE THEATRE AND BUILDING OPENING, THE UNIVERSITY IS NOW PARTY TO A 30 YEAR LEASE AGREEMENT WITH THE BUILDING OWNER, THE INTERNATIONAL TENNIS HALL OF FAME. TERMS OF THE LEASE GIVES THE UNIVERSITY EXCLUSIVE USE, MINUS 40 NAMED DATES PER YEAR AT THE OWNERS DISCRETION, IN EXCHANGE FOR A NOMINAL ANNUAL LEASE PAYMENT AND ASSUMPTION OF ALL OPERATING COSTS. IT IS NOW HOME TO THE SALVE REGINA UNIVERSITY THEATRE DEPARTMENT.