




See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012</b>		<b>D Employer identification number</b> 37-0661494	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BRADLEY UNIVERSITY		<b>E Telephone number</b> (309) 677-3117
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1501 W BRADLEY AVENUE		<b>G</b> Gross receipts \$ 200,691,607
	City or town, state or country, and ZIP + 4 PEORIA, IL 616250001		
	<b>F</b> Name and address of principal officer GARY ANNA 1501 W BRADLEY AVENUE PEORIA, IL 616250001		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> BRADLEY.EDU			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1897	<b>M</b> State of legal domicile IL

<b>Part I</b>	<b>Summary</b>
---------------	----------------

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities BRADLEY UNIVERSITY IS COMMITTED TO NURTURING THE MULTIFACETED DEVELOPMENT OF STUDENTS TO ENABLE THEM TO BECOME LEADERS, INNOVATORS, AND PRODUCTIVE MEMBERS OF SOCIETY OUR GRADUATES ARE PREPARED FOR LIFE AND PROFESSIONS IN A CHANGING WORLD AND THEY ARE ABLE TO CROSS ACADEMIC, GEOGRAPHIC, AND CULTURAL BOUNDRIES A BRADLEY EDUCATION IS CHARACTERIZED BY SMALL CLASSES, ACTIVE LEARNING, MENTORING BY HIGHLY QUALIFIED FACULTY, CHALLENGING ACADEMIC PROGRAMS, OPPORTUNITIES FOR STUDY ABROAD, AND NUMEROUS CO-CURRICULAR ACTIVITIES WE RECRUIT, DEVELOP, AND SUPPORT FACULTY WHO ARE PASSIONATE EDUCATORS AND OUTSTANDING SCHOLARS WHOSE RESEARCH AND CREATIVE CONTRIBUTIONS BENEFIT SOCIETY WE EXPECT AND REWARD PEDAGOGY AND SCHOLARSHIP OF EXCEPTIONAL QUALITY AND INFLUENCE		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	3,684
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	1,171
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	383,561	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	101,837	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	22,313,005	23,643,740
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	163,694,212	166,377,308
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,523,318	1,568,755
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	230,801	221,473
		216,761,336	191,811,276
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	47,798,855	49,540,901
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,993,910	89,733,663
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>5,398,363</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	53,671,912	56,830,160
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	191,464,677	196,104,724
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	25,296,659	-4,293,448
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	580,145,644	576,492,072
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	190,784,963	205,661,907
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	389,360,681	370,830,165

<b>Part II</b>	<b>Signature Block</b>
----------------	------------------------

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.

<b>Sign Here</b>	***** Signature of officer			2013-03-29 Date	
	GARY ANNA VICE PRESIDENT BUS AFFAIRS Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	SAMUEL A CIGELNIK	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 301 SW ADAMS STE 900 BOX 1835 PEORIA, IL 616561835			EIN 41-0746749
					Phone no (309) 671-4500

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

Part IIIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

BRADLEY UNIVERSITY IS COMMITTED TO NURTURING THE MULTIFACETED DEVELOPMENT OF STUDENTS TO ENABLE THEM TO BECOME LEADERS, INNOVATORS, AND PRODUCTIVE MEMBERS OF SOCIETY OUR GRADUATES ARE PREPARED FOR LIFE AND PROFESSIONS IN A CHANGING WORLD AND THEY ARE ABLE TO CROSS ACADEMIC, GEOGRAPHIC, AND CULTURAL BOUNDRIES A BRADLEY EDUCATION IS CHARACTERIZED BY SMALL CLASSES, ACTIVE LEARNING, MENTORING BY HIGHLY QUALIFIED FACULTY, CHALLENGING ACADEMIC PROGRAMS, OPPORTUNITIES FOR STUDY ABROAD, AND NUMEROUS CO-CURRICULAR ACTIVITIES WE RECRUIT, DEVELOP, AND SUPPORT FACULTY WHO ARE PASSIONATE EDUCATORS AND OUTSTANDING SCHOLARS WHOSE RESEARCH AND CREATIVE CONTRIBUTIONS BENEFIT SOCIETY WE EXPECT AND REWARD PEDAGOGY AND SCHOLARSHIP OF EXCEPTIONAL QUALITY AND INFLUENCE

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O




















3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4Describe 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 and section 4947(a)(1) trusts 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 \$ 137,890,901 including grants of \$ 45,614,550 ) (Revenue \$ 137,479,173 ) INSTRUCTION AND RESEARCH - PROVIDING HIGHER EDUCATION TO STUDENTS
4b	(Code ) (Expenses \$ 8,492,766 including grants of \$ 746,010 ) (Revenue \$ 12,934,719 ) AUXILIARY SERVICES - PROVIDES SUPPORT SERVICES FOR STUDENTS WHICH INCLUDES HOUSING, BOOKSTORE, STUDENT ID CARDS, AND CONFERENCE FACILITIES
4c	(Code ) (Expenses \$ 8,472,072 including grants of \$ ) (Revenue \$ 7,534,410 ) FOOD SERVICE - PROVIDES BOARD (CAFETERIA SERVICES) FOR STUDENTS LIVING ON CAMPUS AND OFF CAMPUS ALSO INCLUDES FOOD PURCHASES BY EMPLOYEES
	(Code ) (Expenses \$ 11,677,558 including grants of \$ 3,180,341 ) (Revenue \$ 2,057,576 ) INTERCOLLEGIATE ATHLETICS - PROVIDES FOR INTERCOLLEGIATE ATHLETIC ACTIVITY DIVISION I SPORTS OF MEN'S BASKETBALL, TENNIS, TRACK, GOLF, BASEBALL AND SOCCER AND WOMEN'S BASKETBALL, VOLLEYBALL, CROSS-COUNTRY, GOLF, SOFTBALL AND TENNIS
	(Code ) (Expenses \$ 1,767,036 including grants of \$ ) (Revenue \$ 530,691 ) OTHER EDUCATIONAL BENEFITS - PROVIDES TECHNICAL SUPPORT FOR FACULTY, STAFF AND STUDENTS, CHILDCARE CENTER FOR TRAINING OPPORTUNITIES, EMPLOYMENT CENTER FOR STUDENTS
	(Code ) (Expenses \$ 5,475,943 including grants of \$ ) (Revenue \$ 5,460,267 ) OTHER DEPARTMENT PROGRAMS - PROVIDES SERVICES FOR TRANSCRIPTS, CULTURAL PROGRAMS OFFERED TO CAMPUS AND PUBLIC, CONTINUING EDUCATION PROGRAMS, AND MISCELLANEOUS OTHER PROGRAMS
4d	Other program services (Describe in Schedule O ) (Expenses \$ 18,920,537 including grants of \$ 3,180,341 ) (Revenue \$ 8,048,534 )
4e	Total program service expenses \$ 173,776,276

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	422	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	
c			1c	Yes
2a			2a	3,684
b			2b	Yes
3a			3a	Yes
b			3b	Yes
4a			4a	No
b				
5a			5a	No
b			5b	No
c			5c	
6a			6a	No
b			6b	
7			7a	Yes
a			7b	Yes
c			7c	No
d			7d	
e			7e	No
f			7f	No
g			7g	
h			7h	
8			8	
9			9a	
b			9b	
10			10a	
b			10b	
11			11a	
b			11b	
12a			12a	
b			12b	
13			13a	
b			13b	
c			13c	
14a			14a	No
b			14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. PRATIMA GANDHI CONTROLLER 1501 W BRADLEY 103 SWORDS HALL PEORIA, IL 61625 (309) 677-3123	

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	3,668,618	0	675,947

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 119

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	Yes	
<b>4</b>	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> . . . . .	<b>4</b>	Yes	
<b>5</b>	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> . . . . .	<b>5</b>		No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LONTAI DESIGN LLC 2619 HEADING STE 312 W PEORIA, IL 61604	ARCHITECTURAL	627,674
HOERR SCHAUDT LANDSCAPE 850 W JACKSON STE 800 CHICAGO, IL 60607	LANDSCAPE DESIGN	579,479
AUBREY L ATKINSON 4507 SILVAS ROAD BARTONVILLE, IL 61607	FLOORING INSTALLATION & PREP	414,676
MILLER HALL & TRIGGS 416 MAIN ST PEORIA, IL 61602	LEGAL	314,704
JL MILLER CO PO BOX 219 WAUKON, IA 52172	CABINET MAKER	268,783
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>11</b>		

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	326,998			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	9,513,700			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,803,042			
	g	Noncash contributions included in lines 1a-1f \$ 568,956					
	h	Total. Add lines 1a-1f . . . . .		23,643,740			
Program Service Revenue	2a	INSTRUCTION & RESEARCH	Business Code 611600	137,479,320	137,479,173	147	
	b	AUXILIARY SERVICE	722210	13,085,618	12,934,719	150,899	
	c	FOOD SERVICE REVENUE	611710	7,534,410	7,534,410		
	d	DEPT PROGRAMS	611710	5,460,267	5,460,267		
	e	INTERCOLLEGIATE ATHLET	611710	2,287,002	2,057,576	229,426	
	f	All other program service revenue		530,691	530,691		
	g	Total. Add lines 2a-2f . . . . .		166,377,308			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		10,068,084		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real 296,408	(ii) Personal			
b		Less rental expenses	243,781				
c		Rental income or (loss)	52,627				
d		Net rental income or (loss) . . . . .		52,627			52,627
7a		Gross amount from sales of assets other than inventory	(i) Securities 3,089	(ii) Other			
b		Less cost or other basis and sales expenses	8,502,418				
c		Gain or (loss)	-8,499,329				
d		Net gain or (loss) . . . . .		-8,499,329		3,089	-8,502,418
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	203,943			
b		Less direct expenses . . . .	b	86,363			
c		Net income or (loss) from fundraising events . .		117,580			117,580
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a	99,035			
b		Less direct expenses . . . .	b	47,769			
c		Net income or (loss) from gaming activities . .		51,266			51,266
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		191,811,276	165,996,836	383,561	1,787,139	

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) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	49,523,071	49,523,071		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	17,830	17,830		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,765,760	381,707	1,152,754	231,299
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	68,067,154	56,764,592	8,701,263	2,601,299
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,367,784	1,937,627	334,114	96,043
9	Other employee benefits	12,851,326	10,574,117	1,740,308	536,901
10	Payroll taxes	4,681,639	3,831,121	660,619	189,899
11	Fees for services (non-employees)				
a	Management	1,870,549	1,359,985	475,500	35,064
b	Legal	596,370	1,156	595,214	
c	Accounting	141,840	3,750	138,090	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	960,583		960,583	
g	Other	356,890	318,442	38,448	
12	Advertising and promotion	282,088	272,086	10,002	
13	Office expenses	8,690,039	6,408,665	1,462,393	818,981
14	Information technology	1,885,821	1,599,502	212,034	74,285
15	Royalties	23,680	23,680		
16	Occupancy	14,054,596	12,540,928	1,291,398	222,270
17	Travel	2,866,249	2,574,687	150,957	140,605
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183,834	166,419	9,505	7,910
20	Interest	4,328,160	3,964,085	364,075	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,336,717	11,336,717		
23	Insurance	1,193,373	1,112,572	80,801	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	ATHLETIC MISCELLANEOUS	2,679,300	2,679,300		
b	OTHER PROGRAM MISCELLAN	2,624,611	2,599,049	25,562	
c	MISCELLANEOUS	2,216,086	1,432,519	429,640	353,927
d	FINE ARTS/RADIO STATION	539,374	539,374		
e					
f	All other expenses		1,813,295	-1,903,175	89,880
25	Total functional expenses. Add lines 1 through 24f	196,104,724	173,776,276	16,930,085	5,398,363
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			411,592	1	1,048,865
	2	Savings and temporary cash investments . . . . .			2	2	
	3	Pledges and grants receivable, net . . . . .			18,232,938	3	14,380,587
	4	Accounts receivable, net . . . . .			2,520,302	4	2,643,454
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			14,050	7	14,615
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			2,439,621	9	3,073,704
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	458,737,359			
	b	Less accumulated depreciation . . . . .	10b	129,053,331	303,341,709	10c	329,684,028
	11	Investments—publicly traded securities . . . . .			168,466,748	11	138,008,619
	12	Investments—other securities See Part IV, line 11 . . . . .			78,885,543	12	82,202,681
	13	Investments—program-related See Part IV, line 11 . . . . .			5,833,139	13	5,435,519
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			580,145,644	16	576,492,072
Liabilities	17	Accounts payable and accrued expenses . . . . .			23,797,329	17	19,997,735
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			2,887,964	19	2,399,982
	20	Tax-exempt bond liabilities . . . . .			120,800,318	20	119,065,040
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			258,750	22	773,222
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			2,756,895	23	2,414,759
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			8,655,740	24	20,491,226
	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 . . . . .			31,627,967	25	40,519,943
	26	Total liabilities. Add lines 17 through 25 . . . . .			190,784,963	26	205,661,907
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			287,875,886	27	266,670,522
	28	Temporarily restricted net assets . . . . .			43,407,927	28	41,750,221
	29	Permanently restricted net assets . . . . .			58,076,868	29	62,409,422
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			389,360,681	33	370,830,165
	34	Total liabilities and net assets/fund balances . . . . .			580,145,644	34	576,492,072

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	191,811,276
2	Total expenses (must equal Part IX, column (A), line 25)	2	196,104,724
3	Revenue less expenses Subtract line 2 from line 1	3	-4,293,448
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	389,360,681
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14,237,068
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	370,830,165

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
37-0661494

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
37-0661494

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ 385,903

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	250,208,964	211,803,672	186,714,846	251,408,127
b	Contributions . . . . .	6,716,777	4,405,313	3,479,383	5,085,081
c	Investment earnings or losses . . . . .	-10,352,455	42,336,739	29,722,538	-61,664,008
d	Grants or scholarships . . . . .	3,639,384	3,301,007	3,134,376	3,007,868
e	Other expenditures for facilities and programs . . . . .	4,816,689	4,201,228	4,055,036	4,215,018
f	Administrative expenses . . . . .	960,583	834,525	923,683	891,468
g	End of year balance . . . . .	237,156,630	250,208,964	211,803,672	186,714,846

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 54 000 %

b

Permanent endowment ▶ 41 710 %

c

Term endowment ▶ 4 290 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		24,309,566		24,309,566
b Buildings . . . . .		310,312,048	78,017,372	232,294,676
c Leasehold improvements . . . . .				
d Equipment . . . . .		68,248,856	50,847,858	17,400,998
e Other . . . . .		55,866,889	188,101	55,678,788
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				329,684,028



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	191,811,276
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	196,104,724
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,293,448
4	Net unrealized gains (losses) on investments	4	-10,333,386
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,903,682
9	Total adjustments (net) Add lines 4 - 8	9	-14,237,068
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,530,516

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	155,480,103
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-45,204,948
e	Add lines 2a through 2d . . . . .	2e	-45,204,948
3	Subtract line 2e from line 1 . . . . .	3	200,685,051
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-8,873,775
c	Add lines 4a and 4b . . . . .	4c	-8,873,775
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	191,811,276

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	174,010,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	14,237,068
d	Other (Describe in Part XIV) . . . . .	2d	8,873,775
e	Add lines 2a through 2d . . . . .	2e	23,110,843
3	Subtract line 2e from line 1 . . . . .	3	150,899,776
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	45,204,948
c	Add lines 4a and 4b . . . . .	4c	45,204,948
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	196,104,724

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	COLLECTION OF ART AND OTHER HISTORICAL TREASURES INCLUDE VARIOUS SCULPTURES, PAINTINGS, AND OTHER WORKS OF ART, SEA CHART, HISTORICAL MAPS OF AMERICA, ANTIQUE WATCH FROM WHEN THE UNIVERSITY WAS A COLLEGE OF HOROLOGY, AND HISTORICAL BOOKS. THESE ITEMS ARE ON DISPLAY IN THE LIBRARY AND OTHER PARTS OF CAMPUS AND SERVE TO FURTHER THE UNIVERSITY'S EDUCATIONAL PURPOSE IN THE ARTS, HISTORY, AND THE HUMANITIES IN GENERAL.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY ENDOWMENT SERVES TO SUPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY BY PROVIDING SUBSTANTIAL AND SUSTAINABLE FLOW OF FUNDS TO THE OPERATING BUDGET AND RESTRICTED FUNDS IN ORDER TO SUPPORT THE LONG-TERM GOALS OF THE UNIVERSITY.
PART XI, LINE 8 - OTHER ADJUSTMENTS		SWAP CONTRACT LOSS -3,591,930. CHANGES IN SPLIT DOLLAR INTEREST -311,752. TOTAL TO SCHEDULE D, PART XI, LINE 8 -3,903,682.
PART XII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL AID -45,204,948.
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -243,781. FUNDRAISING EXPENSES -86,363. GAMING EXPENSES -47,769. LOSS ON SALE OF INVESTMENTS -8,495,862.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 243,781. FUNDRAISING EXPENSES 86,363. GAMING EXPENSES 47,769. LOSS ON SALE OF INVESTMENTS 8,495,862.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 45,204,948.

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
  
37-0661494

Part I		YES	NO
<div>1</div> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II			

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE STATEMENT "BRADLEY UNIVERSITY IS COMMITTED TO A POLICY OF NON-DISCRIMINATION AND THE PROMOTION OF EQUAL OPPORTUNITIES FOR ALL PERSONS REGARDLESS OF AGE, COLOR, CREED, DISABILITY, ETHNICITY, MARITAL STATUS, NATIONAL ORIGIN, RACE, RELIGION, SEX, SEXUAL ORIENTATION, OR VETERAN STATUS. THE UNIVERSITY IS ALSO COMMITTED TO COMPLIANCE WITH ALL APPLICABLE LAWS REGARDING NON-DISCRIMINATION, HARASSMENT AND AFFIRMATIVE ACTION" IS CONSPICUOUSLY DISPLAYED IN ALL ADMISSIONS MATERIAL INCLUDING UNIVERSITY CATALOGS.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES TITLE 4 FEDERAL FUNDS.

OMB No 1545-0047

**Open to Public Inspection**

37-0661494

**3** Activities per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011



[illegible]

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

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

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 37-0661494  
**Name:** BRADLEY UNIVERSITY

**Part V**

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

OMB No 1545-0047

# 2011

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

Employer identification number

37-0661494

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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			
<b>Total . . . . . ➡</b>						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AUCTION (event type)	GOLF OUTING (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	120,250	61,080	22,613
	2	Less Charitable contributions . . . .	0	0	
	3	Gross income (line 1 minus line 2) . . . .	120,250	61,080	22,613
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	16,531		16,531
	6	Rent/facility costs . . . .	3,085	11,455	14,540
	7	Food and beverages . . . .	23,087	9,574	7,968
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	4,450	9,887	326
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			( 86,363 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . .			117,580

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .		99,035	99,035
	2	Cash prizes . . . . .		46,374	46,374
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .		1,395	1,395
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .					( 47,769 )
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .					51,266

9 Enter the state(s) in which the organization operates gaming activities IL

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

b If "No," Explain

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

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☒

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☒

No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

CRAIG DAHLQUIST SENIOR ATH DIRECTOR - COMPLIANCEFINANCE

Address

BRADLEY UNIVERSITY 1501 W BRADLEY A  
PEORIA,IL 61625

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☒

No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

CRAIG DAHLQUIST

Gaming manager compensation \$ 0

Description of services provided

BOOKS & RECORDS

☐ Director/officer

☒ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☒

No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRADLEY UNIVERSITY

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
37-0661494

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

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

3

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



**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMPLOYEE TUITION REMISSION	252		3,538,492	BASED ON TUITION CHARGES	EMPLOYEE DISCOUNT ON TUITION
(2) AWARDS	111	52,786		FMV	
(3) UNIVERSITY GRANT & SCHOLARSHIPS	4054		39,095,897	BASED ON FORMULA	GRANTS & SCHOLARSHIPS
(4) OTHER TUITION WAIVERS	197		1,802,834	BASED ON TUITION CHARGES	SPECIAL AFFINITY WAIVERS
(5) GRADUATE SCHOLARSHIPS	421		1,106,711	BASED ON FORMULA	GRANTS & SCHOLARSHIPS
(6) ATHLETIC SCHOLARSHIPS	166		3,180,341	IN COMFORMANCE WITH NCAA GUIDELINES	SCHOLARSHIPS
(7) RESIDENT HALL SCHOLARSHIPS	113		746,010	BASED ON ROOM AND BOARD CHARGES	SCHOLARSHIPS FOR ROOM AND BOARD

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY UTILIZES THE POWERFAIDS FINANCIAL AID MANAGEMENT SYSTEM WHICH REQUIRES THE END USER TO TIE HIGHLY SPECIFIC ELIGIBILITY CRITERIA TO INDIVIDUAL AID PROGRAMS DURING EXECUTION OF THE AUTOMATED AWARDING MODULE WITHIN POWERFAIDS AID IS ALLOCATED BASED ON THE PRE-ESTABLISHED CRITERIA ENSURING THAT GRANT FUNDS ARE ONLY DISTRIBUTED TO APPROPRIATE, QUALIFIED RECIPIENTS POST AUTO-AWARDING A SERIES OF MIS INFORMATION REPORTS PERFORM A STUDENT-BY-STUDENT TEST OF AWARD EFFICACY MONITORING THAT STUDENT GRANT AID HAS BEEN APPROPRIATELY DISTRIBUTED WITHIN THE STUDENT ACCOUNTS SYSTEM AND GENERAL LEDGER STUDENT GRANT PROGRAMS EXPENDITURES ARE ASSIGNED SUB-CODES THAT UNIQUELY IDENTIFY THEM AS SUCH THUS PROHIBITING ANY INADVERTANT OR INAPPROPRIATE DISTRIBUTION THE UNIVERSITY HAS ESTABLISHED APPROPRIATE CONTROLS THROUGH SEPARATION OF RESPONSIBILITIES AND INTERNAL AUDIT PROCEDURES THAT PRECLUDE ANY ENTITY WITHIN THE ADMINISTRATIVE STRUCTURE FROM DIVERTING STUDENT GRANT AID TO NONQUALIFIED USES
		SCHEDULE I, PART III, COLUMN D - THE "NON-CASH ASSISTANCE" REPORTED ARE CREDITS AGAINST STUDENT TUITION CHARGES

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
  
37-0661494

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOANNE K GLASSER	(i) (ii)	456,177 0	50,000 0	74,678 0	82,000 0	36,355 0	699,210 0	37,200 0
(2) GARY M ANNA	(i) (ii)	219,902 0	0 0	61,163 0	52,222 0	22,343 0	355,630 0	48,000 0
(3) ALAN GALSKY	(i) (ii)	175,493 0	54,190 0	3,890 0	8,970 0	19,438 0	261,981 0	0 0
(4) PAT VICKERMAN	(i) (ii)	200,303 0	0 0	22,199 0	16,500 0	29,904 0	268,906 0	0 0
(5) DAVID GLASSMAN	(i) (ii)	231,069 0	0 0	1,913 0	16,382 0	19,274 0	268,638 0	0 0
(6) MICHAEL CROSS	(i) (ii)	173,553 0	0 0	16,646 0	66,500 0	28,091 0	284,790 0	0 0
(7) GENO FORD	(i) (ii)	530,052 0	0 0	16,991 0	12,106 0	23,572 0	582,721 0	0 0
(8) DESH P MEHTA	(i) (ii)	250,026 0	0 0	0 0	22,000 0	13,759 0	285,785 0	0 0
(9) LAURENCE WEINZIMMER	(i) (ii)	234,644 0	0 0	0 0	6,857 0	27,692 0	269,193 0	0 0
(10) JOSEPH CHEN	(i) (ii)	216,668 0	0 0	0 0	22,000 0	19,668 0	258,336 0	0 0
(11) PATRICIA HATFIELD	(i) (ii)	185,643 0	0 0	0 0	16,500 0	29,459 0	231,602 0	0 0
(12) PETER JOHNSEN	(i) (ii)	143,136 0	0 0	0 0	22,000 0	17,803 0	182,939 0	0 0
(13) JIM LES	(i) (ii)	340,242 0	0 0	10,040 0	16,500 0	28,052 0	394,834 0	0 0

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	JOANNE GLASSER, PRESIDENT, RECEIVED TAX GROSS-UP, RESIDENCE FOR PERSONAL USE, PERSONAL SERVICES, AND CLUB DUES. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. GARY ANNA, VICE PRESIDENT BUSINESS AFFAIRS, RECEIVED TAX GROSS-UP. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. PAT VICKERMAN, VICE PRESIDENT ADVANCEMENT, RECEIVED TAX GROSS-UP. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. JAMES LES, FORMER MEN'S BASKETBALL COACH, RECEIVED TAX GROSS-UP AND CLUB DUES. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. DAVID GLASSMAN, VICE PRESIDENT & PROVOST-ACADEMIC AFFAIRS, RECEIVED TAX GROSS-UP. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. ALAN GALSKY, VICE PRESIDENT STUDENT AFFAIRS, RECEIVED TAX GROSS-UP. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. MICHAEL CROSS, DIRECTOR OF ATHLETICS, RECEIVED TAX GROSS-UP. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION. GENO FORD, MEN'S BASKETBALL COACH, RECEIVED TAX GROSS-UP, LIVING EXPENSES, AND CLUB DUES. ALL TAXABLE BENEFITS WERE TREATED AS TAXABLE COMPENSATION.
	PART I, LINE 1B	THE UNIVERSITY HAS A POLICY FOR CHARTER TRAVEL. HOWEVER, FOR ALL OTHER COMPONENTS INDICATED, THE UNIVERSITY PROVIDES FOR IN A WRITTEN CONTRACT WITH THE EMPLOYEE.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
37-0661494

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY SERIES 2007 A	86-1091967	45200B3A4	04-17-2007	59,003,141	REFUND BONDS ISSUED ON 8/12/99, CONSTRUCT UNIV FAC		X		X		X
B	ILLINOIS FINANCE AUTHORITY SERIES 2008 A&B	86-1091967	45200FDZ9	03-25-2008	63,775,000	REFUND BONDS ISSUED ON 2/19/02 AND 4/17/07		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	62,291,040		63,775,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	4,284,055							
6	Proceeds in refunding escrow	7,378,953		63,139,738					
7	Issuance costs from proceeds	1,063,656		564,514					
8	Credit enhancement from proceeds			70,748					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	55,290,813							
11	Other spent proceeds			1,959					
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider			MORGAN STANLEY					
c	Term of hedge			30 000000000000					
d	Was the hedge superintegrated?				X				
e	Was a hedge terminated?				X				
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	RABOBANK MUNICIPAL CAP MKTS							
c	Term of GIC	2 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VISupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION		SCHEDULE K LINE 7 COLUMN A - ISSUANCE COST \$ 586,715 QUALIFIED GUARANTEE FEES \$ 476,940 TOTAL \$1,063,655 SCHEDULE K LINE 7 COLUMN B - ISSUANCE COST \$564,514
SCHEDULE K, PART III LINE 3B AND 3D - COLUMN A		A REVIEW WAS DONE INITIALLY BY BOND COUNSEL AND THE RELATIONSHIP WAS NOT CHANGED

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2011**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization BRADLEY UNIVERSITY	Employer identification number 37-0661494
--	--

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) CONTRACT PAYABLE - FORMER OFFICER P CONTRACT PAYABLE	X		1,035,000	0		No	Yes		Yes	
(2) CONTRACT PAYABLE - FORMER COACH JIM CONTRACT PAYABLE	X		1,039,200	773,222		No	Yes		Yes	
Total . . . . . ▶ \$ 773,222										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DOUG STEWART	TRUSTEE, BOARD	43,391	PROVISION OF GOODS & SERVICES		No

Part V

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

Identifier	Return Reference	Explanation
------------	------------------	-------------



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
BRADLEY UNIVERSITY

Employer identification number  
37-0661494

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	13	179,929	APPRAISAL
2 Art—Historical treasures . . . . .	X	1	2,995	APPRAISAL
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	25	172,192	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	1	60,000	APPRAISAL
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	1	15,031	APPRAISAL
19 Food inventory . . . . .	X	31	7,462	RECEIPTS
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>ALLIANCE LIBRARY SUPPORT</u> )	X	1	24,572	FMV
26 Other ► ( <u>KILN</u> )	X	1	3,281	RECEIPTS
27 Other ► ( <u>DELL TAPE LIBRARY</u> )	X	1	10,000	FAIR MARKET VALUE
28 Other ► ( <u>7 COMPUTERS</u> )	X	7	7,000	FAIR MARKET VALUE
Other ► ( <u>USE OF AUTOS</u> )	X	19	71,676	LEASE VALUE
Other ► ( <u>ENGINEERING EQUIPMENT</u> )	X	1	5,543	FAIR MARKET VALUE
Other ► ( <u>FSAE HALF SHAFT</u> )	X	1	2,957	INVOICE
Other ► ( <u>ULTRA LIGHT URBAN VEHICLE PARTS</u> )	X	1	2,348	INVOICE
Other ► ( <u>TRIPOD FLANGE</u> )	X	1	3,971	INVOICE

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

29

7

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2011

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization BRADLEY UNIVERSITY	Employer identification number 37-0661494
--	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 DETAIL IS PREPARED BY THE CONTROLLER, AND ASSISTANT CONTROLLERS THE ENTIRE FORM IS THEN REVIEWED AND APPROVED BY THE CONTROLLER WHO THEN SUBMITS IT TO THE VICE PRESIDENT BUSINESS AFFAIRS FOR REVIEW AND APPROVAL THEREAFTER, THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO SUBMISSION TO THE ENTIRE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE TRUSTEES OF THE BOARD COMPLETE CONFLICT OF INTEREST FORMS FORMS ARE REVIEWED AND DISCLOSED TO THE EXECUTIVE COMMITTEE AS APPROPRIATE CONFLICT OF INTEREST FORMS ARE ALSO COMPLETED ANNUALLY BY OFFICERS AND KEY EMPLOYEES FORMS ARE REVIEWED BY THE PRESIDENT THE PRESIDENT'S CONFLICT OF INTEREST FORM IS REVIEWED BY COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FACULTY MUST CERTIFY TO THEIR DEPARTMENT CHAIRS ON AN ANNUAL BASIS THEIR COMPLIANCE WITH THE UNIVERSITY'S CONFLICT OF COMMITMENT AND CONFLICT OF INTEREST POLICIES BY COMPLETING A FORM THE DEPARTMENT CHAIR FORWARDS THESE CERTIFICATIONS TO THE PROVOST IF THERE IS A CONFLICT AN AD HOC DISCLOSURE FORM IS COMPLETED AFTER DEPARTMENT CHAIR REVIEWS, THIS FORM IS FORWARDED TO THE DEAN, THEN PROVOST FOR APPROVAL OF DETERMINATION CERTAIN ADMINISTRATIVE AND PROFESSIONAL STAFF AT THE UNIVERSITY ARE ALSO REQUIRED TO COMPLETE CONFLICT OF INTEREST FORMS THESE FORMS ARE THEN REVIEWED BY THEIR DIRECTORS AND FORWARDED TO THE APPROPRIATE VICE PRESIDENT FOR REVIEW, APPROVAL, AND DETERMINATION
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE PRESIDENT'S COMPENSATION BASED UPON FORM 990 OF OTHER ORGANIZATIONS AND COMPENSATION SURVEYS A WRITTEN EMPLOYMENT CONTRACT IS ISSUED THE UNIVERSITY PRESIDENT DETERMINES COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES BASED UPON COMPENSATION SURVEYS THIS IS THEN SUBMITTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW A WRITTEN EMPLOYMENT CONTRACT IS ISSUED
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -10,333,386 SWAP CONTRACT LOSS -3,591,930 CHANGES IN SPLIT DOLLAR INTEREST -311,752 TOTAL TO FORM 990, PART XI, LINE 5 -14,237,068
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Additional Data

Software ID:  
Software Version:  
EIN: 37-0661494  
Name: BRADLEY UNIVERSITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 11,677,558	including grants of \$ 3,180,341 )	(Revenue \$ 2,057,576 )
INTERCOLLEGIATE ATHLETICS - PROVIDES FOR INTERCOLLEGIATE ATHLETIC ACTIVITY DIVISION I SPORTS OF MEN'S BASKETBALL, TENNIS, TRACK, GOLF, BASEBALL AND SOCCER AND WOMEN'S BASKETBALL, VOLLEYBALL, CROSS-COUNTRY, GOLF, SOFTBALL AND TENNIS			
(Code )	(Expenses \$ 1,767,036	including grants of \$ )	(Revenue \$ 530,691 )
OTHER EDUCATIONAL BENEFITS - PROVIDES TECHNICAL SUPPORT FOR FACULTY, STAFF AND STUDENTS, CHILDCARE CENTER FOR TRAINING OPPORTUNITIES, EMPLOYMENT CENTER FOR STUDENTS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	5,475,943	including grants of \$ (Revenue \$ 5,460,267 )
OTHER DEPARTMENT PROGRAMS - PROVIDES SERVICES FOR TRANSCRIPTS, CULTURAL PROGRAMS OFFERED TO CAMPUS AND PUBLIC, CONTINUING EDUCATION PROGRAMS, AND MISCELLANEOUS OTHER PROGRAMS			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GERALD L SHAHEEN TRUSTEE	1 00	X							0	0	0
REX K LINDER TRUSTEE	1 00	X							0	0	0
KEITH L ALM VICE CHAIRMAN	1 00	X							0	0	0
CARL M BIRKELBACH TRUSTEE	1 00	X							0	0	0
ROBERT CLARK TRUSTEE	1 00	X							0	0	0
CHERYL D CORLEY SECRETARY	1 00	X							0	0	0
KATHLEEN MB HOLST TRUSTEE	1 00	X							0	0	0
GEORGINA E HEARD-LABONNE TRUSTEE	1 00	X							0	0	0
WILLIAM P HEIDRICH TRUSTEE	1 00	X							0	0	0
JOAN L JANSSEN TRUSTEE	1 00	X							0	0	0
WAYNE G KLASING TRUSTEE	1 00	X							0	0	0
MICHAEL A MCCORD CHAIRMAN	5 00	X							0	0	0
MELVIN J SMITH TRUSTEE	1 00	X							0	0	0
CALVIN BUTLER JR TRUSTEE	1 00	X							0	0	0
RAJESH K SOIN TRUSTEE	1 00	X							0	0	0
DOUGLAS S STEWART TRUSTEE	1 00	X							0	0	0
ROBERT E TURNER TRUSTEE	1 00	X							0	0	0
RICHARD P LAVIN TRUSTEE	1 00	X							0	0	0
PHILIP WILMINGTON TRUSTEE	1 00	X							0	0	0
MICHAEL A LANDWIRTH TRUSTEE	1 00	X							0	0	0
JOANNE K GLASSER PRESIDENT	60 00			X					580,855	0	118,355
GARY M ANNA VP OF BUS AFFAIRS	50 00			X					281,065	0	74,565
ALAN GALSKY VP STUDENT AFFAIRS	50 00				X				233,573	0	28,408
PAT VICKERMAN VP DEVELOPMENT	50 00				X				222,502	0	46,404
DAVID GLASSMAN PROVOST / VP ACADEMIC AFFAIRS	50 00				X				232,982	0	35,656

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL CROSS ATHLETIC DIRECTOR	50 00				X			190,199	0	94,591
GENO FORD BASKETBALL COACH	40 00					X		547,043	0	35,678
DESH P MEHTA CHAIR - MECHANICAL ENGINEERING	40 00					X		250,026	0	35,759
LAURENCE WEINZIMMER PROFESSOR OF MANAGEMENT	40 00					X		234,644	0	34,549
JOSEPH CHEN CHAIR - IMET DEPT	40 00					X		216,668	0	41,668
PATRICIA HATFIELD PROF - DEPT OF FINANCE	40 00					X		185,643	0	45,959
PETER JOHNSEN FORMER PROVOST	0 00						X	143,136	0	39,803
JIM LES FORMER BASKETBALL COACH	0 00						X	350,282	0	44,552