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DLN: 93493133028913

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

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

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		C Nor	<b>year, or tax year beginnir</b> ne of organization	ng 07-01-2011 and ending	06-30-20	12		D Employ	er id	lentification number		
_	к IT ар ess cha	ROG	ER WILLIAMS UNIVERSITY					05-027	772	2.2		
_		Doin	g Business As					E Telepho				
_	e char							(401)2	753.	-1040		
Initia —	l retur	Num	,	ail is not delivered to street addre	ss) Room/	suite				s \$ 186,878,458		
Term	ıınated	l One	Old Ferry Road				H	- 0.033 10.	ССТР	5 ¥ 100,070,130		
- Ame	nded r		or town, state or country, and Z	IP + 4								
– Appli	cation	pending	ol, RI 02809									
			Name and address of prin	cipal officer		H(a) I	c this	a group r	cation	rn for		
		Do	nald J Farish	'			affiliate		etu	⊤Yes ▼ No		
			ne Old Ferry Road stol, RI 02809									
			3t01, KI 02009			` '		iffiliates ii		· ·		
r Tax-	exem	pt status 🔽 5		nsert no )	<del></del>					t (see instructions)		
				130,(4)(1) 0.		H(c)	Group	exemption	וו ווכ	umber <b>F</b>		
We	bsite	: ► www rwu e	:du 			<u> </u>						
<b>(</b> Form	of org	anızatıon 🔽 Co	rporation Trust Association	n		<b>L</b> Year	of form	ation 195	9	<b>M</b> State of legal domicile RI		
Par	t I	Summary										
	<b>1</b> B	Briefly describ	the organization's missic	n or most significant activit	ties							
				ent university that combine								
,			ehensive universities and	where liberal and professio	nal educa	tion are en	hance	d by their	rınt	egration and recognition		
<u> </u>	<u>o</u>	f their unity										
eacyellialice acyellialice	-											
<u> </u>												
ź	2 (	heck this box	► if the organization dis	scontinued its operations or	disposed	l of more th	nan 25'	% of its r	net a	assets		
5	<b>3</b> N	lumber of voti	ng members of the govern	ing body (Part VI, line 1a)					3	25		
o conunct	<b>4</b> N	lumber of inde	pendent voting members (	of the governing body (Part	VI, line 1	b)			4	22		
	5 T	otal number o	findividuals employed in a	calendar year 2011 (Part V	, line 2a)				5	3,493		
1	<b>6</b> T	otal number o	f volunteers (estimate if n			6	236					
			business revenue from Pa			7a	173,643					
				rom Form 990-T, line 34 .					7b	0		
				·			Prior \	 Year		Current Year		
	8 Contributions and grants (Part VIII, line 1h)									3,810,805		
9	9		gram service revenue (Part VIII, line 2g)							166,541,963		
Revenue	10	_	,	(A), lines 3, 4, and 7d) .			155,913,928		-	2,652,649		
훈	11		·	lines 5, 6d, 8c, 9c, 10c, an		·	2,275,908			3,132,096		
	12		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, colu	•	ne ——	=		3,132,030			
							165,841,849		49	176,137,513		
	13			IX, column (A), lines 1-3)			3	1,926,5	61	35,861,602		
	14	Benefits paid	i to or for members (Part I	X, column (A), line 4)					0	0		
	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column	(A), lines	;						
Expenses		5-10)					7	6,369,0	47	80,999,521		
कें	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)					0	0		
ੜੇ	b	Total fundraisin	g expenses (Part IX, column (D)	ı, lıne 25) <b>►</b> 3,475,380								
	17	Other expen	ses (Part IX, column (A), l	ınes 11a-11d, 11f-24e) .			5	4,352,2	88	56,425,438		
	18	Total expens	es Add lines 13-17 (mus	st equal Part IX, column (A)	, line 25)		16	2,647,8	96	173,286,561		
	19	Revenue les	s expenses Subtract line	18 from line 12				3,193,9	53	2,850,952		
5 %						Begi	_	of Curren	t T	End of Year		
Fund Balances							Yea		_			
3 <u>~</u>	20		(Part X, line 16)					0,139,0	$\overline{}$	289,124,000		
28	21		es (Part X, line 26)					9,406,0	-	199,825,000		
	22			line 21 from line 20	<u> </u>	J	9	0,733,0	00	89,299,000		
Part		Signature										
	dge a			ed this return, including acco Declaration of preparer (othe								
		L					2012	0.05.12				
ign		Signature of	officer				Date	3-05-13 :				
ngn lere				etration								
·			lliams EVP for Finance & Adminis : name and title	ouau∪II								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D-1-		Check of	Т	Droport/-	+	avor identification		
		Preparer's signature		Date		Check if self-	_	Preparer's (see instru		ayer identification number is)		
Paid	,		gnature employed F									
repar		Firm's name (or if self-employed	·		's name (or yours							
		i ii seii-eiiibioved						EIN 🕨				
Jse O	nly	address, and ZII					— ļ					

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

┌ Yes ┌ No

Par		ent of Program Service Schedule O contains a respons	Accomplishments e to any question in this Part III							
1	Briefly describe	the organization's mission								
See	Schedule O									
2	the prior Form 99	90 or 990-EZ?	orogram services during the year v	which were not listed on	res ▽ No					
		e these new services on Sched								
3	services?			ducts, any program · · · · · · ·	Yes 🔽 No					
	If "Yes," describ	e these changes on Schedule (	)							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1	59,681,113 including grants of \$	35,862,002 ) (Revenue \$	168,334,067)					
	selected profession School of Business, Continuing Studies is accredited by the services to a divers	ial programs that includes the Feinste the School of Education, the School of The University offers 43 undergradu E New England Association of Schools se student population drawn from the	rsity"), located in Bristol and Providence, in College of Arts and Sciences, the School of Engineering, Computing and Construction at the majors and 13 graduate degrees, alorated and Colleges among other accrediting boo Northeast region of the United States, as approximately 3747 full-time and 618 pages.	of Architecture, Art and Historic Prese on Management, the School of Justice ng with numerous minors and certificat dies The University provides academic well as from many other US states a	rvation, the Mario J Gabelli Studies and the School of e programs The University , residential and other and territories and more than					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
		) (Expenses ¢	including grants or \$	, (Notellate 4	, 					
	Other program	services (Describe in Schedul	e O )							
	(Expenses \$		ng grants of \$	0 ) (Revenue \$	0)					
4e	Total program s	service expenses►\$ 1!	59,681,113							

art IV	Checl	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ? If "Yes," complete Schedule C, Part $III$	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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		No
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 $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
	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	20a		

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Par	t 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 $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28 a	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		No
32	Part 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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. 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
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	· · · · · · · · · · · · · · · · · · ·			
	<b>1a</b> 272			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	.,	
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year <sup>?</sup>	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	,			
_	If "Yes," enter the name of the foreign country ►UK  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	255 ms. actions for ming requirements for Form FD T 20-22 1, Report of Foreign bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
L	services provided to the payor?	76	Vaa	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
_	required?	<i>'</i> 9		
п	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-		
-	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
<b>A</b> .		,		N :
+a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>L</b>	It "Yes " has it tiled a Leym (30) to veneyt these naumented If "No " avoide an evaluation in Cahadula O	7 A L		i

**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.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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	7a		No	
b	more members of the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
		$\longrightarrow$	Yes	No
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	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	16-		N
h	taxable entity during the year?	16a		No
D	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		
Se	ection C. Disclosure	100		
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

☐ O wn website ☐ A nother's website ☐ U pon 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 Fundamental Person Fulliams

  One Old Ferry Road

Bristol, RI 02809 (401) 254-3536

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

		1													
	(A) Name and Title	(B) Average hours per week (describe	Average hours more than one box, com per unless person is both free week an officer and a director/trustee) 2/10							(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	a m c c	(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			МІЗС	01	reiate ganiza		
See A	ddıtıonal Data Table						<u> </u>					+			
												+			
												+			
												+			
												+			
												+			
1b	Sub-Total					<u> </u>		<u> </u>  ►				1			
	Total from continuation sheets					•		<b>P</b>							
d	Total (add lines 1b and 1c) .						•	<b>&gt;</b>		2,308,514		0		361,820	
2	Total number of individuals (inc \$100,000 of reportable comper						above	) who	receive	ed more tha	n				
3													Yes	No	
on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										· • •		3		No	
•		1a, is the sum of	f report	u <i>al</i> able o	. <b>.</b> com <sub>l</sub>	• pens	• sation	• and	• • · other co	 mpensation	from the	3	Yes	No	
5	organization and related organiz	1a, is the sum of ations greater the construction of the construct	f reportation from the first from th	able of 50,00	omi 0?1	pens f "Y fror	• sation es," co • • • • m any	and omple	other co ete Sched	mpensation Jule J for suc	from the		Yes	No	
5	organization and related organiz <i>individual</i>	1 a, is the sum of ations greater the sum of ations greater the sum of accretions and accretions at the sum of accretions	f reportation from the first from th	able of 50,00	omi 0?1	pens f "Y fror	• sation es," co • • • • m any	and omple	other co ete Sched	mpensation Jule J for suc	from the	4	Yes		
5	organization and related organizindividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors  thighest compensation of the organization	f reportation from \$15  in the complete from \$15 and \$	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation of the control of the con	from the	4	Yes		
5 Se	organization and related organization and related organization and related organization and related organization.  Did any person listed on line 1a services rendered to the organization.  Complete this table for your five \$100,000 of compensation from or within the organization's tax your services.	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors  thighest compensation of the organization	f reporta nan \$15  de comp complet nsated i	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation of the served more ryear endi	from the	5	Yes (C)	No_	
Se 1 Bon A 100 H Palo A	organization and related organization and related organization and related organization/dividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors a highest compens the organization (A)	f reporta nan \$15  de comp complet nsated i	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation of the served more ryear endi	r individual for than ag with	5	<b>(C</b> Compen	No_	
Bon A 100 H Palo A RAD C 171 V Rockk	organization and related organization and related organization and related organization/undividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors a highest compens the organization (A)	f reporta nan \$15  de comp complet nsated i	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation of the served more ryear endi	r individual for the than ng with  (B) uption of services es/Food Costs	5	<b>(C</b> Compen	No	
Bon A 100 H Palo A RAD C 171 V Rockle DaPor 700 W Bristol	organization and related organization/dividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors a highest compens the organization (A)	f reporta nan \$15  de comp complet nsated i	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation ule J for successive delived more r year endi	r individual for r individual for B with  (B) es/Food Costs  company	5	<b>(C</b> Compen	No Sation	
Bon A 100 H Palo A RAD C 171 V Rockle DaPor 700 W Bristol Ellucia 4375 Fairfa	organization and related organization/undividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors a highest compens the organization (A)	f reporta nan \$15  de comp complet nsated i	able of 50,000 ensate Sch	omplo? I	pens  f "Y  fror  e J fo	es," co	and omple unrel	other co	mpensation ule J for successived more r year endi  Description Construction	r individual for rindividual for (B) inpution of services es/Food Costs	5	<b>(C</b> Compen	No  Sation  947,917  109,898	
Bon A 100 H Palo A RAD C 171 V Rockla DaPor 700 W Bristol Ellucia 4375 Fairfa: HELIN URI Li Kingsi	organization and related organization/undividual	1 a, is the sum of ations greater the receive or accruzation? If "Yes," of tractors the organization (A) me and business additional and summers and su	freporta nan \$15 ne complet nsated I	able of 0,000 spensare Sch	ende	pens ff "Y" fror e J for eent consat	esation es," co m any or such	and omple	other co	mpensation ule J for successive derived more r year endi  Descr  Construction  Landscaping/  Computer Set	r individual for r individual for gethan and with  (B) Inption of services es/Food Costs company  Construction rvices	5	<b>(C</b> Compen	No Sation 947,917 109,898 628,916	

Form 99	90 (20	011)						Page <b>9</b>
Part V	/1111	Statement of	of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
60 (8)	1a	Federated cam	paigns 1a	0				514
Contributions, gifts, grants and other similar amounts	ь							
ಕ್ಷ								
चें दे	c		ents 1c					
<u>*</u> E, <u>₹</u>	d		zations 1d					
ξË.	e	Government grant						
:	f	All other contributi	ions, gifts, grants, and <b>1f</b> ot included above	873,635				
들통	g	Noncash contr	ibutions included in					
투호		lines 1a-1f \$ _		_				
<u>ठ≅</u>	h	Total. Add line	s 1 a - 1 f	•	3,810,805			
<u>e</u>				Business Code				
wen.r	2a	Tuition		611310	119,313,379	119,313,379	0	0
₽æ∖	b	Room & Board		611310	38,270,409	38,270,409	0	0
9	c	Student Fees		611310	7,075,230	7,075,230	0	0
ē. E	d							
Program Serwce Revenue	e							
er E	f	All other progra	am service revenue		1,882,945	1,882,945	0	0
₽.	_	Total Addiss	c 2a_2f	b.	166 E41 060			
	g 3		s 2a-2f come (including dividen		166,541,963			
			lar amounts)		621,550	0	37,801	583,749
	4		stment of tax-exempt bond		22,643	0	0	22,643
	5			· · · · · ·	0	0	0	0
		,	(ı) Real	(II) Personal				
	6a	Gross rents	0	0				
	ь	Less rental	0	0				
	   c	expenses Rental income	0	0				
		or (loss)						
	d	Net rental inco	me or (loss)		0	0	0	0
		Gross amount	(ı) Securities 12,720,702	(II) Other				
	7a	from sales of	12,720,702					
		assets other than inventory						
	b	Less cost or other basis and	10,705,597	6,649				
		sales expenses	2,015,105	6.640				
	بر C	Gain or (loss)		-6,649 	2,008,456	0	0	2,008,456
	d 8a		ss) from fundraising		2,000,430	0		2,000,430
Other Revenue		events (not inc \$62 of contributions	cluding 2,375 s reported on line 1c)					
器		See Part IV, lir	ne 18 <b>a</b>					
er	Ь	less directer	openses b	16,580 28,699				
oth	°		(loss) from fundraising		-12,119		0	-12,119
_	9a		from gaming activities	·	·			
			ne 19					
			а	0				
	b		(penses b				-	
	C 10-		(loss) from gamıng actı	vities	0	0	0	0
	10a	Gross sales of returns and all		0				
	ь		oods sold <b>b</b>	0				
	С		(loss) from sales of inv		0	0	0	0
	<u> </u>	Miscellaneou	s Revenue	Business Code	4 646		# ·	4 646
	11a	Conferences		900099	1,218,432	0	2,163	1,216,269
	b	Justice Trainin	ıg Institute	900099	343,239	343,239		
	C	Bookstore Con	nmission Income	900099	261,482	261,482		
	d	All other reven	ue		1,321,062	1,187,383	133,679	0
	е	<b>Total.</b> Add line	s 11a-11d		3,144,215			
	12	Total revenue.	See Instructions .	▶	176,137,513	168,334,067	173,643	3,818,998 Form <b>990</b> (2011)

## Part IX Statement of Functional Expenses

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

(B)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,640,302	34,640,302		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,221,300	1,221,300		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,454,737	434,053	682,095	338,589
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	58,840,990	52,494,213	4,689,477	1,657,300
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,021,972	3,530,532	358,306	133,134
9	Other employee benefits	12,059,452	10,585,922	1,074,342	399,188
10	Payroll taxes	4,622,370	4,057,568	411,794	153,008
11	Fees for services (non-employees)				
a	Management	159,123	0	159,123	0
b	Legal	168,292	0	168,292	0
c	Accounting	123,485	0	123,485	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	479,246	0	479,246	0
g	Other	8,253,783	7,724,787	259,853	269,143
12	Advertising and promotion	804,635	768,984	34,661	990
13	Office expenses	3,982,572	3,510,226	207,834	264,512
14	Information technology	2,285,223	1,385,589	897,142	2,492
15	Royalties	2,900	2,900	0	0
16	Occupancy	7,045,298	6,867,185	178,113	
17	Travel	1,758,579	1,623,965	66,668	67,946
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	856,544	806,825	45,598	4,121
20	Interest	7,172,271	7,172,271	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	12,332,128	12,332,128	0	0
23	Insurance	1,038,164	1,038,164	0	0
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	Study Abroad	3,405,354	3,405,354	0	0
b	Student Expense	1,742,171	1,677,670	59,746	4,755
С	Library Materials	1,221,112	1,221,112	0	0
d	Loss on Debt Defeasance	614,673	614,673	0	0
e					
f	All other expenses	2,979,885	2,565,390	234,293	180,202
25	Total functional expenses. Add lines 1 through 24f	173,286,561	159,681,113	10,130,068	3,475,380
26	Joint costs. Check here ► ☐ 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				rm <b>990</b> (2011)

Pa	rt X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				2,200,000	1	1,719,000
	2	Savings and temporary cash investments $\ldots$ $\ldots$ .				0	2	0
	3	Pledges and grants receivable, net				1,092,000	3	1,638,000
	4	Accounts receivable, net				6,938,000	4	5,072,000
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of						
		Schedule L				0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4	958(f)(1)) and			
76		Schedule L				0	6	0
Assets	7	Notes and loans receivable, net				0	7	0
SS	8	Inventories for sale or use				427,000	8	115,000
⋖	9	Prepaid expenses and deferred charges				235,000	9	80,000
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a		338,141,000			
	ь	Less accumulated depreciation	10b		124,677,000	215,580,000	10c	213,464,000
	11	Investments—publicly traded securities				16,942,000	11	16,744,000
	12	Investments—other securities See Part IV, line 11				47,167,000	12	42,421,000
	13	Investments—program-related See Part IV, line 11				0	13	0
	14	Intangible assets				0	14	0
	15	Other assets See Part IV, line 11				9,558,000	15	7,871,000
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .				300,139,000	16	289,124,000
	17	Accounts payable and accrued expenses .				12,402,000	17	10,103,000
	18	Grants payable	0	18	0			
	19	Deferred revenue				15,430,000	19	12,415,000
	20	Tax-exempt bond liabilities				139,876,000	20	134,437,000
	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D .	_	_	0	21	0
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
졅		persons Complete Part II of Schedule L	0	22	О			
Ξ	23	Secured mortgages and notes payable to unrelated third parties		8,083,000	23	7,310,000		
	24	Unsecured notes and loans payable to unrelated third parties				0	24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par		22 045 000	25	25 FCO 000		
		D				33,615,000		35,560,000
	26	Total liabilities. Add lines 17 through 25				209,406,000	26	199,825,000
Balances		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olete I	line	es 27		1	
<u>क</u>	27	Unrestricted net assets	80,329,000		79,912,000			
ä	28	Temporarily restricted net assets	5,235,000	28	3,095,000			
Σ	29	Permanently restricted net assets	5,169,000	29	6,292,000			
Fund		Organizations that do not follow SFAS 117, check here ► a	nd con	npl	ete			
ō	20	lines 30 through 34.					20	
왍	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		•			31	
τ Α	32	Retained earnings, endowment, accumulated income, or other fu	ınas			00.700.000	32	00 000 000
Net	33	Total net assets or fund balances				90,733,000		89,299,000
	34	Total liabilities and net assets/fund balances				300,139,000	34	289,124,000

FGI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		176,1	137,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,286,5		
3	Revenue less expenses Subtract line 2 from line 1	3		2,8	350,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90,7	733,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,2	284,952
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))				
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ 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 th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the laudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493133028913

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization ROGER WILLIAMS UNIVERSITY

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All or	nanizations	must com	nlete this n	art ) See ir				
				te foundation becaus						isti uctions			
1	Ī			ion of churches, or a					,				
2	~	A scho	ol describe	d in <b>section 170(b)(</b> 1	<b>L)(A)(ii).</b> (At	tach Schedi	ule E)						
3				perative hospital se				n 170(b)(1)	(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state											
5	Γ	_	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	Γ	describ	oed in	at normally receives ( <b>A)(vi)</b> (Complete P		al part of its	support from	a governme	ntal unit or fi	rom the gen	eral public		
8	$\sqcap$	A com	munity trust	: described in <b>sectio</b> i	n 170(b)(1)(	<b>A)(vi)</b> (Cor	nplete Part II	Ι)					
9	$\sqcap$	An orga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contrib	outions, mem	bership fee:	s, and gross		
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certaın e	xceptions, a	nd (2) no mo	re than 331	/3% of		
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses		
10		acquire	ed by the or	ganızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Par	tIII)				
	Γ	An organization organized and operated exclusively to test for public safety Seesection 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											
e f	'	other the section If the ocheck to	han foundat n 509(a)(2) organization this box	ion managers and ot received a written d	her than one	or more pub	olicly support	ed organizat	ions describ	ed in sectio	n 509(a)(1) or		
g			August 17, 1 ng persons?	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the				
		(i) a pe and (111	erson who di ) below, the	rectly or indirectly o governing body of the er of a person descri	ne the suppor	rted organiza	_	persons des	cribed in (ii)	11g 11g			
			-	lled entity of a perso			bove?			11g			
h 				ng information about							,		
(i) Name of supported organization		e of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you not organizat col (i) of suppor	ion in 'your	(vi) Is th organizat col (i) org in the U	e ıon ın anızed	(vii) A mount of support?		
				(see (nstructions))	Yes	No	Yes	No	Yes	No	7		
											_		
Tota													

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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 A (Form 990 or 990-EZ) 2011

DLN: 93493133028913

OMB No 1545-0047

Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization

Employer identification number

ROGER WILLIAMS UNIVERSITY			
			0277222
Part I Organizations Maintaining Donor organization answered "Yes" to Form		r Funds	or Accounts. Complete if th
	(a) Donor advised funds		(b) Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor action funds are the organization's property, subject to the			rsed <b>┌ Yes ┌ No</b>
Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit			
art II Conservation Easements. Complet	te if the organization answered "Yes	s" to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	ation or pleasure)	f a certifie	d historic structure
easement on the last day of the tax year			
			Held at the End of the Year
a Total number of conservation easements		2a	
<b>b</b> Total acreage restricted by conservation easemen		2b	
c Number of conservation easements on a certified h		2c	
<b>d</b> Number of conservation easements included in (c)	acquired after 8/1//06	2d	
Number of conservation easements modified, trans the taxable year -	sferred, released, extinguished, or termir	nated by th	ne organization during
Number of states where property subject to conse	rvation easement is located 🛌		
Does the organization have a written policy regard enforcement of the conservation easements it hold		nandling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation eas	sements d	uring the year ►
A mount of expenses incurred in monitoring, inspec			
<b>▶</b> \$	3,	•	,
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	section	┌ Yes
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's finan		
Organizations Maintaining Collect Complete if the organization answered			her Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	AS 116, not to report in its revenue state eld for public exhibition, education or res	ement and earch in fu	
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these iter	or public exhibition, education, or researc		
(i) Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X			<b>►</b> \$
If the organization received or held works of art, hi following amounts required to be reported under SF		ts for finan	
Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tre</u>	asures, or C	the	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing th	at are a signific	ant u	ise of its collecti	on	
а	Public exhibition		d	$\vdash$	Loan or	exchange prog	rams	i		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	y further	the organizatioi	ı's ex	kempt purpose ır		
5	During the year, did the organization solicity assets to be sold to raise funds rather than to								Yes	┌ No
Par	Part IV, line 9, or reported an ar						d "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for c	ontributi	ons or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able	Γ		Δm	ount	
С	Beginning balance					-	1c	Alli	Juile	
d	Additions during the year					-	1d			
e	Distributions during the year					}	1e			
f	Ending balance					ŀ	1f			
2a	Did the organization include an amount on Fo	orm 000 Part V line	212			L		Γ	Yes	
	If "Yes," explain the arrangement in Part XI\	•	: 21,					,	163	1 140
	rt V Endowment Funds. Complete		200	wor	nd "Voc'	' to Form 990	Day	rt IV line 10		
Гa	Endowment Funds. Complete	(a)Current Year		Prior '		(c)Two Years Back			(e)Four	Years Back
1a	Beginning of year balance	64,994,500			,560,500	52,735,0	-	88,760,000	. ,	
ь	Contributions	237,000			134,000	129,5	00	85,000		
c	Investment earnings or losses	-1,737,754		11,	,494,065	6,306,4	58	-21,336,600		
d	Grants or scholarships	170,000			113,000	114,0	00	104,000		
e	Other expenditures for facilities and programs	3,679,500		4	,685,000	129,0	00	13,958,000		
f	Administrative expenses	479,246			396,065	367,4	58	711,400		
g	End of year balance	59,165,000		64,	,994,500	58,560,5	00	52,735,000		
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	86 %								
b	Permanent endowment ► 11 %									
c	Term endowment ► 3 %									
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	are held a	and administere	d for	the		
	organization by								Yes	+
	(i) unrelated organizations			•			٠	3a(i		No
	(ii) related organizations						•	3a(ii	)	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•	3b		
						<b>\</b>				
Pal	t VI Land, Buildings, and Equipme	int. See Follii 99	0, Pa							
	Description of property				Cost or oth			(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a	Land					0 3,712	2,000			3,712,000
b	Buildings		•	<u> </u>		0 261,78	,000	67,717,000	1	94,070,000
C	Leasehold improvements					0 3,629	,000	3,491,000		138,000
d I	Equipment					0 69,013	3,000	53,469,000		15,544,000
	Other					0	0	0		0
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	nn (В)	, line	10(c).)			<b>.</b> ►	2	13,464,000
								Schedule D	(Form	990) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation -year market value
	0	Cost of end-of	- year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other	0		
(A) Hedged equity - developed & emerging markets	21,870,000		F
(B) Domestic & international equities	9,438,000		F
(C) Fd	6.660.000		-
(C) Fixed income securities	6,660,000		F
(D) Private equity	4,453,000		F
. , , ,			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	42.421.000		
	<u> </u>		
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		- year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin		T	(L) Deed welve
(a) Descrip	LION		(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Intercompany - Roger Williams University School of Law	13,260,000		
Line of Credit	9,500,000		
Interest Rate Swap Obligations	3,826,000		
Asset Retirement O bligations	3,190,910		
Refundable Advances - U S Government Grants	1,803,000		
Obligations Under Capital Leases	1,449,000		
-			
Charitable Annuity Obligations	802,480		
Post-Retirement Obligations	329,000		
Other Miscellaneous Long Term Liabilities  Total (Column (h) should agual form 200, Part V col (P) Inc. 35)	1,399,610		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	35,560,000		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	176,137,513
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	173,286,561
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,850,952
4	Net unrealized gains (losses) on investments	4	-3,755,207
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV )	8	-529,930
9	Total adjustments (net) Add lines 4 - 8	9	-4,285,137
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,434,185
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	135,411,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-40,726,065
3	Subtract line <b>2e</b> from line <b>1</b>	3	176,137,513
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 0  Other (Describe in Part XIV)		
b	other (beschibe in rate XIV)	4-	0
C E	Add lines <b>4a</b> and <b>4b</b>	4c 5	176 127 512
5 Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	_	176,137,513 Return
1	Total expenses and losses per audited financial	_	136,845,633
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
a b	Donated services and use of facilities		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-36,440,928
3	Subtract line <b>2e</b> from line <b>1</b>	3	173,286,561
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	173,286,561
	+ VIV Supplemental Information		

### 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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The intended use of the restricted endowment funds are dictated by the donor which are predominantly for instructional purposes and scholarships Earnings from unrestricted endowment funds are used for operations according to the spending policy established by the University's Board of Trustees
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The University accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The University has identified its tax status as a tax exempt entity as its only significant tax position, however, the University has determined that such tax position does not result in an uncertainty requiring recognition. The University is not currently under examination by any taxing jurisdictions. The University's federal tax return is generally open for examinations for three years following the date filed.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Unrealized loss on interest rate swap obligations (\$149,802) and adjustment to annuity obligations (\$380,128)
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Scholarships and grants provided to students of (\$35,861,602) and the loss on debt defeasance of (\$614,673) are presented as contra-revenue items in the audited financial statements and as expense items in the Form 990. Fundraising event expenses of \$28,699 and loss on sale of property and equipment of \$6,649 are shown as expense items in the audited financial statements and as contra-revenue items on the Form 990. Unrealized loss on interest rate swap obligations (\$149,802) and an adjustment to annuity obligations (\$380,128) are presented as contra-revenue items in the audited financial statements and as an other adjustment to reconcile the change in net assets in the Form 990. Miscellaneous rounding (\$1)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Scholarships and grants provided to students of (\$35,861,602) and the loss on debt defeasance of (\$614,673) are presented as contra-revenue items in the audited financial statements and as expense items in the Form 990. Fundraising event expenses of \$28,699 and loss on sale of property and equipment of \$6,649 are shown as expense items in the audited financial statements and as contra-revenue items on the Form 990. Miscellaneous rounding (\$1)

#### **Additional Data**

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

# Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability

1 (a) Description of Elability	(b) A mount
Intercompany - Roger Williams University School of	12.260.000
Law	13,260,000
Line of Credit	9,500,000
Interest Rate Swap Obligations	3,826,000
Asset Retirement O bligations	3,190,910
Refundable Advances - U S Government Grants	1,803,000
Obligations Under Capital Leases	1,449,000
Charitable Annuity Obligations	802,480
Post-Retirement Obligations	329,000
Other Miscellaneous Long Term Liabilities	1,399,610

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133028913

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ROGER WILLIAMS UNIVERSITY

▶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.

**Schools** 

**Employer identification number** 

	[ 05-0277222			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	- 5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Use of facilities?	5e		No_
	Athletic programs?	5f 5g		No No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No_
		1		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	,	Vaa	
	or Nev 1100 73 33, 1373-2 C B 307, covering facial holidiscillilliation of the No, explain on Fait II	7	Yes	

#### Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The University annually publishes a notice of its racially nondiscriminatory policy in a new spaper of general circulation that serves all racial segments of the community
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The University receives federal and state student financial aid authorized by student loan programs

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493133028913

OMB No 1545-0047

SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** ► Complete if the organization answered "Yes" to Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

**Inspection** 

	e of the organization				Em	ıployer identif	ication number
lO G	ER WILLIAMS UNIVERSITY				05	-0277222	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if t	he organiza:	tion answered
1	For grantmakers. Does the	organization r	maıntaın record	ds to substantiate the	amount of t	the grants or	r
	assistance, the grantees' eli	gibility for the	grants or assi	stance, and the select	ion criteria ι	used to awar	<sup>-</sup> d
	the grants or assistance?						☐ Yes ☐ No
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant fun	ds outside the	2
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	region (by type) (e g ,	(e) If activity li program serv specific service(s)	rice, describe type of	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	0	0		Bus Travel/S Abroad	tudy	105,07
	East Asia and the Pacific	0	0	Program Services	Bus Travel/S Abroad	tudy	81,45
	Europe (including Iceland and Greenland)	0		Program Services	Bus Travel/S Abroad		186,04
	Middle East and North Africa	0		Program Services	Bus Travel/S Abroad	tudy	56,04
	South America	0		Program Services	Bus Travel/S Abroad		68,75
	South Asia	0			Bus Travel/S Abroad	tudy	5,72
	Central America and the Caribbean	0	0	Investments			12,697,00
За	Sub-total		<del> </del>				

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

13,200,102

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Un</b> 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

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.

	f additional space is ne					Τ , ,	T
a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
Scholarships to students	Central America and the Caribbean			N/A		Tuition offset	FM∨
Scholarships to students	East Asia and the Pacific	19		N/A		Tuition offset	FM∨
Scholarships to students	Europe (including Iceland and Greenland)	115		N/A		Tuition offset	FMV
Scholarships to students	Sub-Saharan Africa	2	0	N/A	9,000	Tuition offset	FMV
		-	· · · · · · · · · · · · · · · · · · ·	<del> </del> '			
		+		<del> </del> '	<del> </del>		
		+		<del> </del> '	<del> </del>		
		+	<u> </u>	<del>                                     </del>	<del>                                     </del>	<u></u>	
		+	! 	<del>                                     </del>	<del>                                     </del>	<u></u>	
	+	+	<u> </u>	<del>                                     </del>	<u> </u>		+
		+	!	<del>                                     </del>	<u> </u>	<del> </del>	
		+	!	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	
		+	! 	<del>                                     </del>		<del> </del>	
		+	! 	<del>                                     </del>		<del> </del>	_
		+	! 	-			
	+	+		<del>                                     </del>			
		+		-			

## 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	Γ	Νo
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)	Γ	Yes	F	Νo
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)	<b>▽</b>	Yes	Γ	Νo
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)	Г	Yes	্য	Νo
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)	<u> </u>	Yes	Γ	Νo
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).	Г	Yes	굣	No

Schedule F (Form 990) 2011

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

ldentifier	Return Reference	Explanation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	The study abroad programs are separately tracked in the University's general ledger system by activity and the amounts reported represent direct spending in foreign countries for tuition payments, lodging, travel and incidentals for students and faculty liaisons. The admissions recruiting and fundraising amounts are tracked primarily using the University's credit card system and represent travel, meals and lodging costs for University employees conducting business in these regions. All expenses are under the accrual method of accounting

Schedule F (Form 990) 2010

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**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493133028913

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

	ne of the organization GER WILLIAMS UNIVERSIT	- v						Employer ide	ntification number
KUC	SER WILLIAMS UNIVERSIT	Y						05-0277222	
Pa	rt I Fundraising Ac	<b>tivities.</b> Complete	e if the o	organiza	tion	answered "Yes"	to Form	າ 990, Part IV	, line 17.
1	Indicate whether the orgai	nızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all tl	hat apply	
а	Mail solicitations			e	$\sqcap$	Solicitation of noi	n-govern	ment grants	
b	☐ Internet and e-mail solicitations <b>f</b> ☐ Solicitation of gove							t grants	
c	Phone solicitations			g	$\vdash$	Special fundraisir	g event	S	
d	In-person solicitation	S							
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII	or entity entities	/ in conne (fundraise	ction rs) p	with professional ursuant to agreem	fundraisi ents und	ing services? ler which the fui	
(	or entity (fundraiser) c		fundrais custo cont	Did ser have ody or rol of outions?		) Gross receipts from activity	(or r fundra	mount paid to etained by) user listed in col (i)	(vi) A mount paid to (or retained by) organization
			res	No					
Tota	ıl			▶					
3	List all states in which the licensing	organization is regis	tered or	licensed t	o sol	ıcıt funds or has b	een notif	ied it is exempt	from registration or

Pa	rt II	<b>Fundraising Events.</b> Com more than \$15,000 on Form				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			Golf Tournament (event type)	(event type)	(total number)	col <b>(c)</b> )
Æ	1	Gross receipts	78,95	5		78,955
Revenue	2	Less Charitable contributions	62,37!	5		62,375
	3	Gross income (line 1 minus line 2)	16,580			16,580
	4	Cash prizes	(			0
မှာ	5	Non-cash prizes				0
eUse:	6	Rent/facility costs	20,55	L		20,551
Expenses	7	Food and beverages	(		0	0
Direct	8	Entertainment	(		0	0
ā	9	Other direct expenses .	8,148	3		8,148
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(28,699)
	11	Net income summary Combine lii	_			-12,119
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	·
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
9	2	Cash prizes				
Expenses	3	Non-cash prizes				
ம ர	4	Rent/facility costs				
⊡re⊈	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	☐ Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (	(d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)		
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspei	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493133028913

Open to Public Inspection

Name of the organization Employer identification number ROGER WILLIAMS UNIVERSITY 05-0277222 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to students	3156	0	34,640,302		Reduction of the student account balance for tuition owed to the University

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
SchI_P01_S00_L02	, ,	The University's Office of Financial Aid monitors all recipients of scholarship awards to determine both initial and continuing eligibility based on the criteria for each type of award, which may include academic performance, financial need, criteria established by donors of endowed scholarship funds, etc

Schedule I (Form 990) 2011

DLN: 93493133028913

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Part I Questions Pegarding Compensation

	Questions Regarding compensation		, , ,	<u> </u>
1a	Check the appropiate box(es) if the organization provided any of the follow 990, Part VII, Section A, line 1a Complete Part III to provide any releva		Yes	No
	☐ First-class or charter travel ☐ Housing allow	vance or residence for personal use		
		business use of personal residence		
		ial club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal serv	vices (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a wri reimbursement orprovision of all the expenses described above? If "No,"		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing officers, directors, trustees, and the CEO/Executive Director, regarding the		Yes	
3	Indicate which, if any, of the following the organization uses to establish the organization's CEO/Executive Director Check all that apply			
		pyment contract		
		n survey or study		
	Form 990 of other organizations  Approval by t	the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, li or a related organization	ne 1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retire	ment plan?	Yes	
C	Participate in, or receive payment from, an equity-based compensation ar	rangement? 4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	mounts 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		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organic compensation contingent on the net earnings of	zation pay or accrue any		
а	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			No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumpt section 53 $4958-6(c)$ ?	on procedure described in Regulations		

#### 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-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
(1) Ronald O Champagne	(I) (II)	149,089 0	0 0	0 0	0 0	13,750 0	162,839 0	(
(2) Donald J Farish	(ı) (ıı)	226,603 0	0	0	9,577 0	23,897 0	260,077 0	(
(3) Robert H Avery	(ı) (ıı)	214,396 0	0 0	0	17,513 0	16,291 0	248,200 0	(
(4) Jerome F Williams	(ı) (ıı)	204,715 0	0 0	0	16,691 0	17,071 0	238,477 0	(
(5) Laura DeAbruna	(ı) (ıı)	175,870 0	0 0	52,880 0	17,523 0	2,802 0	249,075 0	(
(6) Lynn Fawthrop	(ı) (ıı)	205,303 0	0 0	0	17,029 0	18,790 0	241,122 0	(
(7) Robert West	(ı) (ıı)	225,881 0	0 0	0	17,846 0	16,291 0	260,018 0	(
(8) Jerry Dauterive	(ı) (ıı)	183,197 0	0	0	14,358 0	16,215 0	213,770 0	(
(9) Mıchael Hall	(ı) (ıı)	158,833 0	0	0	10,279 0	16,418 0	185,530 0	(
(10) Anthony Hollingsworth	(ı) (ıı)	184,145 0	0 0	0	11,266 0	16,445 0	211,856 0	(
(11) Christopher Neronha	(I) (II)	170,134 0	0	0	13,275 0	532 0	183,941 0	(
(12) June Speakman	(I) (II)	157,468 0	0 0	0	11,266 0	46,695 0	215,429 0	(

#### Part III Supplemental 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	Housing Allowance- A residence on the employer's premises is used for both University business functions and as a personal residence by the President for the convenience of the employer and is treated as nontaxable compensation. The value of the personal space within the residence is included as a nontaxable benefit on Schedule J. Health or Social Club Dues-The Univeristy paid club membership dues for a key employee. Since the use of the club was for business purposes, this was not treated as taxable compensation. The University regularly cleans the President's residence and this is not treated as taxable compensation.
SchJ_P01_S00_L04	Part I, Line 4	4a The University entered into a severance agreement with one of its key employees in October 2011 Compensation reported on Schedules VII and J include severance payments in the amount of \$52,880 for calendar year 2011 4b President Farish participated in a 457(f) plan and there were no payments established in calendar year 2011

Schedule J (Form 990) 2011

Schedule K (Form 990)

**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

DLN: 93493133028913

2011

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

ROGER WILLIAMS UNIVERSITY

Employer identification number

05-0277222

Pa	rt I Bond Issues									· ·					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) Def	eased	(h) Beha Iss	lf of		Pool ncing
										Yes	No	Yes	No	Yes	No
A	RIHEBC	52-1300173	762243DV2	11-01-2003	32,000	,000 C	onst	ruction and	Refunding		Х		X		X
В	RIHEBC	52-1300173	762197AY7	10-12-2006	17,200	,000 C	onst	ruction			Х		X		Х
С	RIHEBC	52-1300173	762197CK5	07-03-2008	22,935	5,000 R	etire	2006A Bon	ds		Х		X		X
D	RIHEBC	52-1300173	762197CM1	08-28-2008	38,000	,000 C	onst	ruction			Х		Х		Х
Pai	TIII Proceeds														
	A mount of bonds retired				<u> </u>	4		E	3		С			D	
1	Amount of bonds defeased						0		0			0	-		0
2	Total proceeds of issue					22.000	0		0			0	ļ		0
3 4	Gross proceeds in reserve fu	nds				32,000,0	-		17,200,000		22,5	935,000		38,	000,000
<del>4</del>   5	Capitalized interest from proc					2,211,	500		1,137,188			0	-		0
6	Proceeds in refunding escrow					13,133,	610		0		221	32,642	ļ		0
1 -	Issuance costs from proceed					115,135,			714,671			276,243			488,608
8	Credit enhancement from pro					1,134,0	_		714,071			0,243	<del>                                     </del>		0
9	Working capital expenditures					1,131,	0		0			0			0
10	Capital expenditures from pro	oceeds				15,405,	576		15,348,141			 L26,115		37.	511,392
11	O ther spent proceeds						0		, ,			0	<del>                                     </del>		, 0
12	O ther unspent proceeds						0		0			0			0
13	Year of substantial completion	on			20	04		20	08		2009			2010	
					Yes	No		Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as pa	rt of a current refun	ding issue?		Х				Х	Χ					Х
15	Were the bonds issued as pa	rt of an advance ref	unding issue?			Х			Х			Χ			X
16	Has the final allocation of pro	oceeds been made?			Х			Х		Х			Х		
17	Does the organization mainta allocation of proceeds?	nın adequate books	and records to sup	port the final	×			Х		Х			х		
Par	t IIII Private Business	Use	_												
					4	Ą		I	В		c			D	

property financed by tax-exempt bonds?

financed property?

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

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

No

Х

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Χ

No

Χ

Χ

Par	Private Business Use (Continuea)								
			4	I	В	!	С	I	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х			×		×		х
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?		х						
C	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		x
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		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		17%		0 %		0 %		0 %
5	Total of lines 4 and 5		17%		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	

Par	t IV Arbitrage								
		Α		В		С		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		x		х
2	Is the bond issue a variable rate issue?		X		X	X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		х		х		х
ь	Name of provider		•						
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
b	Name of provider		•		•		•		
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		Х		Х
6	Did the bond issue qualify for an exception to rebate?		Х		х		х		Х

#### Part V **Procedures To Undertake Corrective Action**

### Part VI Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchK_P03_S00_L03b	Schedule K,	The University's inside counsel performs such review
	Part III, Line	
	3b	

Schedule K (Form 990)

**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

DLN: 93493133028913

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ROGER WILLIAMS UNIVERSITY

Employer identification number

ROC	GER WILLIAMS UNIVERSITY									05-027	7222			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	<b>(e)</b> Issue Pri	ce <b>(f</b> )	<b>)</b> Description	of Purpose	( <b>g</b> ) De	feased	Beh	On alf of uer		Pool
									Yes	No	Yes	No	Yes	No
A	RIHEBC	52-1300173		06-02-2011	26,410,	000 Refur	nd 1998 Bond	s		×		X		Х
В	RIHBEC	52-1300173		11-08-2011	12,025,	000 Refur	nd 2000 Bond	Issue		х		Х		Х
Pa	rt III Proceeds								l	l .	1			
					A			В		С			D	
1	A mount of bonds retired						0	0						
2	A mount of bonds defeased						0	0						
3	Total proceeds of issue				2	6,410,00	0	12,025,000						
4	Gross proceeds in reserve fu						0	0						
5	Capitalized interest from pro						0	0						
6	Proceeds in refunding escro				2	5,879,21	9	11,788,293						
7	Issuance costs from procee					237,78	1	236,707						
8	Credit enhancement from pro	oceeds					0	0						
9	Working capital expenditures	s from proceeds					0	0						
10	Capital expenditures from pr	roceeds					0	0						
11	Other spent proceeds					293,00	0	0						
12	O ther unspent proceeds						0	0						
13	Year of substantial completi	on			201	L 2	2.0	12						
					Yes	No	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as pa	art of a current refund	ding issue?		X		Х							
15	Were the bonds issued as pa	art of an advance ref	undıng ıssue?			Х		Х						
16	Has the final allocation of pr	oceeds been made?			Х		Х							
17	Does the organization maint allocation of proceeds?	· 	and records to su	pport the final	×		×							
Pai	rt IIII Private Business	Use			1 -		<u> </u>					_		
					A		1	В		С			D	

property financed by tax-exempt bonds?

financed property?

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

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

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

			4	ı	3		С	I	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		Х				
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		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 %				
5	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?	Х		Х					

		Α		В		С		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?								
	bolid issue?		X		×				
2	Is the bond issue a variable rate issue?		X		Х				
	Has the organization or the governmental issuer entered								
	ınto a hedge with respect to the bond issue?								
			X		X				
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
	Was a badaa baaaa ah da								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
ь	Name of provider								
	Term of GIC								
			T		ı		Г		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	value of the oxo sutisfied.								
5	Were any gross proceeds invested beyond an available temporary								
	period?		X		×				
6	Did the bond issue qualify for an exception to rebate?		×		×				
					l "				

#### Part V **Procedures 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

#### Part VI **Supplemental Information**

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

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133028913

**Employer identification number** 

## Schedule L Tran

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **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.

2011

OMB No 1545-0047

Open to Public Inspection

ROGER WILLIAMS UNIVERSITY								5-02772	2.2		
Part I Excess Benefit Trai							organ	zations	only).	ıne 40h	
1 (a) Name of disq				11 330,1	<b>(b)</b> Desc	•		•	r ure v , r		(c)
					(-,					Yes	No
2 5-4		<b>.</b>	<b>-</b>								
<b>2</b> Enter the amount of tax impos section 4958								•	r · \$ —		
3 Enter the amount of tax, If any					ie organization .	• •		· · •	· \$ <u> </u>		
<b>Part II</b> Loans to and/or I Complete if the organiz					), Part IV, line 26	, or Forr	n 990-l	EZ, Part V	, line 38	a	
(a) Name of interested person and purpose	(b) L or fro	oan to om the ization?	(c)O rig	jinal	(d)Balance due	( <b>e)</b> I	[n	(f) Approv by boar commit	/ed d or	(g)Writ	
	То	From				Yes	No	Yes	No	Yes	No
	1	1									
	+	+					1				
「otal . . . . . . . . Part IIII Grants or Assistar				► \$ ested	Persons.						
Complete if the orga	nızatıc	on ansv	wered "Yes	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(1	<b>b)</b> Relationsh an	np betwo d the or	een interested per ganization	rson	<b>(c)</b> A n	nount of g	rant or ty	ype of assı	stance
(1) -											6,000
						+					

Complete if the organization			ne 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	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
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Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133028913

OMB No 1545-0047

2011

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization ROGER WILLIAMS UNIVERSITY

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

05-0277222

ldentifier	Return Reference	Explanation
F990_P03_S00_L01		Roger Williams University is an independent university that combines the unique strengths of small liberal arts colleges and those of larger comprehensive universities and where liberal and professional education are enhanced by their integration and recognition of their unity. At the foundation of the Institution is a set of core values that play a central role in guiding a respectful, diverse, and intellectually vibrant university community. "Love of learning as an intrinsic value", "Preparation for careers and future study", "Collaboration of students and faculty in research", "Commitment to community service", "Appreciation of global perspectives", "Promotion of civil discourse"

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Trustees Mario Gabelli and Richard Bready have a business relationship

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	IRS Form 990 is prepared by the Controller, VP for Accounting and Treasury Management and the Executive VP for Finance and Administration along with assistance from the University Office of General Counsel. The completed Form 990 and schedules along with relevant back up are provided to an independent accounting firm for review. Upon completion the form is provided to the Audit Committee of the Board of Trustees for review, discussion and approval. The completed and approved Form 990 is then sent to all members of the Board of Trustees prior to filing with the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Trustees, officers, key employees and managers are all required to annually (or more frequently in the event of a new potential conflict) disclose any potential conflicts of interest by completing a conflict of interest disclosure form. These disclosures are collected by the Office of General Counsel and provided for vetting to 1) the full Board of Trustees for Trustee disclosures, 2) the President for officer and senior management disclosures, or 3) senior management for down-line key employees and managers. Those disclosures that require further investigation or attention are addressed by their respective overseers on a case by case basis. The University's Conflict of Interest Policy and by-laws both contain provisions that provide for individuals with actual or potential conflicts to refrain from participating in discussions of, and voting on, matters where such conflict exists.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation for the University's President is contractually set and is reviewed by the Executive Committee of the Board of Trustees, all members of which are independent of the President. The Executive Committee's review currently includes, but is not limited to the use of comparability data and other outside consultants. The process for determining compensation for the University's other officers or key employees includes a review by the University's President, who is independent of the other officers or key employees. The President's review currently includes, but is not limited to the use of comparability data and other outside consultants. In addition, the compensation of officers and key employees falls within the parameters of the University's non-aligned merit compensation program that is approved by the Board of Trustees on an annual basis.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents are available in part through the Rhode Island Secretary of State's office. The University's by-laws and Conflict of Interest Policy governing employees and the corresponding disclosure form are available on the University's web site. Audited financial statements are not publically available.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05		Net unrealized losses on investments (\$3,755,207), unrealized loss on interest rate swap obligations (\$149,802), adjustment to annuity obligations (\$380,128) less \$185 miscellaneous rounding

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493133028913

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization ROGER WILLIAMS UNIVERSITY				05-02772	dentification number 22		
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatı	on answered "Yes	s" on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> te Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
The difference of Policies III.	· - !' /C	6.11		F 000 B	- 1 TV   1 - 24   1		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during	i <b>zations</b> (Complete the tax year.)	if the organizatio	n answered "Yes"	on Form 990, P	art IV, line 34 becaus	se it nad	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) s Direct controlling )) entity	Section 5 cont	( <b>g)</b> 512(b)(13) trolled nization
						Yes	No
(1) Roger Williams University School of Law  10 Metacom Road	Law Grad School	RI	501(c)(3)		2 N/A		No
Bristol, RI 028092921 05-0465628			(-)(-)				
For Privacy Act and Panerwork Reduction Act Notice, see the Instruction	ons for Form 990	Cat No. 5	0135Y	1	Schedule R (	Form 990	) 2011

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

(a) Name, address, and EIN of related organization	Primary activity domici (state foreig		Legal (d) Predominant inc				(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	27 2 330, 1 41	, 5 1, 55, 5		Yes	No					
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	ızatıons lısted ın Parts	s II-IV?								
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No					
	<b>b</b> Gift, grant, or capital contribution to related organization(s)										
c	Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
e	Loans or loan guarantees by related organization(s)			1e		No					
f	Sale of assets to related organization(s)			1f		No					
g	Purchase of assets from related organization(s)			<b>1</b> g		No					
h	Exchange of assets with related organization(s)			1h		No					
i	Lease of facilities, equipment, or other assets to related organization(s)			1i	Yes						
j	Lease of facilities, equipment, or other assets from related organization(s)			<b>1</b> j		No					
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No					
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		No					
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No					
n	Sharing of paid employees with related organization(s)			1n		No					
0	Reimbursement paid to related organization(s) for expenses			10		No					
р	Reimbursement paid by related organization(s) for expenses			1p		No					
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No					
r	Other transfer of cash or property from related organization(s)			1r	Yes						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	ıon thresholds							
	(a)	<b>(b)</b> Transaction	(c)	(d) Method of determir	una ama	unt					
	Name of other organization	type(a-r)	Amount involved	involved		, unit					
(1) 2)											
2)											
3)											
-,											
4)											
-											
5)											

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		<b>(f)</b> Share of total income	Share of end-of-year cotal income assets		end-of-year	(h) Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No					

Schedule R (Form 990) 2011

### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

**Software ID:** 11000129 **Software Version:** v1.00

**EIN:** 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per week	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Timothy E Baxter Trustee	1	х						0	0	0	
Richard L Bready Trustee - Chairman	1	Х						0	0	0	
Joseph M Brito Jr Trustee	1	Х						0	0	0	
Rodney A Butler Trustee	1	Х						0	0	0	
Gary R Chapman Trustee	1	Х						0	0	0	
Mario J Gabelli Trustee	1	Х						0	0	0	
Francis X Flaherty Trustee	1	Х						0	0	0	
Denise M Jenkins Trustee - Secretary & Vice Chair	1	Х		Х				0	0	0	
Jerrold L Lavine Trustee - Treasurer	1	Х		Х				0	0	0	
Suzanne M Magaziner Trustee	1	Х						0	0	0	
Mark Mandell Trustee	1	Х						0	0	0	
John McConnell Trustee	1	Х						0	0	0	
Marcia Morris Trustee	1	Х						0	0	0	
Samı Nacaroglu Trustee	1	Х						0	0	0	
Patricia Noonan Trustee	1	Х						0	0	0	
Helen Ostrowskı Trustee	1	Х						0	0	0	
Scott Pray Trustee	1	Х						0	0	0	
Frank Rainieri Jr Trustee	1	Х						0	0	0	
Warren Sımmons Trustee	1	Х						0	0	0	
Robert Stoico Trustee	1	Х						0	0	0	
Hala Taweel Trustee	1	Х						0	0	0	
Arlene Violet Trustee	1	Х						0	0	0	
Joseph Weisberger Trustee	1	Х						0	0	0	
David Wajsgras Trustee	1	Х						0	0	0	
Timothy Yeaton Trustee	1	Х						0	0	0	

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		(tion that a		/)			(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 trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Ronald O Champagne Trustee - President	40	Х		Х				149,089	0	13,750
Donald J Farish Trustee - President	40	Х		х				226,603	0	33,474
Robert H Avery Assistant Secretary / Sr VP & General Counsel	40			х				214,396	0	33,804
Jerome F Williams SVP for Finance & Administration	40			Х				204,715	0	33,762
Laura DeAbruna Provost and Sr Vice Pres for Academic Affairs	40				X			228,750	0	20,325
Lynn Fawthrop Vice President for Enrollment Management and Retention	40				Х			205,303	0	35,819
Robert West VP for Advancement	40				х			225,881	0	34,137
Jerry Dauterive Dean School of Business	40					Х		183,197	0	30,573
Mıchael Hall Professor	40					Х		158,833	0	26,697
Anthony Hollingsworth Professor	40					Х		184,145	0	27,711
Christopher Neronha Associate General Counsel & Exec Director of Risk Management	40					Х		170,134	0	13,807
June Speakman Professor	40					Х		157,468	0	57,961