



Fitchburg State University

Board of Trustees Meeting

Fitchburg State University Board of Trustees

Published on March 26, 2024 at 3:20 PM EDT
Amended on March 28, 2024 at 11:04 AM EDT

Date and Time

Tuesday April 2, 2024 at 8:15 AM EDT

Location

Presidents' Hall, Mazzaferro Center, 291 Highland Ave., Fitchburg, MA 01420

Notice of a Meeting of the Fitchburg State University Board of Trustees to be held on Tuesday, April 2, 2024 at 8:15 a.m. in Presidents' Hall, Mazzaferro Center, 291 Highland Ave., Fitchburg, MA 01420

Agenda

	Purpose	Presenter	Time
I. Opening Items			8:15 AM
Opening Items			
A. Record Attendance and Guests			1 m
B. Call the Meeting to Order			1 m
C. Public Comments			3 m
D. Approve Minutes from the Board of Trustees February 6, 2024 meeting - VOTE (27-23/24)	Approve Minutes		1 m

	Purpose	Presenter	Time
II. Presidential Search Committee Report			8:21 AM
A. Committee's Recommended Finalists for Trustee Interviews	FYI		5 m
III. Tenure			8:26 AM
A. Tenure- VOTE (28-23/24)	Vote		5 m
IV. Personnel			8:31 AM
A. Short Term Educational Leave Request - VOTE (30-23/24)	Vote		5 m
V. Executive Session - Sabbatical Waiver Request			8:36 AM
<p>It is requested that the Board of Trustees enter into executive session in accordance with MGL c. 30A, Section 21 (a)(1) to discuss the reputation, character, physical condition or mental health, rather than professional competence, of an individual in relation to the sabbatical leave provision within the terms of Article XV, Section C of the MSCA and BHE collective bargaining agreement. (other information withheld under MGL c. 214, Section 1B right to privacy)</p> <p>The Board will return to open session.</p>			
A. VOTE (31-23/24)			10 m
VI. Executive Session Discussion			8:46 AM
A. VOTE (29-23/24)	Vote		2 m
VII. Budget, Finance and Facilities Committee Report			8:48 AM
A. Update from Karen Spinelli, Chair of the Budget, Finance and Facilities Committee	FYI		15 m
VIII. Notifications			9:03 AM
A. Promotions (N06-23/24)	FYI		1 m

	Purpose	Presenter	Time
B. Personnel Notifications- (N07-23/24)	FYI		1 m
C. 990's Foundation (N08-23/24)	FYI		1 m
D. 990's Supporting Org. (N09-23/24)	FYI		1 m
IX. Student Trustee Report			9:07 AM
A. Update from Student Trustee Allison Turner			5 m
X. Chair's Report			9:12 AM
A. Update from Chair Debbie Phillips			5 m
XI. President's Report			9:17 AM
A. Enrollment Update	FYI		5 m
B. Future Falcon Day	FYI		2 m
C. AAQEP Accreditation			2 m
D. Academic Calendar 2024-2025	FYI		1 m
E. News Articles	FYI		1 m
XII. Events for Consideration			9:28 AM
A. Going Away Events on April 25 at 3:30 p.m. and May 2 at 3 p.m.	FYI		1 m
B. Convocation - April 18 at 2:00 p.m. - Weston Auditorium	FYI		1 m
C. Nurse Pinning Ceremony on May 15 at 6:00 p.m. - Weston Auditorium	FYI		1 m
D. Graduate Commencement Ceremony on May 16 at 6:30 p.m. - Recreation Center	FYI		1 m
E. Undergraduate Commencement Ceremony on May 18 at 10:00 a.m. - Campus Quadrangle	FYI		1 m
XIII. Candidate Interviews			9:33 AM

	Purpose	Presenter	Time
A. Format/Develop Questions	Discuss		30 m
XIV. Closing Items			10:03 AM
A. Adjourn Meeting	Vote		1 m

Coversheet

Approve Minutes from the Board of Trustees February 6, 2024 meeting - VOTE (27-23/24)

Section: I. Opening Items
Item: D. Approve Minutes from the Board of Trustees February 6, 2024 meeting
- VOTE (27-23/24)
Purpose: Approve Minutes
Submitted by:
Related Material: Minutes for Board of Trustees Meeting on February 6, 2024
VOTE Minutes.pdf

DRAFT



Fitchburg State University

Minutes

Board of Trustees Meeting

Fitchburg State University Board of Trustees Meeting

Date and Time

Tuesday February 6, 2024 at 8:15 AM

Location

Presidents' Hall, Mazzaferro Center, 291 Highland Ave., Fitchburg, MA 01420

Notice of a meeting of the Fitchburg State University Board of Trustees on Tuesday, February 6, 2024 at 8:15 a.m.

The meeting will take place in Presidents' Hall, Mazzaferro Center, 291 Highland Ave., Fitchburg, MA 01420

Trustees Present

A. Turner, C. Stimpson (remote), D. Phillips, D. Tiernan (remote), E. Gregoire, J. Flanagan (remote), K. Spinelli (remote), L. Barrieau (remote), M. Fiorentino, Jr.

Trustees Absent

S. King-Goodwin

Ex Officio Members Present

R. Lapidus

Non Voting Members Present

R. Lapidus

Guests Present

C. Bullis, F. Barricelli, G. Doiron, G. Doiron, J. Bry, J. Hanselman, J. Murdoch, J. Wolfman, L. Bayless, M. Bruun, P. Marshall, P. McCafferty, R. Toomey, S. Dodd, S. Levine

I. Opening Items

A. Record Attendance and Guests

B. Call the Meeting to Order

D. Phillips called a meeting of the board of trustees of Fitchburg State University to order on Tuesday Feb 6, 2024 at 8:15 AM.

C. Public Comments

There were no public comments.

D. Approve Minutes from the November 14, 2023 meeting - VOTE (25-23/24)

C. Stimpson made a motion to approve the minutes from Board of Trustees Meeting on 11-14-23.

D. Tiernan seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

D. Tiernan	Aye
C. Stimpson	Aye
J. Flanagan	Absent
L. Barrieau	Aye
M. Fiorentino, Jr.	Aye
A. Turner	Aye
K. Spinelli	Aye
S. King-Goodwin	Absent
D. Phillips	Aye
E. Gregoire	Absent

E. Approve minutes from the November 16, 2023 meeting. (26-23/24)

M. Fiorentino, Jr. made a motion to approve the minutes from Special Board of Trustees Meeting on 11-16-23.

C. Stimpson seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

D. Tiernan	Aye
M. Fiorentino, Jr.	Aye

Roll Call

S. King-Goodwin Absent
C. Stimpson Aye
K. Spinelli Aye
J. Flanagan Absent
E. Gregoire Aye
L. Barrieau Aye
A. Turner Aye
D. Phillips Aye

F. Approve minutes from the December 7, 2023 meeting. (27-23/24)

A. Turner made a motion to approve the minutes from Board of Trustees Meeting on 12-07-23.

D. Tiernan seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

C. Stimpson Aye
A. Turner Aye
S. King-Goodwin Absent
E. Gregoire Aye
J. Flanagan Absent
L. Barrieau Aye
D. Phillips Aye
K. Spinelli Aye
M. Fiorentino, Jr. Aye
D. Tiernan Aye

G. Approve minutes from the December 19, 2023 meeting. (28-23/24)

A. Turner made a motion to approve the minutes from Board of Trustees Meeting on 12-19-23.

D. Tiernan seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

C. Stimpson Aye
K. Spinelli Aye
M. Fiorentino, Jr. Aye
S. King-Goodwin Absent
D. Tiernan Aye
D. Phillips Aye
A. Turner Aye
L. Barrieau Aye
J. Flanagan Absent
E. Gregoire Aye

II. Financial Sustainability Report Discussion

A. Academic Efficiencies Final Report

D. Phillips stated the reports in the packet are presented for discussion purposes and that there are no votes to be taken. There is no particular presentation and she asked for questions and comments.

President Lapidus stated that this was a good exercise for the campus community, it was taken seriously, there were interesting ideas presented. He thought it gave the campus an opportunity to look at areas in a holistic way to learn about the complexities of the university. Also, it was a chance for members of the campus community to work with others that they normally don't interact with in their everyday work life. He stated that we are trying to synthesize all of this information down to a spreadsheet so we can look at the information in a more digestible fashion.

M. Fiorentino commented that it's going to be extremely important to have an opportunity to review the spreadsheet once it's put together and identify what needs to be worked on. He thanked all of those that participated, they have spent a great deal of time with the intent to help the institution move forward.

The President responded that the spreadsheet will document a number of items in the reports that are already completed or in various states of process.

There was a discussion on the process of assessing and potentially acting on items.

The President acknowledged that he is in a tricky position given he is retiring. He wants to leave the next person with the pros and cons and possible next steps. The board agreed with this assessment.

The President reported on a meeting that he had with Vice President Marshall and Dr. Richard Riccardi, Deputy Commissioner for Academic Affairs & Student Success, Mass Department of Higher Education, regarding the extension of our strategic plan to 2028. The mission statement is currently being reviewed and if changes are proposed it would be best to have them completed before moving into the strategic planning process. The extension will also better align with the NECHE review cycle.

D. Phillips asked about the proposed elimination of specific contracts, and consultant services suggested in the report. The President responded that EAB is the one that drew the greatest focus and produces the largest expense. Some of their services have been well received, and other have not.

There was a discussion on the services that EAB offered and other contracted services.

J. Flanagan joined the meeting at 8:41 a.m.

There was a conversation around the systems used and how they support the institution.

E. Gregoire noted that data is a central piece of how we operate and getting the right data for our needs is important. The systems need to work in the most efficient means to make the crucial decisions necessary as we move ahead. Figuring out what the needs are, and how they are being met is a conversation that needs to be held.

M. Fiorentino stated looking at what we can do in-house needs to be evaluated. These are difficult conversations, and we have a loosely defined system.

There was a lively conversation regarding commencement being held on campus as opposed to an off-site venue.

B. Administrative Efficiencies Final Report

C. Entrepreneurship and Revenue Final Report

A. Turner suggested expanding opportunities with conferences over the summer.

E. Gregoire noted that an important takeaway from the report is that resources for advancement are lean.

The President stated that it is not clear how much the items mentioned in this report represent the campus broadly or just the members of the committee working on the specific topics.

D. Property and Infrastructure Final Report

The President reported that many of the items suggested in this report are already in process. He talked about some of the properties and current activities pertaining to them.

M. Fiorentino noted that this document talks about a number of things such as our campus physical plant in general and how they are currently used. He thought it was critical that we make decisions on what we need, and don't need. All of this needs to be a part of the capital plan. All campuses have a back log of deferred maintenance.

E. Gregoire echoed the statement of having a capital plan that considers what is needed, and also, a capital plan with priorities.

A. Turner asked what is the next academic building to be renovated?

The President responded that the Conlon Building is next to be worked on. Part of the challenge is funding. Financial resources are provided incrementally and he noted there will be many phases to this particular project given the size of the building.

E. Student Services Final Report

The President reported that the Chartwells proposal presented earlier in the year, has been worked on. Focus groups led by an outside group have been conducted and a survey will be going to all students in the next few days. A comprehensive report will be presented to the Board for consideration and approval.

There was a discussion on the renovation timeline should this proposal be approved, it would be the fall of 2025.

M. Fiorentino said it's important for the Board to have the opportunity to review the proposal and have a proper discussion before making any decisions on this major project. He reiterated there are so many recommendations around the facilities, we need to have priorities.

III. Theater Update

A. The President will provide an update on the Theater Project.

President Lapidus discussed the new strategy for the Theater Project. He talked about the escalation in pricing around labor, materials, and the impact of new energy efficient building codes. He discussed a re-costing of the original project that reflected tremendous escalation on all costs. He indicated that a new architect was asked to look at the project from a right-sizing perspective with a focus on meeting the needs of the academic departments first and the broader community in a later phase. They came back with a new configuration using just the existing historic building. The new drawings present two smaller theaters inside the original building with a significant cost reduction. The academic group continues to be excited about a black box option and they had no concerns with the proposal moving forward. The proposal is to split the building in half and remove the balcony and use that space for a two-story black box space. It's a great space to teach technical theater, and we are going to continue to have more conversations with faculty now that we know that the space will meet their needs. The president also noted that the university had received two large grants that are on a short timelines. He proposed to have an intermediate phase (enabling phase) in which the roof and other building envelop issues are addressed.

M. Fiorentino asked what the cost of the enable phase would be? J. Bry indicated it would be approximately \$7.5 million. The board indicated the project should move forward. They stated that it is important that we show some activity soon and reengage

the community with this exciting project. Approximately \$16 million will be needed to complete the black box construction.

E. Gregoire asked if this new method will impact historic tax credits? J. Bry responded that there will be no more tax credits.

There was a brief discussion on federal funding options.

The President will show the revised plan to the faculty and staff in the Theater Department for further input. The board will also have an opportunity to review construction plans as they become available.

IV. Student Life Committee Report

A. Dr. Laura Bayless will provide the Student Life report.

L. Bayless provided the Student Life Committee report. She stated herself and Chief Michael Cloutier presented to the committee on January 23 about safety and what campus safety entails. It is a shared approach and there are key offices involved. We are creating a climate that all can be trained in campus safety and we have specific training for students and new employees. We have a robust emergency management plan, we have many policies and procedures in place. We do hold people accountable and we do train and try to share information as much as possible.

D. Phillips commented that it was a really great presentation. Campus Police takes all of this very seriously which provides a comfort to the campus community.

L. Barrieau thought it was a remarkable presentation and it was incredibly comprehensive.

V. Notifications

A. Personnel Actions (N04-23/24)

The personnel actions were presented for informational purposes.

M. Fiorentino asked about the three resignations in the School of Graduate, Online and Continuing Education. J. Murdoch responded that there is no correlation between them and that it was just a coincidence.

E. Gregoire asked about the cost savings regarding the three-month hiring freeze and vacant positions. J. Bry responded that we are running on target on vacant and lapsed positions. We will have a detailed report at the Personnel Committee meeting.

B. Financial Statements (N05-23/24)

The Financial Statements were presented for informational purposes.

VI. Brief discussion and vote for a new Trustee Retreat date.

A. VOTE (29-23/24)

D. Phillips stated given we are going to have a new President that the Trustee Retreat needs to be rescheduled. There was a discussion.

M. Fiorentino, Jr. made a motion to postpone the Trustee retreat scheduled in June to sometime in August.

D. Tiernan seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

L. Barrieau	Aye
K. Spinelli	Aye
C. Stimpson	Absent
E. Gregoire	Aye
M. Fiorentino, Jr.	Aye
S. King-Goodwin	Absent
D. Tiernan	Aye
A. Turner	Aye
D. Phillips	Aye
J. Flanagan	Aye

VII. Student Trustee Report

A. Allison Turner will provide the Student Trustee report.

A. Turner commented that she would send along the student report later in the week. She was waiting for some data. The semester is going well. She noted some events taking place during Black History Month. She did mention that there were some concerns from students around accessibility on campus after a recent snow storm.

VIII. Presidential Search Update

A. Eric Gregoire will provide an update.

E. Gregoire reported that the committee held exhaustive meetings in developing the Presidential Profile at a rapid pace. He is appreciative of all involved in taking these steps. He expressed his appreciation to Witt Kieffer for their guidance. Immediately after the profile was completed, Witt Kieffer started their recruitment efforts. They are currently performing individual recruitment efforts to gauge interest. There are submitted applications. The priority deadline is February 6 and the committee will review applications in a secure location. There are two scheduled search committee meetings and we have narrowed down some candidate questions, and how they relate to the profile. The committee is very focused on interview questions and over the meetings, we discussed how to do this when we have in person interviews. The interview sessions with the committee will be held in executive session. Once finalists are identified, there will be public announcements. We have tentative plans to open candidate campus visits at the end of March and the first week of April.

E. Gregoire requested that the Trustees block out this timeframe and try to make yourself available. This will be the time when the Board will have the opportunity to interview the finalists. We are entering into a quieter phase, and as we receive these nominations, if there are additional comments or suggestions to please let him know. Keeping open communication during this process is important.

D. Phillips reminded the Board that questions, comments or concerns on the Presidential Search process, go through E. Gregoire.

IX. Chair's Report

A. Debbie Phillips will provide the Chair's report.

D. Phillips stated that we met our goal of 100% participation from each Trustee in regards to annual giving. She received the annual memo from the Commissioner concerning the presidential evaluation which includes state wide priorities and procedures. The document was sent to Vice Chair Barrieau as she is the Chair of the Personnel Committee. The committee has an interest in recommending changes. She noted that we are excused from performing the Presidential Evaluation process this year given a new president will begin on July 1, 2024.

L. Barrieau informed the Board that the Personnel Committee scheduled in March will be rescheduled to accommodate Presidential Search activities.

D. Phillips announced that a Nominating Committee will be established to discuss a slate of officers for the next year. The committee will consist of the following Trustees:

Lynn Barrieau, Chair
Michael Fiorentino, Jr.

Sheila King- Goodwin
C. Deborah Phillips, ex-officio

The committee will meet before the May meeting to present a new slate of officers for consideration. She next asked if anyone would like to serve on any additional committees or if we need to add a committee, to please let her know. Another item to consider are the meetings times for committee and board meetings.

X. President's Report

A. Enrollment Update

The President reported that we closed the spring semester with a few more students than we budgeted for, not a large number, but we are trending in the right direction. We also have additional students in the Residence Halls. The fall 2024 applications are slightly up from last year, which we take as a positive and the impact of the Common Application has helped. The deposits are up slightly, but it is too early to provide real numbers. One area that remains flat is transfer students. The FAFSA process is a challenge with its delays, and the launch date has been postponed from January to March. This means that financial aid packages most likely will not be sent to students until the end of April. There is concern regarding the impact to our events such as Future Falcon Day. He expressed his concern that there may be consequences to enrollment, particularly with underrepresented populations opting out. All schools are struggling with the same situation.

B. New Program Approval Update

The President stated that the new two new programs, Creative Arts Enterprise and Expressive Arts Therapy, have moved through the subcommittees and will be voted on this morning at the Board of Higher Education meeting. He announced that the recent graduates from the Nursing Program have passed the NCLEX exam with a 98% pass rate. We took a dip during COVID and we are pleased to report this good news. Also, we received a one million-dollar NSF grant targeted at underserved populations and STEM. He thanked Dean Jennifer Hanselman and her team for their great work.

C. News Articles

The news articles were submitted for informational purposes.

XI. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 10:08 AM.

Respectfully Submitted,
D. Tiernan

**Fitchburg State University
REQUEST FOR BOARD ACTION**

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	REQUEST NUMBER: 27-23/24
SUBJECT: Board Meeting minutes	

It is requested that the Fitchburg State University Board of Trustees vote to approve the minutes from the February 6, 2024 Board Meeting.

Coversheet

Tenure- VOTE (28-23/24)

Section: III. Tenure
Item: A. Tenure- VOTE (28-23/24)
Purpose: Vote
Submitted by:
Related Material: VOTE Tenure 2024.pdf
MEMO to President re TENURE 2024.pdf

**Fitchburg State University
REQUEST FOR BOARD ACTION**

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	REQUEST NUMBER: 28-23/24
SUBJECT: Tenure	

Pursuant to the MSCA Collective Bargaining Contact, I am recommending tenure with promotion for the following faculty members effective September 1, 2024:

Tenure with Promotion to Associate Professor:

Lillian Bobea	Behavioral Sciences
Elyse Clark	Environmental, Geographic, and Public Health Sciences
Karen Keenan	Exercise and Sports Science
Amy McGlothlin	Humanities
Andrea Olmstead	Humanities
Wafa Unus	English Studies
Mary Vreeland	Communications Media
Hong Yu	Engineering Technology



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Patricia A. Marshall, Ph.D.
Provost and Vice President for Academic Affairs

MEMORANDUM

TO: President Richard S. Lapidus
FROM: Patricia A. Marshall *Patricia A. Marshall*
Provost and Vice President for Academic Affairs
RE: Tenure Recommendations
DATE: March 8, 2024

Pursuant to the MSCA *Collective Bargaining Agreement*, I am **recommending tenure** for the following faculty members effective September 1, 2024:

Tenure with Promotion to Associate Professor:

- | | |
|-----------------|-------------------------------------------------------|
| Lillian Bobea | Behavioral Sciences |
| Elyse Clark | Environmental, Geographic, and Public Health Sciences |
| Karen Keenan | Exercise and Sports Science |
| Amy McGlothlin | Humanities |
| Andrea Olmstead | Humanities |
| Wafa Unus | English Studies |
| Mary Vreeland | Communications Media |
| Hong Yu | Engineering Technology |

Coversheet

Short Term Educational Leave Request - VOTE (30-23/24)

Section: IV. Personnel
Item: A. Short Term Educational Leave Request - VOTE (30-23/24)
Purpose: Vote
Submitted by:
Related Material: VOTE Short Term Educational Leave.pdf
Educational Leave document.pdf

**Fitchburg State University
REQUEST FOR BOARD ACTION**

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	REQUEST NUMBER:
SUBJECT: Short Term Educational Leave	30-23/24

It is requested that the Board of Trustees of Fitchburg State University vote to approve a Short-Term Educational Leave, Article VII, Holidays and Supplemental Benefits, Section B. Leave, 1. Paid Leaves (ii) as defined by the agreement between the BHE and The Association of Professional Administrators, MTA/NEA collective bargaining agreement relative to the completion of service following a Short-Term Educational Leave and approves the request.

May 23, 2024 - August 16, 2024

Requesting APA Educational Leave in Italy

CC: Franca Barricelli, Nelly Wadsworth and Kim Page

Good Afternoon All,

I plan to participate in a language exchange program in Rome, Italy from May 23, 2024 until August 16, 2024. The primary purpose of this language exchange program is to teach English classes and to learn Italian/Italian culture. I will be teaching English and receiving Italian language courses five days a week during that time. This is an unpaid position, it has more to do with the experience. I will be renting an Airbnb during this time. Although the school there offers housing, I do not wish to use shared housing with the other teachers/students.

While language teaching and acquisition is the primary purpose of the program, I also believe it will greatly benefit my position as Assistant Director of Study Abroad here at Fitchburg State University. Italy is our top sending location for study abroad (which I believe directly correlates with the Center for Italian Culture Scholarship) and it would be extremely beneficial if I were more familiar with the area and culture. This would help not only in my study abroad advising in Italy but also in Europe as a whole. When students ask questions about their short/long term study abroad programs in Italy, I will really be able to speak from experience. My role as board member of the Center for Italian Culture would also benefit me greatly for this experience in Italy.

I plan to take a weekend to visit Professor [REDACTED] and [REDACTED], the ASA staff and our Fitchburg State students in Verona. I would like to check in on the accommodations, the space we rent out at University of Verona and meet the on-site staff that runs our program every year. The Resident Director in Verona, [REDACTED], has been working with our Fitchburg State faculty-led programs for many years. We also send many students for a semester abroad to Florence University of the Arts through ASA. I plan to meet their Resident Director, [REDACTED]. I can work with [REDACTED] to see how to better prepare and support our students while abroad for their long term stay in Florence. Lastly, I would also like to meet with IES Abroad and their Rome staff for Professor [REDACTED] Education Faculty-Led Program for Spring Break 2025. [REDACTED]' faculty-led program is completely new and requires a lot of ground work as we are requesting to get into primary/secondary classrooms in Italy.

In terms of my work load here at Fitchburg State, all of the work is already done for the summer program to Greece, it would just be dealing with any issues on-site that may occur. I have spoken with [REDACTED] and she has agreed to help with the summer orientations while I am away as well as any issues that may come up with Greece while they are on-site. [REDACTED] and [REDACTED] are in support

of this plan as they also see the value in this type of experience in Italy. Much of the planning has been done for our 2025 faculty-led programs and we will continue to work on them.

I am requesting the following for the time period of May 23- August 16. I am requesting a combination of accrued time and short-term education leave.

Schedule:

May 23, 2024 - June 7, 2024 - Take *accrued time*, Language Exchange starts, Learning Italian, Learning and familiarizing with the area

June 10, 2024 - August 2, 2024 Take *Short-term Educational Leave* (Language Exchange Program in addition to some Fitchburg State related study abroad work on Fridays and weekends. Including site visit to Verona to meet on-site staff and [REDACTED] and [REDACTED] Academic Visits in Florence ASA, IES in Rome for [REDACTED] Education Program)

August 5, 2024 - August 16, 2024 Take *accrued time*, still part of the language exchange program

I will return to OIE on August 19. I will be ready to work on our international student orientation (much of which will be done before I leave). I will continue to work on our faculty-led programs/scholarship promotion in August as well.

Please reach out with any questions or concerns.

Thank you for your consideration.

Best,
Nicole

Nicole Salerno, MBA
Assistant Director of Study Abroad
Fitchburg State University

Coversheet

VOTE (31-23/24)

Section: V. Executive Session - Sabbatical Waiver Request
Item: A. VOTE (31-23/24)
Purpose:
Submitted by:
Related Material: VOTE Executive Session April 2, 2024.pdf

**Fitchburg State University
REQUEST FOR BOARD ACTION**

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	REQUEST NUMBER: 31-23/24
SUBJECT: Executive Session	

It is requested that the Board of Trustees enter into executive session in accordance with MGL c. 30A, Section 21 (a)(1) to discuss the reputation, character, physical condition or mental health, rather than professional competence, of an individual in relation to the sabbatical leave provision within the terms of Article XV, Section C of the MSCA and BHE collective bargaining agreement. (other information withheld under MGL c. 214, Section 1B right to privacy)

The Board will return to open session.

Coversheet

VOTE (29-23/24)

Section: VI. Executive Session Discussion
Item: A. VOTE (29-23/24)
Purpose: Vote
Submitted by:
Related Material: VOTE Waiver of payment regarding Sabbatical.pdf

**Fitchburg State University
REQUEST FOR BOARD ACTION**

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	REQUEST NUMBER:
SUBJECT: Waiver of Payment regarding Sabbatical	29-23/24

It is requested that the Board of Trustees of Fitchburg State University vote that it has been presented with reasons satisfactory to excuse a faculty member from the requirements of Article XV, Section C of the MSCA and BHE collective bargaining agreement relative to the completion of service following a sabbatical and approves the request.

Coversheet

Promotions (N06-23/24)

Section: VIII. Notifications
Item: A. Promotions (N06-23/24)
Purpose: FYI
Submitted by:
Related Material: Promotion Notifications April 2, 2024.pdf
MEMO to President re PROMOTIONS 2024.pdf

FITCHBURG STATE UNIVERSITY

Board of Trustees

NOTIFICATIONS

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	NOTIFICATION NUMBER: N06-23/24
SUBJECT: Promotions	

Effective September 1, 2024:

Promotion to Full Professor:

Department

Nermin Bayazit

Mathematics

DeMisty Bellinger-Delfeld

English Studies

David Heikkinen

Exercise and Sports Science

Wendy Keyser

English Studies

Kevin McCarthy

Communications Media

Sally Moore

Humanities



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Patricia A. Marshall, Ph.D.

Provost and Vice President for Academic Affairs

MEMORANDUM

TO: President Richard S. Lapidus

FROM: Patricia A. Marshall
Provost and Vice President for Academic Affairs

RE: Promotion Recommendations

DATE: March 15, 2024

Pursuant to the MSCA *Collective Bargaining Agreement*, I am **recommending promotion** for the following faculty members effective September 1, 2024:

<u>Promotion to Full Professor</u>	<u>Department</u>
Nermin Bayazit	Mathematics
DeMisty Bellinger-Delfeld	English Studies
David Heikkinen	Exercise and Sports Science
Wendy Keyser	English Studies
Kevin McCarthy	Communications Media
Sally Moore	Humanities

I am **not recommending promotion** for the following faculty member:

<u>Promotion to Associate Professor</u>	<u>Department</u>
Jared Vanasse	Environmental, Geographic, and Public Health Sciences

Coversheet

Personnel Notifications- (N07-23/24)

Section: VIII. Notifications
Item: B. Personnel Notifications- (N07-23/24)
Purpose: FYI
Submitted by:
Related Material: Report 04022024 Notifications.pdf

TO: Board of Trustees
 FROM: The President
 SUBJECT: Personnel Actions

DATE: April 2, 2024
 NOTIFICATION NUMBER: N07-23/24

Hires

Marco Bangrazi, BS Effective: 3/11/2024	Staff Associate, Environmental Health, Safety, and Risk Manager Capital Planning & Maintenance <i>Replacement Position - Budgeted line</i>	\$89,500.00
Amanda Carmichael, MA Effective: 9/1/2024	Assistant Professor Nursing <i>Replacement Position - Budgeted line</i>	\$75,000.00
Glendaly Lopez, BS Effective: 3/25/2024	Staff Assistant, Education Coordinator, Future Education Academy Education <i>Lloyd G. Balfour Foundation grant. Expires 10/26/2026</i>	\$51,000.00

Separations

Althea Aranda Effective: 8/31/2024	Instructor Nursing <i>Retirement</i>	\$78,948.76
Anne Weaver Effective: 4/26/2024	Simulation Laboratory Director Nursing <i>Resignation</i>	\$83,802.37

Promotion

Joseph Flanagan Effective: 2/5/2024	From: Staff Assistant, Case Manager To: Assistant Director for Care and Community Standards Student Affairs/Conduct <i>Additional Responsibilities added</i>	From: \$65,333.88 To: \$70,533.88
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David Niemi Effective: 2/12/2024	From: Staff Assistant, Server Administrator To: Assistant Director of Technology Services Technology <i>Replacement Position/Budgeted</i>	From: \$79,490.757 To: \$98,000.00
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Change in Salary/Degree Adjustment

Erin Ross Effective: 2/5/2024	Director of Administrative Services Financial Services <i>Increased \$1500 due to receiving MBA</i>	From: \$102,544.00 To: \$104,044.00
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Leave Without Pay

Abdel Mustafa Effective: 8/31/2024 End: 8/31/2025	Associate Professor Engineering Technology <i>Leave without pay for the AY2024-2025</i>	\$101,892.01
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Rehire

Justin Casinghino Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Humanities <i>2nd year temporary appointment</i>	\$64,480.00
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Jason Flynn Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Communications Media <i>2nd year temporary appointment</i>	\$63,000.00
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Kenneth Mackie Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Economics, History and Political Science <i>2nd year temporary appointment</i>	\$68,640.00
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4th Year Reappointment

Jescah Apamo-Gannon Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Education	\$84,397.25
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Elizabeth Kilpatrick Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Biology and Chemistry	\$80,109.39
John Lohmann Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Business Administration	\$79,352.83
Michael McCutcheon Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Behavioral Sciences	\$79,304.45
Denise Simion Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Business Administration	\$78,770.77
Lori Steckervetz Effective: 9/1/2024 End: 8/31/2025	Assistant Librarian Library	\$72,003.27
Jared Vanasse Effective: 9/1/2024 End: 5/31/2025	Assistant Professor Environmental, Geographic and Public Health Sciences	\$76,491.21

5th Year Reappointment

Sarah Bromberg Effective: 9/1/2024	Assistant Professor Humanities	\$70,273.12
Rachelle Dermer Effective: 9/1/2024	Assistant Professor Communications Media	\$75,506.57
Christine Devine Effective: 9/1/2024	Assistant Professor Nursing	\$101,623.29
Melissa Dunn Effective: 9/1/2024	Assistant Professor Nursing	\$98,041.48

Amy Kendrick Effective: 9/1/2024	Assistant Professor Nursing	\$93,410.21
Nellipher Lewis Mchenga Effective: 9/1/2024	Assistant Professor Nursing	\$98,041.48
Yang Liu Effective: 9/1/2024	Assistant Professor Business Administration	\$77,813.43
Collin Syfert Effective: 9/1/2024	Assistant Professor English Studies	\$70,273.12
Sarah Wright Effective: 9/1/2024	Assistant Professor Mathematics	\$82,832.36

Coversheet

990's Foundation (N08-23/24)

Section: VIII. Notifications
Item: C. 990's Foundation (N08-23/24)
Purpose: FYI
Submitted by:
Related Material: 2022 Form 990- FSU Foundation.pdf

FITCHBURG STATE UNIVERSITY

Board of Trustees

NOTIFICATIONS

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	NOTIFICATION NUMBER: N08-23/24
SUBJECT: 990's Foundation	

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning July 01, 2022, and ending June 30, 2023

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

C Name of organization **FITCHBURG STATE UNIVERSITY FOUNDATION INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
160 PEARL ST,
 City or town, state or province, country, and ZIP or foreign postal code
FITCHBURG, MA 01420-2631

D Employer identification number
04-2661048

E Telephone number
978-665-3457

F Name and address of principal officer: **Jay Bry**
160 PEARL ST, FITCHBURG, MA, 01420-2631

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 _____

G Gross receipts \$ **8,074,296**

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

J Website: _____

K Form of organization: Corporation Trust Association Other

L Year of formation: **1978**

M State of legal domicile: **MA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To support the educational endeavors of Fitchburg State University		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	37
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,879
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	33,000	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,714,465	Current Year 3,403,626
	9	Program service revenue (Part VIII, line 2g)	80,478	70,042
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,031,909	845,690
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(2,814)	28,937
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,824,038	4,348,295
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,049,445	1,180,580
	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)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	41,453	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	286,800	349,824
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,336,245	1,530,404
19	Revenue less expenses. Subtract line 18 from line 12	2,487,793	2,817,891	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 26,762,004	End of Year 31,285,087
	21	Total liabilities (Part X, line 26)	405,019	383,915
	22	Net assets or fund balances. Subtract line 21 from line 20	26,356,985	30,901,172

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: 02/26/2024

Richard S. Lapidus, President Fitchburg State University

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To support the educational endeavor of Fitchburg State University

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

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

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

4a (Code: _____) (Expenses \$ 881,400 including grants of \$ 854,580) (Revenue \$ 0)
Support the education endeavors of FSU

4b (Code: _____) (Expenses \$ 472,677 including grants of \$ 0) (Revenue \$ 18,599)
Support of academic department

4c (Code: _____) (Expenses \$ 42,199 including grants of \$ 0) (Revenue \$ 12,564)
Fundraising expenses and income

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 1,396,276

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 11	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<input type="checkbox"/>	<input type="checkbox"/>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<input type="checkbox"/>	<input type="checkbox"/>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

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

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		
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10b	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?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11b	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16b	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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA,NY
- 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.
 Own website Another's website 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.
 Jay D Bry, 160 PEARL ST, FITCHBURG, MA, 01420-2631, (978) 665-3131

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) Mary Beth Jokela Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(2) Marc Dohan Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) Laura Bayless V.P. Student Affairs	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	168,261	0
(4) Stephen Swartz Chief Information Officer	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	197,821	0
(5) Nadimpalli Mahadev Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	187,146	0
(6) Paul Weizer Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	159,437	0
(7) Franca Barricelli Assoc V P Academic Affairs	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	168,619	0
(8) Margaret Hoey Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	175,998	0
(9) Richard S Lapidus President	10.00 30.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	281,087	2,723
(10) Jay D. Bry V.P. of Finance & Administration	10.00 30.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	204,290	0
(11) Jeffrey Wolfman v.P. Advancement	10.00 30.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	173,103	0
(12) Anthony J Mercadante Treasurer/Audit Chair	0.50 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(13) John P Mahan Clerk	0.50 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(14) Anna M Clementi Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) Michael Florentino Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) Patricia Pistone Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) Nicholas D. Smith Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) Nicholas Dinunno Jr. Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) Donata Martin Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) Dawn Morton Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) Lorie Martiska Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) Mark Lambert Director	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal								0	1,715,762	2,723
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,715,762	2,723

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 **0**

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

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

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 **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	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	60,068				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	1,111,110				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,232,448				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f		3,403,626				
	Program Service Revenue	2a	See Schedule O ----- Business Code		524298	38,879	38,879	
b		See Schedule O -----		713990	12,564	12,564		
c		Other activity -----		900099	18,599	18,599		
d		-----						
e		-----						
f		All other program service revenue						
g		Total. Add lines 2a-2f		70,042				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		482,818			482,818	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				4,049,499				
	b	Less: cost or other basis and sales expenses	7b	3,686,627				
	c	Gain or (loss)	7c	362,872	0			
	d	Net gain or (loss)		362,872			362,872	
8a	Gross income from fundraising events (not including \$ 60,068 of contributions reported on line 1c). See Part IV, line 18	8a	68,311					
b	Less: direct expenses	8b	39,374					
c	Net income or (loss) from fundraising events		28,937			28,937		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0					
b	Less: direct expenses	9b	0					
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances		0					
			0					
			0					
b	Less: cost of goods sold	10b	0					
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue	11a	----- Business Code						
	b	-----						
	c	-----						
	d	All other revenue						
	e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		4,348,295	31,163	38,879	874,627		

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	555,750	555,750		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	624,830	624,830		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,000		5,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	89,966	51,052	20,155	18,759
14 Information technology	60,622	48,634	11,988	
15 Royalties				
16 Occupancy				
17 Travel	14,164	14,164		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,620	6,964		2,656
20 Interest	13,277		13,277	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,663	1,393	11,270	
23 Insurance	31,930	945	30,985	
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 Community Services	28,358	26,820		1,538
b Speakers and cultural services	31,113	31,113		
c Outside Services	53,111	34,611		18,500
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,530,404	1,396,276	92,675	41,453
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,783	1	1,454
	2 Savings and temporary cash investments	2,576,268	2	2,888,621
	3 Pledges and grants receivable, net	78,404	3	1,563,577
	4 Accounts receivable, net	45,564	4	57,736
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,200	9	27,793
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,454,320		
	b Less: accumulated depreciation	988,013	10c	466,307
	11 Investments—publicly traded securities	23,098,947	11	25,615,426
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	521,751	15	664,173
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,762,004	16	31,285,087	
Liabilities	17 Accounts payable and accrued expenses	57,300	17	60,554
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	314,141	23	297,981
	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	33,578	25	25,380
	26 Total liabilities. Add lines 17 through 25	405,019	26	383,915
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,762,267	27	2,852,882
	28 Net assets with donor restrictions	23,594,718	28	28,048,290
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	26,356,985	32	30,901,172	
33 Total liabilities and net assets/fund balances	26,762,004	33	31,285,087	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,348,295
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,530,404
3	Revenue less expenses. Subtract line 2 from line 1	3	2,817,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,356,985
5	Net unrealized gains (losses) on investments	5	1,877,422
6	Donated services and use of facilities	6	
7	Investment expenses	7	(151,126)
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,901,172

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization FITCHBURG STATE UNIVERSITY FOUNDATION INC	Employer identification number 04-2661048
------------------------------------------------------------------------------	-----------------------------------------------------

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 33¹/₃% 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 33¹/₃% 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 0
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	888,616	2,234,681	887,376	1,664,400	3,403,626	9,078,699
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	888,616	2,234,681	887,376	1,664,400	3,403,626	9,078,699
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)						1,585,101
6 Public support. Subtract line 5 from line 4						7,493,598

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	888,616	2,234,681	887,376	1,664,400	3,403,626	9,078,699
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	346,783	356,710	354,624	407,412	482,818	1,948,347
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,450	39,002	46,904	48,721	32,990	208,067
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11,235,113
12 Gross receipts from related activities, etc. (see instructions)					12	255,551
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	66.70 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	54.84 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
b A family member of a person described on line 11a above?	<input type="checkbox"/>	<input type="checkbox"/>
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?	<input type="checkbox"/>	<input type="checkbox"/>
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization FITCHBURG STATE UNIVERSITY FOUNDATION INC	Employer identification number 04-2661048
-----------------------------------------------------------------------	----------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____ 0

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization FITCHBURG STATE UNIVERSITY FOUNDATION INC	Employer identification number 04-2661048
-------------------------------------------------------------------	----------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Academic Partnerships ----- 600 N Pearl St Ste 900 ----- Dallas, TX 75201-2872 -----	\$ ----- 38,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Stephen Boisvert ----- 2402 Golf Links Cir ----- Santa Clara, CA 95050-7019 -----	\$ ----- 19,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Eileen M Budri ----- 29 Prospect St ----- Newton, MA 02465-2228 -----	\$ ----- 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Chartwells College & University Dining Services ----- 2 Holbrook St ----- Medway, MA 02053-2270 -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Anna M Clementi ----- 42 Leominster Rd ----- Lunenburg, MA 01462-1341 -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Community Foundation of North Central Massachusetts ----- 649 John Fitch Hwy ----- Fitchburg, MA 01420-3689 -----	\$ ----- 143,786	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of the Organization FITCHBURG STATE UNIVERSITY FOUNDATION INC	EIN 04-2661048
------------------------------------------------------------------------------	--------------------------

Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Congress Asset Management 2 Seaport Ln, Boston,MA 02210-1566	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	William F Cuddy 125 Coolidge Ave Apt 804, Watertown,MA 02472-2875	\$50,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Paul J Donahue 315 Decatur St, Brooklyn,NY 11233-1804	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Douglas & Isabelle Crocker Foundation PO Box 8208, Fitchburg,MA 01420-8208	\$20,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Estate Of Marcia A Palo 4 Pearl St, Dedham,MA 02026	\$26,700.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

			(Complete Part II for noncash contributions.)
12	Estate Of Marilyn M Pula 86 Highland Ave, Quincy,MA 02170-1406	\$47,548.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
13	Fidelity Non-Profit Management Foundation 7 Water St, Boston,MA 02109	\$350,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Tom Foltz 10370 Sager Ave, Fairfax,VA 22030-3584	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	James Geary 12 Woodland Rd, Harwich Port,MA 02646-2416	\$10,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Richard Gilbert 885 Park Ave Apt 6A, New York,NY 10075-0383	\$6,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input checked="" type="checkbox"/> Payroll

17	Elizabeth Hawk 4655 Osage Beach Pkwy, Osage Beach,MO 65065	\$5,000.00	<input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Donald Irving 6021 Silver King Blvd Unit 304, Cape Coral,FL 33914-8077	\$51,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
19	James Family Charitable Fund Schwab Charitable, 211 Main St, San Francisco,CA 94105	\$50,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Steven P James 125 Lynn Way, Woodside,CA 94062-2329	\$10,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Thomas J Kirklauskas 4 Westchester Dr, Auburn,MA 01501-2910	\$25,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Anand Krishnamurthy 8 Assabet Xing, Acton,MA 01720-5237	\$20,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

23	Mary F & Mary Frances Burnham Trust 205 Spring St, Winchendon, MA 01475-1753	\$39,911.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Thomas B Morrissey 2097 Crestview Dr., Laguna Beach, CA 92651	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25	Rollstone Bank & Trust 24 Monument Sq, Leominster, MA 01453-5712	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Todd Smith 12364 Conway Rd, Creve Coeur, MO 63141-8627	\$15,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Jim J Todd 12 Mountain Laurels Dr Apt 106, Nashua, NH 03062-2229	\$5,130.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Victoria Trauscht 19683 W West Shore Dr, Mundelein, IL 60060-3442	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

			(Complete Part II for noncash contributions.)
29	Frank R Trocki 18439 Fairway Green Dr, Hudson, FL 34667	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Unitil 357 Electric Ave, Lunenburg, MA 01462-2246	\$5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
31	Barbara A Wilson PO Box 870, New Castle, NH 03854-0870	\$20,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	The George R Wallace Foundation C/o Goodwin Proctor LLP Exchange Pl, Boston, MA 02109-2881	\$100,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization FITCHBURG STATE UNIVERSITY FOUNDATION INC	Employer identification number 04-2661048
------------------------------------------------------------------------------	-----------------------------------------------------

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" 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	\$ 39,025
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 |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,944,575	24,644,108	19,911,466	17,524,346	16,428,604
b Contributions	1,961,834	1,069,085	339,104	1,731,167	275,315
c Net investment earnings, gains, and losses	2,116,864	(3,083,179)	4,780,860	1,121,611	1,240,524
d Grants or scholarships					
e Other expenditures for facilities and programs	399,843	558,671	267,739	380,664	338,918
f Administrative expenses	119,887	126,768	117,583	84,994	81,179
g End of year balance	25,503,543	21,944,575	24,644,108	19,911,466	17,524,346

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0%
 - b** Permanent endowment 62.64%
 - c** Term endowment 37.26%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		134,290		134,290
b Buildings		466,943	189,809	277,134
c Leasehold improvements				
d Equipment		853,087	798,204	54,883
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				466,307

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) Due to related organization	25,380
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,380

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 .

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FITCHBURG STATE UNIVERSITY FOUNDATION INC

Employer identification number

04-2661048

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1		<input type="checkbox"/>	<input type="checkbox"/>			
2		<input type="checkbox"/>	<input type="checkbox"/>			
3		<input type="checkbox"/>	<input type="checkbox"/>			
4		<input type="checkbox"/>	<input type="checkbox"/>			
5		<input type="checkbox"/>	<input type="checkbox"/>			
6		<input type="checkbox"/>	<input type="checkbox"/>			
7		<input type="checkbox"/>	<input type="checkbox"/>			
8		<input type="checkbox"/>	<input type="checkbox"/>			
9		<input type="checkbox"/>	<input type="checkbox"/>			
10		<input type="checkbox"/>	<input type="checkbox"/>			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		B Golf Tournamen (event type)	Hockey Golf Tour (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,250	31,020	25,515	122,785
	2 Less: Contributions	48,450	11,618	0	60,068
	3 Gross income (line 1 minus line 2)	17,800	19,402	25,515	62,717
Direct Expenses	4 Cash prizes	0	0	5,700	5,700
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	9,840	8,764	2,164	20,768
	7 Food and beverages	5,775	3,360	175	9,310
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2,539	0	0	2,539
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					24,400

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FITCHBURG STATE UNIVERSITY FOUNDATION INC

Employer identification number

04-2661048

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
(1) St Anna Parish <small>199 Lancaster St, Leominster, MA 01453</small>	04-2106719	501(c)(3)	\$5,000	\$0	N/A N/A		Language studies
(2) Leominster High School <small>122 Grants St, Leominster, MA 01453</small>	04-6006004		\$10,000	\$0	N/A N/A		Language studies
(3) Fitchburg State University <small>160 Pearl Street, Fitchburg, MA 01420</small>	04-3138437		\$102,864	\$0	N/A N/A		Intern incentive program
(4) Fitchburg State University <small>160 Pearl Street, Fitchburg, MA 01420</small>	04-3138437		\$326,000	\$0	N/A N/A		Contribution
(5) Fitchburg State University <small>160 Pearl Street, Fitchburg, MA 01420</small>	04-3138437		\$126,239	\$0	N/A N/A		Outfitting Simulation Lab, Diversity program, Wilson Language center, SGA clubs
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 4

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FITCHBURG STATE UNIVERSITY FOUNDATION INC

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

04-2661048

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b <input type="checkbox"/>	<input type="checkbox"/>
<p>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?</p>	2 <input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a <input type="checkbox"/>	<input checked="" type="checkbox"/>
	4b <input type="checkbox"/>	<input checked="" type="checkbox"/>
	4c <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a <input type="checkbox"/>	<input checked="" type="checkbox"/>
	5b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a <input type="checkbox"/>	<input checked="" type="checkbox"/>
	6b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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</p>	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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</p>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9 <input type="checkbox"/>	<input type="checkbox"/>

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	Richard S Lapidus President	(i)						
	(ii)	\$281,087		\$2,723		\$22,759	\$306,569	
2	Jay D. Bry V.P. of Finance & Administ	(i)						
	(ii)	\$204,290				\$10,870	\$215,160	
3	Jeffrey Wolfman v.P. Advancement	(i)						
	(ii)	\$173,103				\$32,455	\$205,558	
4	Laura Bayless V.P. Student Affairs	(i)						
	(ii)	\$168,261				\$32,455	\$200,716	
5	Stephen Swartz Chief Information Officer	(i)						
	(ii)	\$197,821				\$25,292	\$223,113	
6	Nadimpalli Mahadev Professor	(i)						
	(ii)	\$187,146				\$20,278	\$207,424	
7	Paul Weizer Professor	(i)						
	(ii)	\$159,437				\$29,250	\$188,687	
8	Franca Barricelli Assoc V P Academic Affairs	(i)						
	(ii)	\$168,619				\$25,222	\$193,841	
9	Margaret Hoey Professor	(i)						
	(ii)	\$175,998				\$32,455	\$208,453	
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE O
(Form 990)**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
 FITCHBURG STATE UNIVERSITY FOUNDATION INC

Employer identification number
 04-2661048

Part and Line Number: **Part VI Line 1a**

The form 990 is presented to the Board of Directors in their budget package a week before the board meeting and prior to submission to the IRS.

Part and Line Number: **Part VI Line 11b**

The 990 is prepared by the accounting department and reviewed by the external auditor and then presented to the Board of Directors prior to submission to the Internal Revenue Services.

Part and Line Number: **Part VI Line 12c**

Yearly, each officer, director, and trustee is given a copy of the conflict of interest policy. They are required to complete and sign the policy. This signed document is returned and kept at the Fitchburg State University Human Resources office.

Part and Line Number: **Part VI Line 19**

The conflict of interest policy are available upon request. The governing documents and financial statements are available on the Fitchburg State University website.

Part and Line Number: **Part VIII Line 2a**

All Other Insurance Related Activities

Part and Line Number: **Part VIII Line 2b**

All Other Amusement and Recreation Industries

Part and Line Number: **Part 6 - General**

The form 990 is emailed electronically to the Board of Trustees and submitted in the package sent to them and posted online a week before the board meeting prior to submission to the IRS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

FITCHBURG STATE UNIVERSITY FOUNDATION INC

Employer identification number

04-2661048

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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	No
(1) Fitchburg State University 043138437 160 Pearl Street, Fitchburg, MA- 01420	Higher Education	MA	N/A		NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) FSU Foundation Supporting Org Inc 043491990 160 Pearl Street, Fitchburg, MA- 01420	Support FSU	MA	501(C)(3)	N/A	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) -----						<input type="checkbox"/>	<input type="checkbox"/>
(4) -----						<input type="checkbox"/>	<input type="checkbox"/>
(5) -----						<input type="checkbox"/>	<input type="checkbox"/>
(6) -----						<input type="checkbox"/>	<input type="checkbox"/>
(7) -----						<input type="checkbox"/>	<input type="checkbox"/>

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(2) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(3) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(4) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(5) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(6) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(7) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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	No
(1) -----								<input type="checkbox"/>	<input type="checkbox"/>
(2) -----								<input type="checkbox"/>	<input type="checkbox"/>
(3) -----								<input type="checkbox"/>	<input type="checkbox"/>
(4) -----								<input type="checkbox"/>	<input type="checkbox"/>
(5) -----								<input type="checkbox"/>	<input type="checkbox"/>
(6) -----								<input type="checkbox"/>	<input type="checkbox"/>
(7) -----								<input type="checkbox"/>	<input type="checkbox"/>

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) Fitchburg State University	B	\$555,103	Cash paid
(2) FSU Foundation Supporting Org, Inc.	D	\$1,891,541	Outstanding loan balance
(3) Fitchburg State University	D	\$297,982	Outstanding loan balance
(4) Fitchburg State University	M	\$199,773	Payroll Costs
(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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(2)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(3)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(4)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(5)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(6)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(7)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(8)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(9)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(10)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(11)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(12)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(13)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(14)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(15)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(16)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Coversheet

990's Supporting Org. (N09-23/24)

Section: VIII. Notifications
Item: D. 990's Supporting Org. (N09-23/24)
Purpose: FYI
Submitted by:
Related Material:
2022 Form 990 -FSU FOUNDATION SUPPORTING ORGANIZATION INC.pdf

FITCHBURG STATE UNIVERSITY

Board of Trustees

NOTIFICATIONS

TO: Board of Trustees	DATE: April 2, 2024
FROM: The President	NOTIFICATION NUMBER: N09-23/24
SUBJECT: 990's Supporting Org.	

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2022** calendar year, or tax year beginning **July 01**, 2022, and ending **June 30**, 2023

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

C Name of organization **FSU FOUNDATION SUPPORTING ORGANIZATION INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
160 PEARL ST,
 City or town, state or province, country, and ZIP or foreign postal code
FITCHBURG, MA 01420-2631

D Employer identification number
04-3491990

E Telephone number
978-665-3171

F Name and address of principal officer: **Jay Bry**
160 PEARL ST, FITCHBURG, MA, 01420-2631

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 _____

G Gross receipts \$ **1,614,911**

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

J Website: **www.fitchburgstate.edu**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1999**

M State of legal domicile: **MA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To support the educational endeavors of Fitchburg State University and Fitchburg State University Foundation, Inc. by acquiring, holding and operating, and leasing real estate and related improvements.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0	Current Year: 475,000
	9	Program service revenue (Part VIII, line 2g)	639,343	1,138,715
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	466	1,196
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,136	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	746,945	1,614,911
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	810,903	1,606,035
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	810,903	1,606,035	
19	Revenue less expenses. Subtract line 18 from line 12	(63,958)	8,876	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 6,841,585	End of Year: 7,835,400
	21	Total liabilities (Part X, line 26)	4,447,481	5,533,376
	22	Net assets or fund balances. Subtract line 21 from line 20	2,394,104	2,302,024

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: **02/26/2024**

Jay D. Bry, V.P. Finance & Administration
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The FSU Foundation Supporting Organization's exempt purpose is to support the educational endeavors of Fitchburg State University.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 1,592,843 including grants of \$ 475,000) (Revenue \$ 1,138,715)

Rental and license income of facilities. Received a grant for facilities repair that was paid for by Fitchburg State University.

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 1,592,843

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input type="checkbox"/>	<input type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<input type="checkbox"/>	<input type="checkbox"/>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<input type="checkbox"/>	<input type="checkbox"/>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

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

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 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.		
	1a 7		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 5		
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its 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.
 Own website Another's website 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.
 Jay D. Bry, 160 PEARL ST, FITCHBURG, MA, 01420-2631, (978) 665-3131

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) Michael Mahan President	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(2) Richard Healey Director	0.10 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) David Celuzza Treasurer/Clerk	0.20 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(4) Scott W Foster Director	0.10 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(5) Michael E Montuori Director	0.10 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(6) Atty Carol Vittorioso Director	0.10 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(7) Jay D Bry V. P. of Finance & Administration	5.00 35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	204,290	0
(8) Richard Lapidus President, FSU	3.00 37.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	281,087	2,723
(9) Stephen Swartz Chief Information Officer	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	197,821	0
(10) Nadimpalli Mahadev Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	187,146	0
(11) Paul Weizer Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	159,437	0
(12) Franca Barricelli VP Academic Affairs	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	168,619	0
(13) Laura Bayless V.P. Student Affairs	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	168,261	0
(14) Jeffrey Wolfman V. P. Development	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	173,103	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) Margaret Hoey Professor	0.00 40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	175,998	0
(16)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(17)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(18)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal								0	1,715,762	2,723
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,715,762	2,723

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 **0**

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

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
S&R Corporation, 706 Broadway Street, Lowell, MA 01854-3266	Demolition services	282,432

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 **1**

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	0				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	475,000				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f		475,000				
	Program Service Revenue	2a	See Schedule O	Business Code				
			531120	165,000	165,000			
b		See Schedule O	531390	933,699	933,699			
c		See Schedule O	531390	40,016	40,016			
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f			1,138,715				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,196			1,196	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)			0			
	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			0				
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			0				
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			0				
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			1,614,911	1,138,715	0	1,196	

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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,000		5,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	493	10	483	
14 Information technology				
15 Royalties				
16 Occupancy	639,962	639,962		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	181,023	181,023		
21 Payments to affiliates	475,000	475,000		
22 Depreciation, depletion, and amortization	176,068	176,068		
23 Insurance	128,489	120,780	7,709	
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	1,606,035	1,592,843	13,192	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	97,079	1	471,805
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0	4	207,502
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	77,683	9	365,712
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,539,030		
	b Less: accumulated depreciation	10b 1,748,649	6,666,823	10c 6,790,381
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,841,585	16	7,835,400	
Liabilities	17 Accounts payable and accrued expenses	57,127	17	858,813
	18 Grants payable		18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	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	4,191,570	23	4,388,415
	24 Unsecured notes and loans payable to unrelated third parties	0	24	125,000
	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	198,784	25	161,148
	26 Total liabilities. Add lines 17 through 25	4,447,481	26	5,533,376
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,394,104	27	2,302,024
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,394,104	32	2,302,024
33 Total liabilities and net assets/fund balances	6,841,585	33	7,835,400	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,614,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,606,035
3	Revenue less expenses. Subtract line 2 from line 1	3	8,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,394,104
5	Net unrealized gains (losses) on investments	5	
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	(100,956)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,302,024

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization FSU FOUNDATION SUPPORTING ORGANIZATION INC	Employer identification number 04-3491990
-------------------------------------------------------------------------------	-----------------------------------------------------

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 33¹/₃% 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 33¹/₃% 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 2
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Fitchburg State University Fc	042661048	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0
(B) Fitchburg State University	043138437	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
Total 2					0	0

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	A family member of a person described on line 11a above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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).	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization FSU FOUNDATION SUPPORTING ORGANIZATION INC	Employer identification number 04-3491990
-------------------------------------------------------------------------------	-----------------------------------------------------

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		2,751,887		2,751,887
b Buildings		5,652,475	1,683,158	3,969,317
c Leasehold improvements				
d Equipment				
e Other		134,668	65,491	69,177
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,790,381

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) Environmental remediation liability	161,148
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	161,148

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 .

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FSU FOUNDATION SUPPORTING ORGANIZATION INC

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

04-3491990

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<input type="checkbox"/>	<input type="checkbox"/>

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 Jay D Bry V. P. of Finance & Adminis	(i)							
	(ii)	\$204,290				\$10,870	\$215,160	
2 Richard Lapidus President, FSU	(i)							
	(ii)	\$281,087		\$2,723		\$22,759	\$306,569	
3 Stephen Swartz Chief Information Officer	(i)							
	(ii)	\$197,821				\$25,292	\$223,113	
4 Nadimpalli Mahadev Professor	(i)							
	(ii)	\$187,146				\$20,278	\$207,424	
5 Paul Weizer Professor	(i)							
	(ii)	\$159,437				\$29,250	\$188,687	
6 Franca Barricelli VP Academic Affairs	(i)							
	(ii)	\$168,619				\$25,222	\$193,841	
7 Laura Bayless V.P. Student Affairs	(i)							
	(ii)	\$168,261				\$32,455	\$200,716	
8 Jeffrey Wolfman V. P. Development	(i)							
	(ii)	\$173,103				\$32,455	\$205,558	
9 Margaret Hoey Professor	(i)							
	(ii)	\$175,998				\$32,455	\$208,453	
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization

FSU FOUNDATION SUPPORTING ORGANIZATION INC

Employer identification number

04-3491990

Part and Line Number: **Part VI Line 11b**

Yearly a copy of the 990 is provided to all board members via email before submitting to the federal government and before a regular board meeting where the report can be discussed.

Part and Line Number: **Part VI Line 12c**

Yearly the board of directors receive a conflict of interest questionnaire from Human Resources which they are required to complete if they want to continue their board of director duties.

Part and Line Number: **Part VI Line 19**

FSU Foundation Supporting Org financial statements are not available online per se but the combined report with the Fitchburg State University Foundation are available online along with the conflict of interest policy, and the governing documents and are available upon request.

Part and Line Number: **Part VIII Line 2a**

Lessors of Nonresidential Buildings (except Miniwarehouses)

Part and Line Number: **Part VIII Line 2b**

Other Activities Related to Real Estate

Part and Line Number: **Part VIII Line 2c**

Other Activities Related to Real Estate

Part and Line Number: **Part XI Line 9**

Explanation	Description	Amount
Impairment loss on property	2 old buildings were demolished to use as green space and parking	\$(100,956.00)
Part and Line Number: Part 6 - Line 12		
Yearly the board of directors receive a conflict of interest questionnaire from the Human Resource office which they have to complete.		

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

FSU FOUNDATION SUPPORTING ORGANIZATION INC

Employer identification number

04-3491990

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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	No
(1) Fitchburg State University 043138437 160 Pearl Street, Fitchburg, MA- 01420	Higher Education	MA	N/A		N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Fitchburg State University Foundation Inc 042661048 160 Pearl Street, Fitchburg, MA- 01420	See statement	MA	501(C)(3)	Organization operated for the benefit of a college...described in section 170(b)(1)(A)(iv)	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) -----						<input type="checkbox"/>	<input type="checkbox"/>
(4) -----						<input type="checkbox"/>	<input type="checkbox"/>
(5) -----						<input type="checkbox"/>	<input type="checkbox"/>
(6) -----						<input type="checkbox"/>	<input type="checkbox"/>
(7) -----						<input type="checkbox"/>	<input type="checkbox"/>

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(2) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(3) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(4) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(5) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(6) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(7) -----							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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	No
(1) -----								<input type="checkbox"/>	<input type="checkbox"/>
(2) -----								<input type="checkbox"/>	<input type="checkbox"/>
(3) -----								<input type="checkbox"/>	<input type="checkbox"/>
(4) -----								<input type="checkbox"/>	<input type="checkbox"/>
(5) -----								<input type="checkbox"/>	<input type="checkbox"/>
(6) -----								<input type="checkbox"/>	<input type="checkbox"/>
(7) -----								<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) Fitchburg State University Foundation, Inc	E	\$1,891,541	Outstanding loan balances
(2) Fitchburg State University	J	\$661,350	Cash paid
(3) Fitchburg State University	Q	\$437,349	Cash paid
(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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(2)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(3)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(4)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(5)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(6)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(7)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(8)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(9)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(10)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(11)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(12)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(13)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(14)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(15)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
(16)				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Coversheet

Academic Calendar 2024-2025

Section: XI. President's Report
Item: D. Academic Calendar 2024-2025
Purpose: FYI
Submitted by:
Related Material: 2024-2025 Academic Calendar.pdf



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www.fitchburgstate.edu

Richard S. Lapidus, Ph.D.

PRESIDENT

**Fitchburg State University
Academic Calendar 2024-2025**

FALL 2024

Sept	2	Monday	Labor Day; Residence halls open for first-year students
	3	Tuesday	Development Day for Faculty
	4	Wednesday	President's Address; Department meetings; Residence halls open for all students
	5	Thursday	CLASSES BEGIN AT 8:00 a.m.; New student advising
	12	Thursday	Final day to add a course in College Scheduler
	17	Tuesday	CTL Professional Development Program
	19	Thursday	Final day to drop a course in College Scheduler; Final day to add a course with permission of instructor (Red Card)
Oct	14	Monday	Indigenous Day / Columbus Day - NO CLASSES
	15	Tuesday	CTL Professional Development Program
	18	Friday	Deficiency grades due
Oct	21-Nov 8		Advising period
Nov	11	Monday	Veterans Day Observed - NO CLASSES
	12-18		Registration for Spring classes
	15	Friday	Final day for withdrawal from courses; Final day to request an S/U grade
	19	Tuesday	CTL Professional Development Program
	26	Tuesday	Thanksgiving recess begins at 4:45 p.m.
Dec	1	Sunday	Thanksgiving recess ends
	11	Wednesday	FINAL DAY OF CLASSES; Final day for making up Incomplete grades from previous semester
	12	Thursday	Reading Day - NO CLASSES
	13, 16-19		Final Examinations
	20	Friday	Snow day for Final Examinations; Commencement 6:30 p.m.
	21	Saturday	Snow Day for Commencement - 2:00 p.m.

Spring 2025

Jan	14	Tuesday	Faculty Development Day; Department meetings; Residence halls open for all students
	15	Wednesday	CLASSES BEGIN AT 8:00 a.m.
	20	Monday	Martin Luther King Day - NO CLASSES
	21	Tuesday	CTL Professional Development Program
	23	Thursday	Final day to add a course in College Scheduler
	29	Wednesday	Final day to drop a course in College Scheduler; Final day to add a course with permission of instructor (Red Card)
Feb	17	Monday	U.S. Presidents' Day - NO CLASSES
	18	Tuesday	CTL Professional Development Program
Mar	7	Friday	Spring vacation begins 4:45 p.m.; Residence halls close at 7:00 p.m.
	16	Sunday	Spring vacation ends; Residence halls reopen at 9:00 a.m.
	17	Monday	Deficiency grades due
Mar	17-April 4		Advising period
	18	Tuesday	CTL Professional Development Program
Apr	7-11		Registration for Fall classes
	11	Friday	Final day for withdrawal from courses; Final day to request an S/U grade
	15	Tuesday	CTL Professional Development Program
	17	Thursday	Undergraduate Research Conference; Convocation (NO DAY CLASSES)
	21	Monday	Patriots' Day - NO CLASSES
May	8	Thursday	FINAL DAY OF CLASSES; Final day for making up Incomplete grades from previous semester
	9	Friday	Reading Day - No Classes
	12-16		Final Examinations
	15	Thursday	Graduate Commencement 6:30 p.m.
	16	Friday	Residence halls close
	17	Saturday	Undergraduate Commencement 10:00 a.m.; Residence halls close for Graduating Seniors
	20	Tuesday	Development Day for Faculty

2/20/24

Coversheet

News Articles

Section: XI. President's Report
Item: E. News Articles
Purpose: FYI
Submitted by:
Related Material: News clips for April 2024 (1).pdf

FITCHBURG STATE UNIVERSITY

‘THE POTENTIAL TO BE GREAT’

Nursing, Gaming programs to benefit from AR simulation tech



COURTESY FITCHBURG STATE UNIVERSITY

Fitchburg State Nursing student Kaleigh Visbaras uses an AR headset from Gig XR, who created a holographic healthcare training platform wherein students and faculty may interact with lifelike virtual patients in augmented reality.

Submitted Article

FITCHBURG » Nursing students at Fitchburg State University will benefit from cutting edge technology and next-level simulations thanks to generous grants from the Elaine Nicpon Marieb Charitable Foundation and the George I. Alden Trust.

The grants will fund wearable technology to let students and instructors utilize the latest augmented reality software as well as stipends for nursing and game design students to create and deploy new scenarios for nurses in training.

“This really is cutting edge,” said Associate Professor Deborah Benes, chair of Fitchburg State’s Nursing Department. “We’re giving our students the opportunity to work with equipment they never would have seen before that’s being used in the workforce right now.”

The Marieb Foundation was formed by Fitchburg State graduate Elaine (Nicpon) Marieb from the Class of 1984, a nurse turned textbook author. Her nursing-focused text on anatomy and physi-

ology remains a key volume in the field, according to Professor Benes.

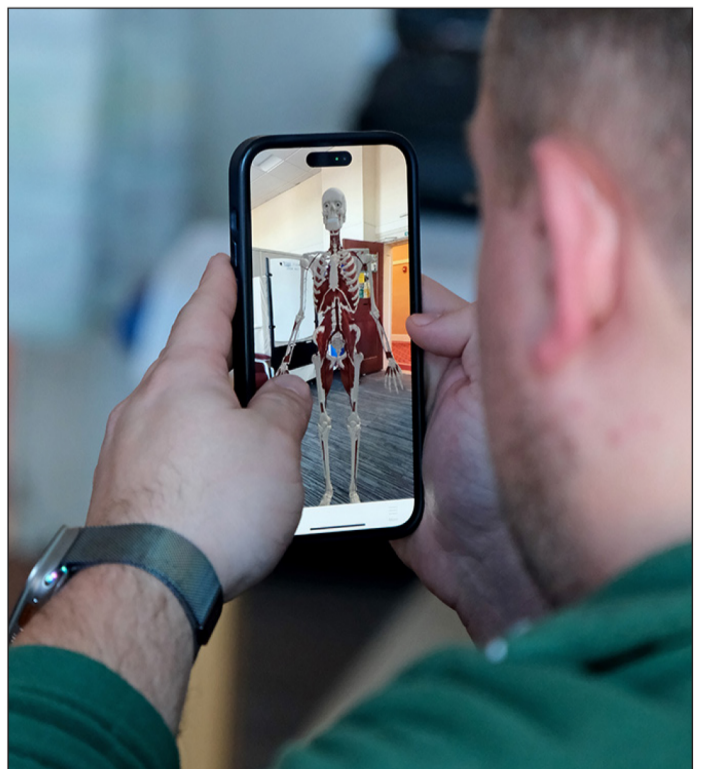
With the grant funds, Fitchburg State has invested in technology from Gig XR, creators of a holographic healthcare training platform wherein students and faculty may interact with lifelike virtual patients in augmented reality. Wearing special headsets, the students can see and interact with virtual patients in the classroom or simulation lab, as well as analyze anatomy and physiology.

“Elaine Marieb’s emphasis as an educator and author was innovation, she continually strived to improve the learning experience and to approach nursing education from a student’s perspective,” said Martin Wasmer, chair of the Marieb Foundation.

Benes adds, “I think that’s what keeps her work so relevant. We have to keep growing and changing.”

The George I. Alden Trust has also been a foundational partner in Fitchburg State’s commitment to ensure its nursing students graduate career-ready. The latest grant, supporting the investment in virtual and augmented

SIMULATION » PAGE 8



COURTESY FITCHBURG STATE UNIVERSITY

Nursing student Ryan Aker explores the GigX smartphone app used in conjunction with augmented reality simulation technology that will be used by Fitchburg State University students in the future.



COURTESY FITCHBURG STATE UNIVERSITY

Wearing an AR headset, Fitchburg State Nursing student Ryan Aker will be among those, including fellow Nursing student Kaleigh Visbaras, working with game design students to design simulations that will be used by future students.

Simulation

FROM PAGE 1

reality technology, is the second such funding from the Alden Trust dedicated to excellence in nursing at Fitchburg State. The grants recognize the university's regional role as a powerful driver of workforce development.

A team from Gig XR recently came to campus to begin training students and staff on the technology and its potential. Nursing students Kaleigh Visbaras and Ryan Aker will be among those working with game design student James Livingstone to design simulations that will be used by future students. The students will be paid for their contributions through the Marieb Foundation grant.

Visbaras, a senior from Somerset, said her first reaction upon trying out the headsets was envy.

"I am so jealous of the nursing students who will be here next year, and beyond," she said. "It will be so helpful for students. There are so many options that GigXR will help you explore."

Visbaras said she found the augmented reality interface very intuitive to use, and predicts her fellow students will quickly get accustomed to the technology and use it to accelerate their learning and understanding.

"We all learn in different ways," she said. "This will



COURTESY FITCHBURG STATE UNIVERSITY

Working with Nursing students to design simulated learning tools for use by students, Fitchburg State University Gaming Design student James Livingstone attends a training session to become acquainted with the augmented reality tech from GigXR.

really help visual learners. In a scenario, when you figure out what's wrong is the best feeling in the world. You're thinking on the spot and using abilities you didn't think you had. It's like a mystery game, and this will be great for students just building that foundation."

Aker, a senior from Templeton, agreed. "As a visual learner, this technology would have absolutely enhanced my learning as a student tenfold," he said. "This technology has the potential to be great for students, and for patients."

Aker is a non-traditional student, who came to Fitchburg Sta

years in the Army. He began his medical training in the military, and looks forward to completing his bachelor's degree in nursing this semester. "It's one of those careers where you can do so many different things, from critical care to mental health. And there are always job opportunities."

Visbaras and Aker are hopeful they can lend their insights to the creation of meaningful simulations and scenarios that students can experience using the Gig XR technology.

Livingstone hopes so, too. The Raynham native is spending his capstone

the Nursing Department, where he will be working with Visbaras, Aker and others to create simulations using the Gig XR platform.

"I'm used to working in teams with other game design students, where this will be more client-driven," said Livingstone, who has worked during the early weeks of the semester helping to get his collaborators proficient in the tools they will be using.

He is confident the interdisciplinary skills he is developing will be helpful when he is pursuing professional opportunities after graduation.

—Fitchburg State
Uni124 of 133

Sentinel & Enterprise

Saturday, February 24, 2024

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'AMAZING AND HARDWORKING'

Fitchburg State hosts HS honors students for writing retreat

Submitted Article

FITCHBURG » February school vacation this year came with frigid temperatures, but that was of no concern to one group of students determined to stay busy during their week off.

As part of a special program, Fitchburg State University invited a dozen High School juniors to a writing retreat on campus during the school break. The students included members of the Fitchburg High Honors Academy, through which they gain special access to

their hometown university and its resources.

With English teacher Kathleen Hytinen helping organize the excursion, the students, enrolled in Hytinen's Advanced Placement seminar, came to campus on their personal time to hone their writing skills.

In addition to the time spent refining their own work, the students critiqued their peers' work and availed themselves of the university's writing center and its student staff of peer tutors, including Fitchburg High Honors Academy graduates.

"It's a great opportunity to get them out of their everyday classroom environment and come together to help each other out," Hytinen said. "These students are amazing and hardworking, and I'm grateful for how much I've seen them grow academically in these last two years."

The visiting students said their time on campus was helpful.

"It's been very beneficial for my writing process," said Carissa Triolo. "It's good to be in a new environment, and the peer tutors from Fitchburg State were very helpful."

WRITERS » PAGE 8



Fitchburg High School juniors help critique each other's work with the help of educators at Fitchburg State University during a writing retreat over February vacation.

COURTESY
FITCHBURG STATE
UNIVERSITY

Writers

FROM PAGE 1

Triolo said she plans to major in English when she begins her college career.

Naika Jean, who is interested in studying pre-law or political science in college, also enjoyed the opportunity to focus on her writing during the trip to Fitchburg State. "There's definitely value in stepping into a new environment," Jean said.

Asa Oywech said the seminar gave him valuable insights into his approach to writing. "I think this process has been very introspective in how I operate as a writer," said Oywech, who is also looking at studying English with a minor in international affairs or sociology when he goes to college.

The students said they have enjoyed the Early College courses they have taken at Fitchburg State, through which they are earning college credit while honing their academic skills. They also didn't balk at coming to campus on what could have been just another week off.



COURTESY FITCHBURG STATE UNIVERSITY

Professor Catherine Buell, from the Fitchburg State Mathematics Department, oversees the University's honors program and helped organize the retreat this week.

"This is definitely a responsible use of my time," Oywech said. "It's better than sleeping in or watching TV."

The visiting students concluded their visit to campus with lunch in the university's dining commons.

Fitchburg State and Fitchburg High School first signed the Honors Compact in 2013, an agreement that gives students enrolled at Fitchburg High School's Honors Academy priority admission to the university as well as access to university courses, facilities and

scholarships.

The program was a collaboration between the FHS Honors Academy, Fitchburg State Early College and Dual Enrollment, and the Fitchburg State Honors Program.

— Fitchburg State
University

Sentinel & Enterprise

Friday, March 15, 2024 \$2.50 FACEBOOK.COM/SENTINELANDENTERPRISE TWITTER.COM/SENTANDENT

sentinelandenterprise.com

FITCHBURG STATE UNIVERSITY

FSU panel to discuss use of psychedelics

Talk scheduled for Tuesday afternoon, open to public

Submitted Article

FITCHBURG » The medical, scientific and social aspects of psychedelic-assisted therapy will be discussed when Fitchburg State University hosts a panel discussion of experts from medicine, neuroscience and clinical practice at 3:30 p.m. Tuesday, March 19 at the main lounge of Hammond Hall.

Admission to the talk is free and open to the public.

Psychedelics, such as psilocybin and MDMA, are promising treatments for mental-health disorders including addiction, depression, anxiety, and PTSD. The expert panel will discuss psychedelic-assisted therapy as well as future prospects and challenges.

The panel discussion will be

moderated by Fitchburg State Associate Professor Michael Hove of the Psychological Science Department. Panelists will include:

- Yvan Beaussant (MD, MSc, Harvard Medical School, Dana-Farber Cancer Institute), a hematologist, palliative care physician, and clinical investigator, with training in psychedelic research and therapy. He stud-

PANEL » PAGE 8



Psilocybin mushrooms stand ready for harvest in a "fruiting chamber."

JOHN MOORE — GETTY IMAGES

Panel

FROM PAGE 1

ies the effects and mechanisms of psilocybin- and

MDMA-assisted therapy on depression, pain, and existential distress in patients with serious illness.

- Francis Guerriero (MA, LICSW), a therapist, trainer, supervisor, and clinical so-

cial worker in private practice. He trains and supervises local clinicians in psychedelic-assisted psychotherapy. He was a therapist on a national study of MDMA-assiste

for PTSD, deemed a breakthrough therapy by the FDA and currently under FDA review for approval.

- Alexandre Lehmann (PhD, McGill University, BoardOnTrack), a cognitive

neuroscientist and a psychedelic science advisor to media and nonprofits. Fascinated by the therapeutic potential of music and non-ordinary states, he has been involved in

ketamine and psilocybin research.

The event is sponsored by the university's Psychological Science Department and its School of Health and Natural Sciences.

Largest MBA Programs in Massachusetts

Ranked by Total MBA enrollment

Locally Researched by: Sean McFadden Mar 06, 2024, 11:20am EST

Information was obtained from participating school representatives. Data is as of Fall 2023. Total enrollment for all MBA programs includes online students.

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	SCHOOL/PRIOR RANK (*UNRANKED IN 2023)/ URL	ADDRESS PHONE	TOTAL MBA ENROLLMENT ↓	NO. OF FULL-TIME MBA STUDENTS	NO. OF PART-TIME MBA STUDENTS	% OF MALE MBA STUDENTS	% OF FEMALE MBA STUDENTS	HEAD OF MBA PROGRAM
1	BOSTON UNIVERSITY (QUESTROM SCHOOL OF BUSINESS) bu.edu/questrom	1 Silber Way, Boston, MA 02215 617-353-9720	2,520	273	2,247	62%	38%	Barb Bickart, Senior associate dean of programs
2	HARVARD BUSINESS SCHOOL hbs.edu	Soldiers Field Road, Boston, MA 02135 617-495-6000	1,953	1,953	N/A	54.5%	45.5%	Matthew Weinzierl, Senior associate dean, chair, MBA program
3	UNIVERSITY OF MASSACHUSETTS AMHERST (ISENBERG SCHOOL OF MANAGEMENT) isenberg.umass.edu	121 Presidents Drive, Amherst, MA 01003 413-545-5608	1,532	62	1,470	59%	41%	Nikunj Kapadia, Associate dean, graduate programs
4	UNIVERSITY OF MASSACHUSETTS LOWELL (MANNING SCHOOL OF BUSINESS) uml.edu	Pulichino Tong Business Center, 1 University Ave. Lowell, MA 01854 978-934-2850	1,198	325	873	58%	42%	Michael Famighette, Assistant dean & director of graduate programs
5	FITCHBURG STATE UNIVERSITY fitchburgstate.edu	160 Pearl St., Fitchburg, MA 01420 978-665-3000	1,048	212	836	40%	60%	Beverley Hollingsworth, MBA Program Chair

FITCHBURG STATE UNIVERSITY

A FOCUS ON RELATIONSHIPS



PHOTOS COURTESY OF KEITH GENTILI

Pictured, from left Fitchburg State graduates, Eric Hanson, Keith Gentili, Keith Rice, and Eric Engler share a Golden Hour moment after summiting Mount Adams (5,799 feet) and Mount Madison (5,366 feet), two of New Hampshire's five highest peaks.



Hiking the mountains of Crawford Notch in late September delivers breathtaking views as the foliage can be peaking. Jason Unger (left), and Keith Gentili take in this scene from Mount Webster.

Local author presents book

By Cheryl A. Cuddahy
Correspondent

FITCHBURG » Fitchburg State University will continue its Community Read of alumnus Keith Gentili's book "White Mountains State: A Four-Year Journey Hiking and Summiting New Hampshire's 48 Highest Peaks" with a series of events this spring, including a talk by the author himself.

Gentili's book has been described as a down-to-earth story for anyone with an interest in hiking and mountain climbing, highlighting both the trails and challenges of the New Hampshire 48, as well as the deep satisfaction and accomplishment that can result in finishing the list.

The campus will welcome Gentili at 5 p.m. Thursday, March 21, in Hammond Hall, Fitchburg State University, 160 Pearl St. He will be joined by other alumni who are featured in his book during the talk.

The program will begin with a social hour and refreshments before the speaking program begins at 6 p.m.

Gentili started conceptualizing ideas in November 2020 (during the height of COVID) and worked on a business plan/story framework all winter, pulling

ing some notes together and soliciting opinions.

"I secured my book deal in the late spring of 2021 after sending out inquiries to New Hampshire-based publishers," he said. "I really dug in that summer, doing research, and creating the book's structure and chapter template as well as pulling photos together."

In the fall of 2021, Gentili began interviewing his hiking partners, "that was the real heavy lifting," he said with a smile. "Scheduling the interviews, traveling to my hiking partners, taping everything, and then transcribing the tape. But as all the recordings slowly became text on a page, the story really began to develop, and each chapter started to get clearer and clearer as each of my hiking partners shared their memories."

Gentili spent all winter shaping the book, chapter by chapter, and completing his interviews, writing his first chapter in April of 2022, finishing in August 2022. His book was published in November 2022, and has been dedicated, first and foremost, to his hiking partners.

"Throughout the entire process, I was pushing myself to do right by them," he said. "To tell

BOOK » PAGE 8

STANLEY CUP CHAMP HEADING TO FITCHBURG

Shawn Thornton to speak at FSU

Former Bruin making appearance at Weston Auditorium

By Nick Mallard

nmallard@sentinelandenterprise.com

FITCHBURG » Shawn Thornton, the former Boston Bruin who played on two Stanley Cup-winning National Hockey League teams, will speak about his life during an appearance at Fitchburg State University on April 8.

Thornton, currently a senior vice president with the Florida Panthers, will speak at 7 p.m. at Weston Auditorium, 353 North St. Admission to the talk is free and open to the public.

The discussion will be moderated by Fitchburg State students

Toivo Kramer, Samuel Rennick and Trenton Skaggs, all of whom are student ambassadors for the university's School of Business and Technology as well as members of the Falcons' ice hockey team.

Thornton played professional hockey for 20 years, concluding his playing career as a member of the Panthers on April 8, 2017. A two-time Stanley Cup champion (2007, 2011), the native of Oshawa, Ontario, appeared in 705 NHL games with the Panthers (2014-15 to 2016-17), Boston Bruins (2007-08 to 2013-14), Anaheim Ducks (2006-07) and Chicago Blackhawks (2002-03

to 2005-06) recording 102 points (42-60-102).

During his playing career with the Panthers, Thornton became the only player in professional hockey history to begin his career after expansion and play in over 700 NHL games and 600 American Hockey League games. He is the only player this century to record 10 fights, score 10 goals and win the Stanley Cup in the same season.

He founded the Shawn Thornton Foundation in 2013 and serves as its president and director. The Shawn Thornton Foundation is dedicated to helping find cures

FSU » PAGE 3



CHARLES KRUPA — THE ASSOCIATED PRESS

Former Boston Bruins right wing Shawn Thornton will speak at Fitchburg State University on April 8.

FSU

FROM PAGE 1

for diseases close to his

heart, specifically Parkinson's and cancer. Through his foundation, Thornton holds an annual "Pucks and Punches for Parkinson's" golf event and does

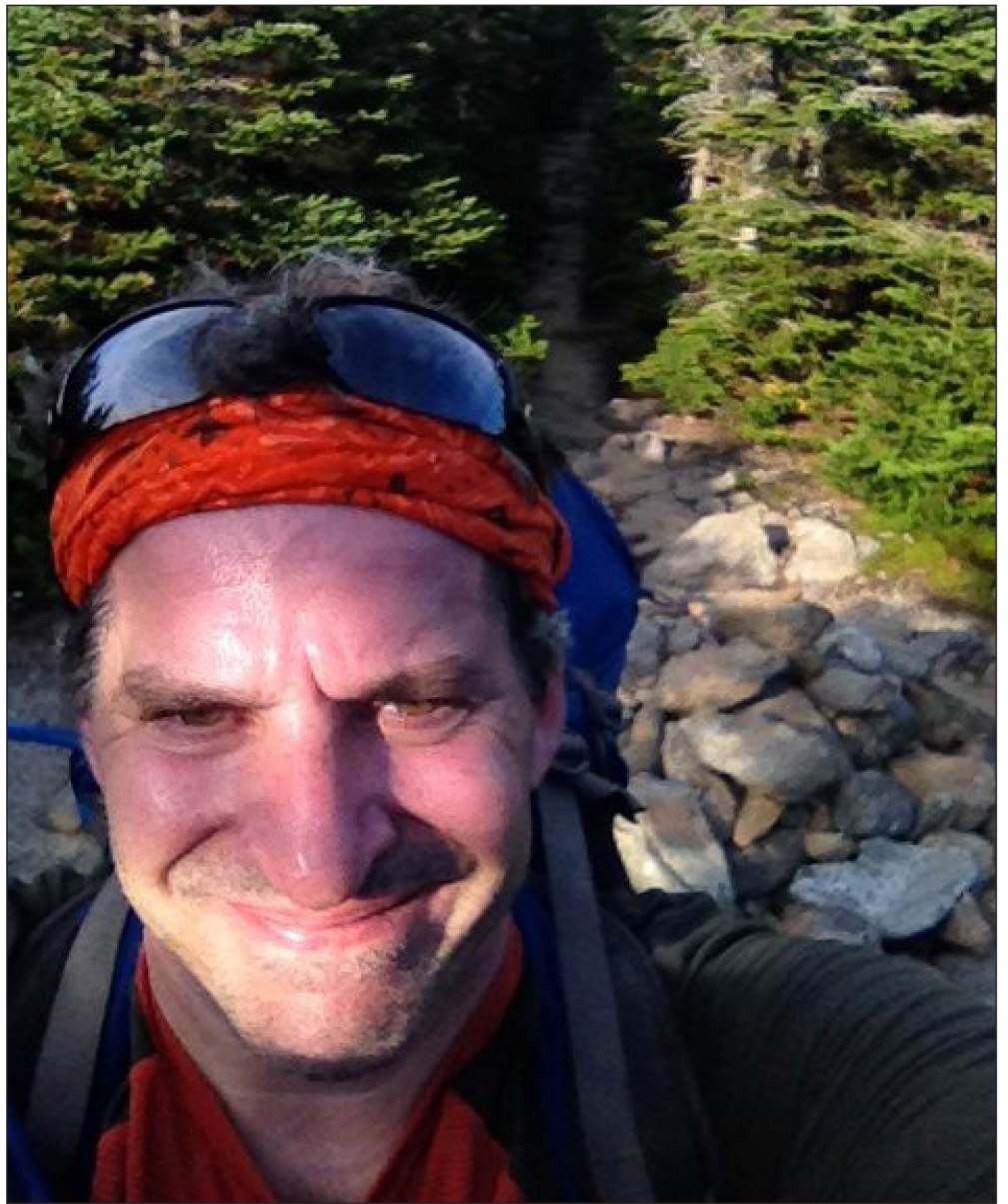
charitable work throughout Boston and South Florida.

Thornton joined the Florida Panthers executive staff on June 1, 2017, after playing three seasons with

the club over his 20-year professional hockey career. His memoir, "Fighting My Way to the Top," was published in 2021.

The talk on April 8 is

sponsored by Fitchburg State's Office of the President, Office of the Provost, Office of Student Affairs, and the School of Business and Technology.



(COURTESY OF KEITH GENTILI)

Climbing from the floor of Carter Notch to the summit of Carter Dome (elevation 4,832 feet) on a hot summer day with an overnight pack can leave folks red faced as it did author — hiker Keith Gentili.

Book

FROM PAGE 1

our story as accurately as I could, based on all of our recollections from these 26 hikes and their planning. It was essentially a promise I made to myself at the beginning, that if they signed on to the project, and they did, I would do everything I could to tell the story openly...warts and all.”

Gentili says he also wanted to tell the story of 26 ‘hikes gone good’, believing that there is a lot of hiking literature about ‘hikes gone bad,’ including stories of folks lost from our own community, the White Mountains hiking community.

“During both my planning and writing process, this became increasingly important to me as I got deeper and deeper into the project,” Gentili added. “I wanted to place an alternative to ‘death at elevation’ on hiker bookshelves. Give folks a story to read about

getting up and down mountains successfully while often spotlighting the things that did go wrong.”

However, his most important message to his readers is that he wanted a published account of what it took for a group of local hikers to complete the New Hampshire 48, from start to finish — a record, he says.

“While ‘White Mountains State’ is not a guide to the New Hampshire 48, it is certainly our road map. How we did it. From concept to completion including all of our highs and lows, with an emphasis on planning, education, and evolution,” said Gentili. “That is why each of my hiking partners’ story is told and so much of the book focuses on relationships — the relationships between hiking partners as well as the relationship we each had with the mountains and the 48 in its entirety.”

Gentili is also the editor and publisher of the New Boston Beacon, located in New Boston, NH. He was

of the Year 2023, New England Serious Columnist of the Year; three-time New Hampshire Columnist of the Year; New Hampshire Press Association General Excellence Honoree, and New England Press Association Distinguished Newspaper in 2021, 2022, and 2023.

The Community Read is a collaboration between Fitchburg State University, Mount Wachusett Community College, local public libraries, and the surrounding communities.

Its mission is to promote thought-provoking discussions of literature to all audiences. This program is the product of the community, for the community. Its goal is to facilitate a place for insightful discussion, giving members of the community a chance to share their opinions and be heard.

Copies of Gentili’s book will be on sale at the event.

For more information on Keith Gentili, you are welcome to visit his Facebook pages whitemountainstate/; NewBostonBeacon/, and keith gentili/.

FITCHBURG STATE UNIVERSITY

FSU GRAD TO COMPETE ON 'THE AMAZING RACE'

Submitted Article

FITCHBURG » Mary Cardona-Foster, a 2018 graduate of Fitchburg State University, will be among the competitors on the upcoming season of the globe-trotting, Emmy Award-winning reality series "The Amazing Race."

Cardona-Foster, a Waltham native who works as a marketing manager, is a longtime fan of reality TV. And "The Amazing Race" was her late mother's favorite television show.

"I applied on a whim, and got a casting call," she said. With her father, Chris Foster, as her teammate, they went through a battery of psychological examinations, vaccinations, and other trials just to qualify to appear on the show.

They were selected as alternates, but Cardona-Foster chose to look at the bright side. "I'm a positive person, so I thought, 'That's not a no.'"

They were flown to Los Angeles and stood by for several nights, until they got the call that they were indeed being added to the season's cast of competitors.

Cardona-Foster is forbidden from discussing how she and her father fared on the show — viewers will have to tune in when the season premieres on March 13 — but was happy to say it was a meaningful experience. "Doing the show with my dad was very special," she said. "He's always been my biggest supporter."

She returned to the Fitchburg State campus in February to start work with current students in the Communications Media Department. For Professor Randy Howe's class on communicating project design, Cardona-Foster will be serving as the client for whom teams of undergraduate students will be preparing marketing materials and campaigns. Later this semester, she will pick the winning proposal.

She said it was gratifying to be back on campus, where she honed the skills that she uses in her professional life every day. She majored in Communications Media with a concentration in professional communications and a minor in Spanish. As an undergraduate, Cardona-Foster also worked with the Athletics Department and was among 40 students selected from across the country to participate in the NCAA Convention Division III Student Immer-

RACE » PAGE 9



COURTESY OF MARY CARDONA-FOSTER

Mary Cardona-Foster of Waltham, a 2018 Fitchburg State University graduate, will compete with her father, Chris Foster, in the upcoming season of the CBS reality show "The Amazing Race."

Race

FROM PAGE 1

sion Program.

"I loved Fitchburg State because I felt like a big fish in a small pond," she said. "I

appreciated the real-world experiences I had. Now, it's nice to give back to the university with my knowledge and experience."

"The Amazing Race" kicks off Wednesday, March 13 (9:30-11:00 PM, ET/PT) on the CBS Television Net-

work, and streaming on Paramount+ (live and on demand for Paramount+ with Showtime subscribers, or on demand for Paramount+ Essential subscribers the day after the episode airs).

—Fitchburg State University



LOCAL NEWS

Sunday, March 24, 2024 » MORE AT [FACEBOOK.COM/SENTINELANDENTERPRISE](https://www.facebook.com/sentinelandenterprise) AND [TWITTER.COM/SENTANDENT](https://twitter.com/sentandent)

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FITCHBURG STATE UNIVERSITY

Vocal, instrumental ensembles present 'Music Mega-Mix'

Features students, faculty, staff, alumni and community members

Submitted Article

FITCHBURG » The public is invited to enjoy samplings from all the instrumental groups on campus at Fitchburg State University this Tuesday evening at a free concert being held in Weston Auditorium.

The Music Mega-Mix is a showcase of bite-sized performances by its Community Orchestra, Concert Band, Chamber Choir, Concert Choir, and Modern Band and will be held

at 7:30 p.m. Tuesday, March 26. The Auditorium is located at 353 North St. and admission is free and open to all.

The ensembles consist of students, alumni, faculty, staff, and community members.

The Community Orchestra is conducted by Professor Hildur Schilling. Associate Professor Jonathan Harvey conducts the Chamber Choir and Concert Choir, and the Concert Band and Modern



BEN PRUCHNIE — GETTY IMAGES

An orchestra and concert band will play during the March 26 show at Weston Auditorium.

Band are conducted by As- Clothlin
Assistant Professor Amy Mc BoardOnTrack,
Learn more about the

university's music offerings
at fitchburgstate.edu/music.

-Fitchburg State Univer-
sity 132 of 133

FITCHBURG STATE UNIVERSITY

FSU gears up for New England's largest drag show

Annual Benefit Drag Show, on April 4, running 17 years

Submitted Article

FITCHBURG » The Gay Straight Alliance (GSA) at Fitchburg State University will present its 17th annual Benefit Drag Show at 7 p.m. Thursday, April 4, an event designed to entertain, enlighten, and share a great cultural experience with the community.

The “Dancing Queens” drag show will be held at the Athletics and Recreation Center, 130 North St., Fitchburg. Proceeds from the show will support the LGBTQ Student Scholarship at Fitchburg State. The program is labeled as New England’s largest and oldest drag show.

This year’s program will feature dancing and cabaret-style performances by 7 stage performers including Anita Cocktail, Destiny Boston, Jada Pinkette Fox, Abby Cummings, Lady Sabrina and Roxy Brooks,



DANIELLE RAY — SENTINEL & ENTERPRISE

The campus is preparing for the 17th annual Fitchburg State University Drag Show on April 4, 2024. Pictured is Mistress of Ceremonies Raquel Blake during the event last year.

with Raquel Blake to be the Mistress of Ceremonies for the evening.

DJ Scotty P will spin the tunes for the show, during which a major announcement will be made. The highly anticipated

Race, with students from the university, will crown a Drag Queen and a Drag King.

“It is a thrill and honor to be able to advise this club for 23 years,” said Association Director of Student De-

velopment Shane Franzen, who has organized the show since its inception. “Their commitment to change, education, and camaraderie is overwhelming. This show is a culmination of a year’s worth of hard work. With the negative rhetoric that the LGBTQ+ community faces every day, this show is such an important way for our students and Fitchburg State Community to combat such hate. We are very excited, ecstatic to be honest, to be able to make a major announcement at this year’s show as a way to make change in the lives of our students and the Fitchburg community.”

This event is for audiences aged 18 and over. Tickets, at the door, are \$5 for students; \$10 for the public. Doors will open at 6:30 p.m.

-Fitchburg State University