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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

JOHNSON & WALES UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8 ABBOTT PARK PLACE

City or town, state or country, and ZIP + 4

PROVIDENCE, RI 02903

F Name and address of principal officer

JOHN BOWEN

8 ABBOTT PARK PLACE

PROVIDENCE, RI 02903

D Employer identification number

05-0306206

E Telephone number

(401) 598-1900

G Gross receipts \$ 504,507,189

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW JWU EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1914

M State of legal domicile

RI

Part I	Summary
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>EDUCATIONAL ACTIVITIES</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>3</div><div>18</div></div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>4</div><div>14</div></div>
	<div><div>5</div><div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div><div>5</div><div>7,576</div></div>
	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>6</div><div>258</div></div>
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div><div>7a</div><div>6,266,496</div></div>
	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>7b</div><div>665,627</div></div>
Revenue	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div><div>Prior Year</div><div>9,881,601</div><div>Current Year</div><div>7,845,630</div></div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div><div>436,152,476</div><div>462,511,832</div></div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div><div>12,731,059</div><div>4,251,206</div></div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div>7,622,701</div><div>6,292,038</div></div>
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div><div>466,387,837</div><div>480,900,706</div></div>
Expenses	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div>116,110,500</div><div>130,841,238</div></div>
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div><div>0</div><div>0</div></div>
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div>163,158,809</div><div>181,538,073</div></div>
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div><div>158,535</div><div>159,867</div></div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div><div>3,620,569</div><div></div></div>
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div>140,279,710</div><div>149,140,887</div></div>
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div>419,707,554</div><div>461,680,065</div></div>
Net Assets or Fund Balances	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div><div>46,680,283</div><div>19,220,641</div></div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div><div>Beginning of Current Year</div><div>860,437,834</div><div>End of Year</div><div>854,464,395</div></div>
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div><div>227,536,152</div><div>211,250,853</div></div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div>632,901,682</div><div>643,213,542</div></div>

Part II

Signature Block

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

Sign Here

Signature of officer

2013-05-14

Date

WILLIAM MCARDLE CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

CRAIG KLEIN

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00734640

Firm's name (or yours if self-employed), address, and ZIP + 4

CBIZ TOFIAS

500 BOYLSTON STREET

BOSTON, MA 02116

EIN 26-3753134

Phone no (617) 761-0600

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE MISSION OF JOHNSON & WALES UNIVERSITY (JWU) IS TO PROVIDE AN EXCEPTIONAL EDUCATION THAT INSPIRES PROFESSIONAL SUCCESS AND LIFELONG PERSONAL AND INTELLECTURAL GROWTH

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 406,292,868 including grants of \$ 130,841,238) (Revenue \$ 460,168,862)

DURING 2011/12, JWU EDUCATED OVER 17,000 STUDENTS (16,000 UNDERGRAD & 1,000 GRADUATE) ON 4 CAMPUSES IN PROV , RI, N MIAMI, FL, DENVER, CO, AND CHARLOTTE, NC , AND THROUGH ONLINE LEARNING, AWARDED 1,996 ASSOC , 2,564 BACHELOR'S, & 474 GRADUATE DEGREES. 517 FULL-TIME & 294 PART-TIME FACULTY TAUGHT & LED CAREER- FOCUSED PROGRAMS IN BUSINESS, HOSPITALITY, CULINARY ARTS, TECHNOLOGY, HUMANITIES AND EDUCATION. 4,107 STUDENTS PARTICIPATED IN 11-WEEK INTERNSHIPS (REQUIRED FOR MOST MAJORS). JWU RECRUITS THE BEST-QUALIFIED STUDENTS, REGARDLESS OF THEIR FINANCIAL NEEDS & OTHER CHALLENGES, 32% OF JWU STUDENTS WHO REPORTED THEIR PARENTS' EDUCATIONAL ATTAINMENT WERE THE FIRST IN THEIR FAMILIES TO ATTEND COLLEGE, AND 93% RECEIVED FINANCIAL AID, WITH AN AVERAGE AID OF \$18,880/STUDENT, INSTITUTIONAL SCHOLARSHIPS EXCEEDED \$130 MILLION.

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d


























Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 406,293,618


Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
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	Yes	
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
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 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 <input type="checkbox"/>					
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	29,080		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	7,576		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds 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	
9	Sponsoring organizations maintaining donor advised funds.				
a	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			
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
b	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	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b			

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AZ, CO, KY, ME, MD, MA, MI, NH, NY, OH, OK, OR, WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ALAN RESTIVO 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 (401) 598-1175

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

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,257,279	0	2,841,190

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 117

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION 1000 NW 57TH COURT STE 220 MIAMI, FL 33126	CONSTRUCTION	5,299,919
RODGERS DOOLEY INC P O BOX 18446 CHARLOTTE, NC 28218	CONSTRUCTION	3,272,694
DIMEO CONSTRUCTION 75 CHAMPAN ST PROVIDENCE, RI 02905	CONSTRUCTION	2,205,969
SODEXHO INC AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	CUSTODIAL	1,991,805
JWR CONSTRUCTION SERVICES 1311 NEWPORT CENTER DR DEERFIELD BEACH, FL 33442	CONSTRUCTION	1,878,308

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶73

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	31,451			
	b	Membership dues	1b				
	c	Fundraising events	1c	476,357			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,195,314			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,142,508			
	g	Noncash contributions included in lines 1a-1f \$ 964,369					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	TUITION	611310	360,533,495	360,533,495		
	b	ROOM AND BOARD CHARGES	611310	67,294,528	67,294,528		
	c	STUDENT FEES	611310	19,828,987	19,828,987		
	d	DOUBLETREE HOTEL	721110	6,221,788		6,221,788	
	e	STUDENT PRACTICUM	611310	5,734,147	5,734,147		
	f	All other program service revenue		2,898,887	2,898,887		
	g	Total. Add lines 2a-2f			462,511,832		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,710,513			4,710,513
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		1,181,944					
		(ii) Personal					
		908,525					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		273,419		44,708	228,711
	7a	(i) Securities					
		21,455,467					
		(ii) Other					
		408,004					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-459,307			-459,307
	8a	Gross income from fundraising events (not including \$ 476,357 of contributions reported on line 1c) See Part IV, line 18					
	a	188,356					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .		-186,824			-186,824
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	BOOKSTORE, VENDING, AN	611310	2,279,576			2,279,576	
b	INTEREST FROM STUDENT	611310	1,577,655	1,577,655			
c	CAREER EXPLORATION AND	611310	672,388	672,388			
d	All other revenue		1,675,824	1,628,775		47,049	
e	Total. Add lines 11a-11d			6,205,443			
12	Total revenue. See Instructions			480,900,706	460,168,862	6,266,496	6,619,718

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	170,555	170,555		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	130,357,208	130,357,208		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	313,475	313,475		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,847,236	2,984,897	5,494,410	367,929
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,284,075	754,292	529,783	
7	Other salaries and wages	123,181,480	104,230,187	17,653,894	1,297,399
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,712,445	18,589,614	1,898,731	224,100
9	Other employee benefits	18,604,399	15,679,705	2,609,136	315,558
10	Payroll taxes	8,908,438	7,363,032	1,425,317	120,089
11	Fees for services (non-employees)				
a	Management	242,043		242,043	
b	Legal	346,996	1,368	345,628	
c	Accounting	207,412	6,000	201,412	
d	Lobbying	169,659	169,659		
e	Professional fundraising See Part IV, line 17	159,867			159,867
f	Investment management fees	576,484		576,484	
g	Other	2,755,185	2,243,146	512,039	
12	Advertising and promotion	5,108,157	4,074,993	765,847	267,317
13	Office expenses	9,466,964	5,841,260	3,395,827	229,877
14	Information technology	5,201,639	5,201,639		
15	Royalties	364,420	200,586	163,834	
16	Occupancy	26,260,890	22,770,212	3,227,515	263,163
17	Travel	7,036,761	5,514,677	1,398,782	123,302
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,704,566	6,596,686	1,032,918	74,962
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,234,227	24,515,368	3,437,020	281,839
23	Insurance	2,667,950	91,909	2,576,041	
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	STUDENT SERVICES EXPENS	17,384,601	17,371,423	13,178	
b	FOOD/BEVERAGE/KITCHEN S	12,677,846	12,133,806	544,040	
c	CLASSROOM AND EDUCATION	6,320,019	5,701,928	589,902	28,189
d	BAD DEBT	4,182,018	4,385,438	-290	-203,130
e					
f	All other expenses	12,233,050	9,030,555	3,132,387	70,108
25	Total functional expenses. Add lines 1 through 24f	461,680,065	406,293,618	51,765,878	3,620,569
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			111	1	110
	2	Savings and temporary cash investments			35,701,050	2	15,675,524
	3	Pledges and grants receivable, net			3,428,170	3	2,232,410
	4	Accounts receivable, net			51,540,565	4	48,464,994
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			55,672	5	53,076
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			103,778	7	99,522
	8	Inventories for sale or use			2,790,122	8	1,936,421
	9	Prepaid expenses and deferred charges			6,360,983	9	6,193,724
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	796,464,598			
	b	Less accumulated depreciation	10b	267,425,082	499,999,345	10c	529,039,516
	11	Investments—publicly traded securities			142,231,370	11	133,730,104
	12	Investments—other securities See Part IV, line 11			114,164,874	12	113,250,320
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,061,794	15	3,788,674
	16	Total assets. Add lines 1 through 15 (must equal line 34)			860,437,834	16	854,464,395
Liabilities	17	Accounts payable and accrued expenses			38,983,041	17	37,040,833
	18	Grants payable				18	
	19	Deferred revenue			6,691,651	19	6,589,794
	20	Tax-exempt bond liabilities			159,747,748	20	151,873,100
	21	Escrow or custodial account liability Complete Part IV of Schedule D			598,921	21	334,782
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			6,935,049	23	4,180,058
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			14,579,742	25	11,232,286
	26	Total liabilities. Add lines 17 through 25			227,536,152	26	211,250,853
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			603,694,095	27	614,842,067
	28	Temporarily restricted net assets			10,410,918	28	8,754,555
	29	Permanently restricted net assets			18,796,669	29	19,616,920
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			632,901,682	33	643,213,542
	34	Total liabilities and net assets/fund balances			860,437,834	34	854,464,395

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	480,900,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	461,680,065
3	Revenue less expenses Subtract line 2 from line 1	3	19,220,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	632,901,682
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,908,781
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	643,213,542

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization JOHNSON & WALES UNIVERSITY	Employer identification number 05-0306206
--	--

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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






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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

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

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

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization JOHNSON & WALES UNIVERSITY	Employer identification number 05-0306206
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

- A

Check

☐

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

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		167,971
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		1,688
j Total lines 1c through 1i				169,659
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	PART II-B, 1(G) DIRECT CONTACT \$167,471 PAID TO CONSULTING FIRMS TO MAINTAIN GOVERNMENT RELATIONS, \$500 IS A PORTION OF EMPLOYEE'S SALARY RELATED TO GOVERNMENT RELATIONS PART II-B, 1(I) PORTION OF THE UNIVERSITY'S MEMBERSHIP DUES PAID TO THE ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES OF RHODE ISLAND AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERISITIES, WHICH IS SPENT ON LOBBYING ACTIVITY

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number
05-0306206

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ 104,930

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes ☒ No

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

1a

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

☐ Yes ☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	249,429,874	208,104,331	187,259,413	228,742,396
b	Contributions	1,590,507	1,519,933	363,745	542,330
c	Investment earnings or losses	-9,260,558	41,122,442	20,843,270	-41,663,734
d	Grants or scholarships	-1,179,460	-780,868		-1,290,131
e	Other expenditures for facilities and programs	-263,312	-535,964	-362,097	928,552
f	Administrative expenses				
g	End of year balance	240,317,051	249,429,874	208,104,331	187,259,413

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 89 600 %

b

Permanent endowment ▶ 7 700 %

c

Term endowment ▶ 2 700 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes ☐ No

(ii)

related organizations

3a(ii)

☐ Yes ☐ No

b

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

3b

☐ Yes ☐ No

4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,501,017		59,501,017
b Buildings		589,645,824	183,944,820	405,701,004
c Leasehold improvements		7,525,944	4,115,571	3,410,373
d Equipment		134,411,584	79,364,691	55,046,893
e Other		5,380,229		5,380,229
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				529,039,516

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE CULINARY ARTS MUSEUM IS AN EDUCATIONAL RESOURCE FOR JOHNSON & WALES UNIVERSITY, THE COMMUNITY AT-LARGE, FOOD SCHOLARS AND THE FOOD SERVICE INDUSTRY WHICH SEEKS TO BOTH PRESERVE AND INTERPRET CULINARY AND HOSPITALITY HERITAGE. IT IS A SHOWCASE FOR THE WORK OF STUDENTS, FACULTY, ALUMNI AND DISTINGUISHED VISITING CHEFS THROUGH EXHIBITIONS AND SPECIAL EVENTS. THE MUSEUM STRIVES TO INTERPRET THE EVOLUTION OF FOOD PREPARATION AND PRESENTATION, THE DEVELOPMENT OF CULINARY EQUIPMENT AND TECHNOLOGY, THE DIVERSE MENUS OFFERED AND THE PLACES WHERE PEOPLE PARTAKE OF FOOD.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	JOHNSON & WALES UNIVERSITY IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A UNIVERSITY DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME. THE UNIVERSITY HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DECISION TO INCLUDE OR EXCLUDE ITEMS OF INCOME UNRELATED TO ITS OPERATIONS AS A TAX POSITION. HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE UNIVERSITY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE OF THE RETURN BEING FILED.
		PART IV-2B THE UNIVERSITY HOLDS MONEY AS A CUSTODIAN FOR STUDENT CLUBS AND POTENTIAL FUTURE PROGRAMS TO BE REFUNDED IF PROGRAM IS NOT INITIATED. PART V-4 THE UNIVERSITY INTENDS TO USE ITS ENDOWMENT FUND FOR THE GENERAL BENEFIT OF THE UNIVERSITY'S CURRENT AND FUTURE STUDENTS (INCLUDING SCHOLARSHIPS AND LOAN FUNDS) AND FOR THE FURTHERANCE OF THE EDUCATIONAL MISSION OF THE UNIVERSITY.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number

05-0306206

Part I

- 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?
- 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?
- 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

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3		No
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	JOHNSON & WALES UNIVERSITY RECRUITS THROUGHOUT THE U S AND DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM A LARGE GEOGRAPHICAL AREA PER REV PROC 75-50, 1975-2 C B 587, SECTION 4 03 PARAGRAPH 2(B), SUCH A SCHOOL MAY SATISFY THE PUBLICITY REQUIREMENT BY COMPLYING WITH SECTION 4 02, WHICH REQUIRES THAT A SCHOOL'S NONDISCRIMINATORY POLICY AS TO STUDENTS BE INCLUDED IN ALL ITS BROCHURES AND CATALOGUES DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS THE UNIVERSITY COMPLIES WITH THIS REQUIREMENT MOREOVER, THE UNIVERSITY CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY PARTICIPATES IN THE TITLE IV FINANCIAL AID PROGRAMS AND RECEIVES GRANTS FROM THE U S DEPARTMENT OF EDUCATION, THE U S SMALL BUSINESS ADMINISTRATION, THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE STATES OF RHODE ISLAND, FLORIDA, NORTH CAROLINA, MASSACHUSETTS, AND PENNSYLVANIA

1

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

3 Enter total number of other organizations or entities ► _____

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIP	CENTRAL AMERICA	15	28,129	CREDIT TO STUDENT ACCOUNT			
STUDY ABROAD SCHOLARSHIP	EAST ASIA & THE PACIFIC	28	52,552	CREDIT TO STUDENT ACCOUNT			
STUDY ABROAD SCHOLARSHIP	EUROPE	108	169,392	CREDIT TO STUDENT ACCOUNT			
STUDY ABROAD SCHOLARSHIP	SOUTH AMERICA	21	37,215	CREDIT TO STUDENT ACCOUNT			
STUDY ABROAD SCHOLARSHIP	SUB-SAHARAN AFRICA	13	26,187	CREDIT TO STUDENT ACCOUNT			

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

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

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 05-0306206
Name: JOHNSON & WALES UNIVERSITY

Part V

Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	8	25	PROGRAM SERVICES	STUDENT RECRUITING	543,500
EUROPE (INCLUDING ICELAND & GREENLAND)	2	13	PROGRAM SERVICES	STUDENT RECRUITING	54,500
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD	72,060
SOUTH ASIA	1	6	PROGRAM SERVICES	STUDENT RECRUITING	50,500
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICES	STUDENT RECRUITING	14,000
RUSSIA & THE NEWLY INDEPENDENT STATES	0	2	PROGRAM SERVICES	STUDENT RECRUITING	2,000
CENTRAL AMERICA AND THE CARIBBEAN	0	5	PROGRAM SERVICES	STUDENT RECRUITING	7,750
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	277,676
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTING		22,732,096
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTING		5,753,726
NORTH AMERICA	0	2	PROGRAM SERVICES	STUDENT RECRUITING	2,000
SOUTH AMERICA	0	2	PRGORAM SERVICES	STUDENT RECRUITING	2,250
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	79,691
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD	1,285,275
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	107,800
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		28,129
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		52,552
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		169,392
SOUTH AMERICA	0	0	GRANTMAKING		37,215
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		26,187

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number
05-0306206

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
METROPOLITAN STRATEGIC 10873 NW 73RD TERRACE DORAL, FL 33178	PROSPECT STRATEGY CONSULTING		No	40,000	120,739	-80,739
VANDEVER BATTEN 119 E 7TH ST SUITE 2C CHARLOTTE, NC 28202	PROSPECT STRATEGY CONSULTING		No	0	39,128	-39,128
Total ▶				40,000	159,867	-119,867

3

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>GOLF TOURNAMENT</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	469,421	67,292	128,000	664,713	
	2	Less Charitable contributions	319,896	42,286	114,175	476,357	
3	Gross income (line 1 minus line 2)	149,525	25,006	13,825	188,356		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	2,100			2,100	
	6	Rent/facility costs	8,000		8,125	16,125	
	7	Food and beverages	46,322		18,023	64,345	
	8	Entertainment	4,000			4,000	
	9	Other direct expenses	273,735	438	14,437	288,610	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(375,180)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					-186,824

Part III Gaming.

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

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

☐ Yes ☐ No
- b

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

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

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

☐ Yes ☐ No
- b

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

Part IV

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

Identifier	ReturnReference	Explanation
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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

Open to Public
Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number
05-0306206

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

12

3

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

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	15435		130,357,208	BOOK	SCHOLARSHIPS

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
		PART III- THE UNIVERSITY PROVIDES ASSISTANCE IN THE FORM OF SCHOLARSHIPS THAT ARE ALL APPLIED TO STUDENTS' ACCOUNTS RECEIVABLE BALANCES AT THE BURSAR'S OFFICE

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2011
		Open to Public Inspection

Name of the organization JOHNSON & WALES UNIVERSITY	Employer identification number 05-0306206
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
4a	Receive a severance payment or change-of-control payment?	4a	Yes	
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
5a	The organization?	5a		No
5b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
6a	The organization?	6a		No
6b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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.

[illegible]

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	TRAVEL FOR COMPANION - THE SPOUSES OF CERTAIN LISTED PERSONS OCCASIONALLY ACCOMPANY THEM ON BUSINESS TRIPS. THE SPOUSES ARE EMPLOYEES OF THE UNIVERSITY AND TRAVEL IN THEIR CAPACITY AS EMPLOYEES OF THE UNIVERSITY. SUCH TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. -HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - SOCIAL CLUB DUES ARE PAID FOR CERTAIN OFFICERS OF THE UNIVERSITY IN ACCORDANCE WITH THEIR EMPLOYMENT CONTRACTS WHICH ARE APPROVED BY THE COMPENSATION COMMITTEE. IN ALL CASES, WHERE THE BENEFIT IS TAXABLE, IT IS TREATED AS COMPENSATION.
	PART I, LINES 4A-B	PATRICIA A. MCLAUGHLIN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$8,077. JOHN BOWEN AND THOMAS DWYER PARTICIPATE IN A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP), WHICH WAS ESTABLISHED UNDER SECTION 457(F) OF THE IRC. THE SERP WAS ESTABLISHED AND APPROVED BY THE BOARD OF TRUSTEES IN 2006 TO REWARD PERFORMANCE, LOYALTY, AND CONTINUOUS SERVICE OF SELECTED EXECUTIVES TO AGE 65. ONLY EXECUTIVES SPECIFICALLY DESIGNATED BY THE BOARD QUALIFY FOR PARTICIPATION; THEY MUST REMAIN EMPLOYED BY THE INSTITUTION THROUGH AGE 65 AND THE BENEFIT SUPPLEMENTS OTHER INSTITUTIONAL RETIREMENT PLANS SUCH THAT THE RECIPIENT WILL RECEIVE TOTAL RETIREMENT INCOME EQUAL TO 75% OF FINAL COMPENSATION.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ 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.</div>	OMB No 1545-0047
		2011
		Open to Public Inspection

Name of the organization JOHNSON & WALES UNIVERSITY		Employer identification number 05-0306206
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Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65818PCV9	04-15-2003	51,600,798	NCCFA 2003A BONDS-PURCHASE OF NEW OR IMPROVEMENTS TO EXISTING FACILITIES		X		X		X
B COLORADO EDUCATIONAL AND CULTURAL FACILITIES AUTHORITY	84-0896727	196458SB0	03-15-2003	29,997,363	CO 2003A BONDS-PURCHASE OF NEW OR IMPROVEMENTS TO EXISTING FACILITIES		X		X		X
C RHODE ISLAND HEALTH AND EDUCATION BUILDING CORPORATION	52-1300173	7622427W9	04-01-2003	50,686,880	REFUNDING OF PRE-2003 BOND DEBT		X		X		X
D CITY OF NORTH MIAMI FLORIDA EDUCATIONAL FACILITIES REVENUE REFUNDING BONDS	59-6000390	661057AW9	03-15-2003	26,089,596	REFUNDING OF PRE-2003 BOND DEBT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	51,600,798		29,997,263		50,686,880		26,089,596	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	2,597,175							
6	Proceeds in refunding escrow					49,347,456		25,302,479	
7	Issuance costs from proceeds	507,214		467,539		469,742		339,664	
8	Credit enhancement from proceeds	1,105,224		627,908		869,682		447,457	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	47,391,185		28,901,816					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2004		2004		2004		2004	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
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		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

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 ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number

05-0306206

Part I

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

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) TARUN MALIK RELOCATION LOAN		X	75,000	53,076		No	Yes		Yes	
Total ▶ \$ 53,076										

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCHEDULE O					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 M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number
05-0306206

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	29,825	SALE OF COMPARABLE ITEMS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	55	295,580	SALE OF COMPARABLE ITEMS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (HORSES)	X	4	341,650	OPINION OF EXPERT
26 Other ► (CLASSROOM)	X	28	167,258	SALE OF COMPARABLE ITEMS
27 Other ► (OTHER)	X	16	92,421	SALE OF COMPARABLE ITEMS
28 Other ► (AUCTION ITEMS)	X	23	37,635	SALE OF COMPARABLE ITEMS
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	4

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	SCHEDULE M, PART I, COLUMN (B), LINES 9,19,26,27, AND 28 THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF SEPARATE GIFTS MADE ON SEPARATE DATES, THAT IS, ONE DONOR MAY HAVE MADE MULTIPLE GIFTS DURING THE YEAR AND EACH GIFT MAY CONTAIN MULTIPLE ITEMS SCHEDULE M, PART I, COLUMN (B), LINE 25 THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF ITEMS RECEIVED

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization JOHNSON & WALES UNIVERSITY	Employer identification number 05-0306206
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	IN ADDITION TO THE GOVERNING BOARD (BOARD OF TRUSTEES) THE UNIVERSITY HAS A GROUP OF INDIVIDUALS REFERRED TO AS "THE CORPORATION" THE CORPORATION CONSISTS OF MEMBERS REPRESENTING VARIOUS CONSTITUENCIES AND AREAS OF BUSINESS THAT ARE RELEVANT TO THE INSTITUTION'S MISSION AND PURPOSES THE ONLY DUTY AND AUTHORITY OF THE CORPORATION IS TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	IN ADDITION TO THE GOVERNING BOARD (BOARD OF TRUSTEES) THE UNIVERSITY HAS A GROUP OF INDIVIDUALS REFERRED TO AS "THE CORPORATION" THE CORPORATION CONSISTS OF MEMBERS REPRESENTING VARIOUS CONSTITUENCIES AND AREAS OF BUSINESS THAT ARE RELEVANT TO THE INSTITUTION'S MISSION AND PURPOSES THE ONLY DUTY AND AUTHORITY OF THE CORPORATION IS TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, A COMPLETE COPY OF THE 990 IS PROVIDED TO THE BOARD OF TRUSTEES. IN ADDITION, MEMBERS OF THE AUDIT COMMITTEE MEET WITH ACCOUNTING MANAGEMENT TO ADDRESS ANY QUESTIONS. ALL QUESTIONS MUST BE ADDRESSED TO THE SATISFACTION OF THE COMMITTEE MEMBERS PRIOR TO FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL MEMBERS OF THE BOARD OF TRUSTEES, UNIVERSITY OFFICERS, PRESIDENTS AND VICE PRESIDENTS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THESE QUESTIONNAIRES ARE REVIEWED BY ACCOUNTING PERSONNEL FOR BUSINESS AND PERSONAL RELATIONSHIPS THAT MAY RESULT IN A CONFLICT OF INTEREST SITUATION. A LISTING OF THE INDIVIDUALS AND RELATED BUSINESSES AND / OR ORGANIZATIONS IS DEVELOPED AND DISTRIBUTED TO ACCOUNTS PAYABLE / PROCUREMENT PERSONNEL WITH A DIRECTIVE TO MONITOR ALL OF THE TRANSACTIONS WITH ANY OF THE LISTED BUSINESSES AND / OR INDIVIDUALS. ALSO, AS PART OF THE ANNUAL INDEPENDENT AUDIT, ALL TRANSACTIONS WITH SUCH BUSINESSES AND / OR INDIVIDUALS MUST BE SUMMARIZED FOR PURPOSES OF THE REQUIRED FINANCIAL STATEMENT DISCLOSURE OF RELATED PARTY TRANSACTIONS. THIS PROVIDES AN ADDED OPPORTUNITY FOR MANAGEMENT TO REVIEW SUCH TRANSACTIONS AND RELATIONSHIPS FOR PROPRIETY. TRUSTEES, OFFICERS AND SENIOR EXECUTIVES MAY VOTE ON AND / OR PARTICIPATE IN APPROVING TRANSACTIONS WITH SUCH BUSINESSES AND / OR INDIVIDUALS IN CERTAIN PRESCRIBED CIRCUMSTANCES IN WHICH THE RELATIONSHIP IS CLEARLY DISCLOSED AND THE TRANSACTION IS APPROVED BY A MAJORITY OF THE DISINTERESTED TRUSTEES, OFFICERS AND / OR SENIOR EXECUTIVES THAT ARE CHARGED WITH MAKING THE DECISION REGARDING THE TRANSACTION IN QUESTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE PROCESS FOR DETERMINING THE COMPENSATION OF THE UNIVERSITY'S TOP MANAGEMENT OFFICIAL (THE UNIVERSITY CHANCELLOR) AS WELL AS THE NEXT HIGHEST RANKING OFFICIAL (THE VICE CHANCELLOR) INCLUDED ALL OF THE ELEMENTS OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. THE INDEPENDENT COMPENSATION COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES INDEPENDENTLY ENGAGED A FIRM OF COMPENSATION SPECIALISTS TO PERFORM A STUDY TO EVALUATE THE COMPENSATION LEVELS OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED INSTITUTIONS. THIS INFORMATION WAS USED BY THE COMMITTEE TO EVALUATE THE COMPENSATION OF THESE TWO ADMINISTRATORS. THE RESULTING COMPENSATION AMOUNTS WERE OFFICIALLY APPROVED BY THE COMMITTEE AND DOCUMENTED IN THE MEETING MINUTES AS WELL AS IN SIGNED EMPLOYMENT CONTRACTS FOR EACH INDIVIDUAL. THE UNIVERSITY CHANCELLOR'S COMPENSATION WAS ALSO APPROVED BY THE ENTIRE BOARD OF TRUSTEES. THIS PROCESS OCCURRED IN 2005. THE CHANCELLOR'S AND VICE CHANCELLOR'S CONTRACTS ARE EFFECTIVE THROUGH JUNE 30, 2013 AND DECEMBER 31, 2012, RESPECTIVELY. THE COMMITTEE WILL FOLLOW A SIMILAR PROCESS IN ORDER TO ESTABLISH APPROPRIATE COMPENSATION LEVELS FOR THESE INDIVIDUALS FOR PERIODS BEYOND THE TERM OF THE CURRENT CONTRACTS. SIMILAR COMPENSATION STUDIES HAVE BEEN PERFORMED FOR ALL OF THE REMAINING INDIVIDUALS AND / OR POSITIONS REPORTED IN PART VII, EXCEPT FOR THE POSITION OF THE ASSISTANT SECRETARY. ALL OF THESE STUDIES WERE PERFORMED IN 2010. THE COMPENSATION FOR ALL OF THESE INDIVIDUALS IS REVIEWED BY THE GOVERNING BOARD ON AN ANNUAL BASIS.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC VIA THE UNIVERSITY'S WEBSITE. THE UNIVERSITY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
	FORM 990, PART VII	THE UNIVERSITY ENTERED INTO AN EMPLOYMENT AGREEMENT WITH MORRIS J GAEBE DATED FEBRUARY 1, 2002, WHICH WAS SCHEDULED TO TERMINATE ON FEBRUARY 1, 2012 THE AGREEMENT PROVIDES FOR DISABILITY PAYMENTS OF 50% OF REGULAR COMPENSATION, FOR LIFE, IN THE CASE OF DISABILITY, AS DEFINED IN THE AGREEMENT DURING CALENDAR YEAR 2011, THE EMPLOYEE WAS DETERMINED TO BE DISABLED AS DEFINED IN THE AGREEMENT AND PAYMENT AMOUNTS WERE ADJUSTED IN JANUARY, OF 2012, AND CONTINUE PURSUANT TO THE DISABILITY PROVISION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -14,988,981 LIQUIDATIVE DISTRIBUTIONS FROM AND CHANGE IN INVESTMENT IN CORPORATE SUBS 6,093,698 LOSSES ON PLEDGES -13,500 ROUNDING 2 TOTAL TO FORM 990, PART XI, LINE 5 -8,908,781

Identifier	Return Reference	Explanation
	SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	<p>(A) NAME OF PERSON HILTON HOTELS (MANAGES THE UNIVERSITY-OWNED DOUBLETREE HOTEL IN CHARLOTTE, NC) (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CLAY SNYDER, A TRUSTEE OF THE UNIVERSITY IS A DIRECTOR OF HILTON HOTELS (C) AMOUNT OF TRANSACTION \$303,397 (D) DESCRIPTION OF TRANSACTION MANAGEMENT AND LICENSE FEES (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SARAH C MALIK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$76,121 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON KATHLEEN A HARNEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$67,125 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JAMES C GREENE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$60,783 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON IRMA JULIE GREENE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$59,056 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON BARBARA G DISAIA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$65,035 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON DONNA YENA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$112,090 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON PIYA A SARAWGI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, TRUSTEE, OR KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$58,807 (D) DESCRIPTION OF TRANSACTION COMPENSATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON DUKE ENERGY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION JAMES HANCE, JR , TRUSTEE OF THE UNIVERSITY IS ON THE BOARD OF DIRECTORS OF DUKE ENERGY (C) AMOUNT OF TRANSACTION \$814,740 (D) DESCRIPTION OF TRANSACTION PURCHASE OF ELECTRICITY (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SPRINT NEXTEL (NEXTEL COMMUNICATION) (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION JAMES H HANCE JR , A TRUSTEE OF THE UNIVERSITY IS A DIRECTOR OF SPRINT NEXTEL (C) AMOUNT OF TRANSACTION \$287,532 (D) DESCRIPTION OF TRANSACTION PAYMENT FOR TELEPHONE SERVICES AND REVENUE FROM COMMUNICATION CHANNELS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON PIEDMONT NATURAL GAS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION THOMAS SKAINS, A TRUSTEE OF THE UNIVERSITY IS THE CHAIRMAN, PRESIDENT AND CEO OF PIEDMONT NATURAL GAS (C) AMOUNT OF TRANSACTION \$168,555 (D) DESCRIPTION OF TRANSACTION NATURAL GAS SERVICES (E) SHARING OF ORGANIZATION REVENUES? = NO</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JOHNSON & WALES UNIVERSITY

Employer identification number
05-0306206

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTER FOR THE ADVANCEMENT OF FOODSERVICE EDUCATION LLC 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 26-2837995	RESOURCE FOR FOODSERVICE EDUCATION	MD	74,536	0	N/A
(2) WILDCAT REALTY HOLDINGS LLC 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 45-4834756	REAL ESTATE HOLDINGS	RI	0	304,155	N/A

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) JWC CORP 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0345038	RETAIL SALES	RI	N/A	C	-500		100 000 %
(2) GRIFFIN REALTY ENTERPRISES 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0467393	REAL ESTATE RENTAL	RI	N/A	C	-38,164		
(3) GRIFFIN REALTY OF RIFL 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0517544	REAL ESTATE RENTAL	FL	GRIFFIN REALTY ENTERPRISES	C			
(4) J&W CORP 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 04-2794637	HOLD LIQUOR LICENSE	MA	N/A	C	-12,732		100 000 %
(5) JOHNSON & WALES UNIVERSITY CLUB 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0366691	RETAIL SALES	RI	N/A	C	-500		100 000 %
(6) CHARITABLE REMAINDER ANNUITY TRUST(1)	CHARITABLE TRUST	RI	N/A	T			
(7) CHARITABLE REMAINDER UNITRUST(2)	CHARITABLE TRUST	RI	N/A	T			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GRIFFIN REALTY ENTERPRISES	J	102,000	AMOUNT PAID FOR PARKING SPACES
(2) GRIFFIN REALTY ENTERPRISES	R	4,205,800	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 05-0306206
Name: JOHNSON & WALES UNIVERSITY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
JWC CORP 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0345038	RETAIL SALES	RI	N/A	C	-500		100 000 %
GRIFFIN REALTY ENTERPRISES 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0467393	REAL ESTATE RENTAL	RI	N/A	C	-38,164		
GRIFFIN REALTY OF RIFL 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0517544	REAL ESTATE RENTAL	FL	GRIFFIN REALTY ENTERPRISES	C			
J&W CORP 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 04-2794637	HOLD LIQUOR LICENSE	MA	N/A	C	-12,732		100 000 %
JOHNSON & WALES UNIVERSITY CLUB 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 05-0366691	RETAIL SALES	RI	N/A	C	-500		100 000 %
CHARITABLE REMAINDER ANNUITY TRUST(1)	CHARITABLE TRUST	RI	N/A	T			
CHARITABLE REMAINDER UNITRUST(2)	CHARITABLE TRUST	RI	N/A	T			

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return JOHNSON & WALES UNIVERSITY	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 05-0306206
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		0
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	15,817,401

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	15,817,401
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 05-0306206

Name: JOHNSON & WALES UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD FERNANDEZ TRUSTEE	1 00	X						0	0	0
JAMES H HANCE JR TRUSTEE	1 00	X						0	0	0
WILLIAM J MURPHY TRUSTEE	1 00	X						0	0	0
DON W HUBBLE TRUSTEE	1 00	X						0	0	0
EMERIL LAGASSE TRUSTEE	1 00	X						0	0	0
ERNEST ALMONTE TRUSTEE	1 00	X						0	0	0
RICHARD L BREADY TRUSTEE	1 00	X						0	0	0
CLAY A SNYDER TRUSTEE	1 00	X						0	0	0
EDWARD P TRIANGOLO JR TRUSTEE	1 00	X						0	0	0
WILLIAM E TRUEHEART TRUSTEE	1 00	X						0	0	0
DAVID BROCHU TRUSTEE	1 00	X						0	0	0
MICHELE BAILEY DIMARTINO TRUSTEE	1 00	X						0	0	0
LAURA FREID TRUSTEE	1 00	X						0	0	0
MERRILL W SHERMAN TRUSTEE	1 00	X						0	0	0
M JOHN MARTIN TRUSTEE	1 00	X						0	0	0
GUY B SNOWDEN TRUSTEE	1 00	X						0	0	0
THOMAS SKAINS TRUSTEE	1 00	X						0	0	0
JOHN A YENA CHAIRMAN	1 00	X		X				0	0	0
JOHN HAZEN WHITE JR TRUSTEE	1 00	X						0	0	0
JOHN J BOWEN CHANCELLOR, PRESIDENT, CEO	40 00	X		X				626,955	0	552,494
THOMAS DWYER VICE CHANCELLOR, EXE VP	40 00			X				451,926	0	361,950
WAYNE M KEZIRIAN SR VP, GENERAL COUNSEL	40 00			X				326,844	0	25,530
EMILY GILCREAST ASST CORP SEC, CHIEF OF STAFF	40 00			X				90,761	0	16,908
MINNIE L RUNEY COO, PRESIDENT, PVD CAMPUS	40 00			X				286,297	0	50,850
WILLIAM MCARDLE CFO, TREASURER	40 00			X				263,202	0	149,993

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA BENNETT CORP SEC,SR VP LAW &POLICY	40 00			X				237,905	0	96,682
JOSEPH J GREENE JR ASST TREASURER, VP FINANCE	40 00			X				205,608	0	58,291
VEERA S GAUL UNIVERSITY PROVOST	40 00			X				261,759	0	36,403
IRVING SCHNEIDER PRESIDENT, PVD CAMPUS	40 00				X			158,755	0	444,585
ROBIN P KRAKOWSKY SR VP, CIARM	40 00				X			258,152	0	138,611
ARTHUR J GALLAGHER PRESIDENT,CHARLOTTE CAMPU	40 00				X			247,150	0	74,630
KENNETH F DISAIA SENIOR VP, ENROLLMENT MGMT	40 00				X			227,758	0	59,530
AKHIL GUPTA EXEC DIR OF PROCUR/BUDGET	40 00				X			174,723	0	72,583
BETTE MATKOWSKI PRESIDENT, DENVER CAMPUS	40 00				X			213,956	0	44,488
TARUN MALIK VP, CHARLOTTE CAMPUS	40 00				X			202,781	0	73,520
MARIE F BERNARDO VP STUDENT SERVICES	40 00				X			228,322	0	40,848
LOREEN M CHANT PRESIDENT, N MIAMI CAMPUS	40 00				X			224,422	0	45,979
LARRY RICE VP NORTH MIAMI CAMPUS	40 00				X			174,706	0	40,785
DIANE D'AMBRA VP HUMAN RESOURCES	40 00				X			217,277	0	98,061
RICHARD A WISCOTT VP, DENVER CAMPUS	40 00				X			156,567	0	33,627
MORRIS J GAEBE CHANCELLOR EMERITUS (SEE SCHEDULE O)	10 00					X		185,006	0	48,966
JEFFREY D SENESE VP ACADEMIC AFFAIRS	40 00					X		207,857	0	38,892
MERLIN A DECONTI JR SENIOR VP, FACILITY MGMT	40 00					X		199,868	0	143,036
PATRICIA A MCLAUGHLIN SR VP INSTL ADVANCEMENT	40 00					X		221,966	0	29,351
JOHN A SMITHERS VP INFORMATION TECHNOLOGY	40 00					X		206,756	0	64,597

Additional Data

Software ID:

Software Version:

EIN: 05-0306206

Name: JOHNSON & WALES UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CASH	2,873,655	F
BUTTERFIELD FUND SERVICES	6,286,330	F
DAVIDSON KEMPNER	11,382,510	F
WINSTON GROWTH FUND	11,577,193	F
COMMONFUND CEP VI	1,737,563	F
COMMONFUND CEP V	919,247	F
COMMONFUND CEP VII	1,462,470	F
GRACE VENTURE PARTNERS	111,825	F
PARK STREET CAPITAL V	1,554,080	F
PARK STREET CAPITAL VI	4,237,741	F
PARK STREET CAPITAL VIII	4,218,573	F
WELLINGTON REAL ASSET PORTFOLIO	6,271,648	F
457B	940,683	F
CASH SURRENDER VALUE	482,993	F
DREYFUS CASH MANAGEMENT #288	26,803	F
LANGLER ASSETS	2,619,607	F
LEHMAN BROTHERS	4,274,387	F
NATIONAL STUDENT ORGANIZATION	169,306	F
PARK STREET NRF II	1,478,904	F
PARK STREET NRF III	1,966,761	F
EATON PARK OVERSEAS FUND	3,449,196	F
FORESTER PARTNERS CLASS B	4,452,085	F
COMMONFUND CVP VIII	853,209	F
PARK STREET CAPITAL NRF IV	1,047,176	F
PARK STREET CAPITAL IX	3,191,693	F
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND	4,630,881	F
KING STREET CAPITAL LTD	2,671,623	F
BENNETT OFFSHORE RESTRUCTURING FUND	4,093,902	F
CHILTON GLOBAL NATURAL RESOURCES	2,738,660	F
FORESTER PARTNERS CLASS B-2	4,508,448	F
FORESTER PARTNERS CLASS A-2	11,691,804	F
COMMONFUND CVP IX	319,401	F
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV	1,236,148	F
ASIA ALTERNATIVE CAPITAL PARTNERS	320,669	F
ASTENBECK OFFSHORE COMMODITIES	3,321,175	F
PAR STREET CAPITAL NRF V	109,971	F
PREFERRED STOCK CERTIFICATES	22,000	F

Software ID:
Software Version:
EIN: 05-0306206
Name: JOHNSON & WALES UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RI 228 WATERMAN AVENUE PROVIDENCE, RI 02906	05-0276059	501C3	60,000				DONOR-ADVISED PHILANTHROPY FUND TO ASSIST VARIOUS UNITED WAY ORGANIZATIONS
FLORIDA RESTAURANT AND LODGING ASSOCIATION230 ADAMS STREET TALLAHASSEE, FL 32301	59-6194391	501C3	15,000				SUPPORT THE PROSTART EDUCATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS RI 160 BROAD STREET PROVIDENCE,RI 02903	05- 0259094	501C3	7,350	1,242	FMV	JACKETS AND COFFEE	SUPPORT HOMELESS SHELTER
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE,RI 02906	05- 0258906	501C3		10,000	FMV	USE OF SPACE	SUPPORT LOCAL SCHOOL'S ATHLETICS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY TELEVISION FOUNDATIONPO BOX 61002 MIAMI,FL 33261	59-0737868	501C3	10,000				SUPPORT LOCAL PUBLIC TELEVISION PROGRAMMING
SOPHIA ACADEMY 979 BRANCH AVENUE PROVIDENCE,RI 02904	31-1736069	501C3		78,359	FMV	USE OF SPACE	SUPPORT MIDDLE SCHOOL'S SPORTS, HEALTH, AND EDUCATION (S H E) PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DEPAUL MINISTRY 178 DEXTER STREET PROVIDENCE, RI 02903	05- 0258987	501C3	500	7,867	FMV	CAKES, PIES, PASTRIES, ROLLS	SPONSORED PROGRAM TO OVERCOME AND PREVENT HOMELESSNESS
COLLEGE CRUSADE OF RI 134 THURBERS AVE PROVIDENCE, RI 02905	22- 3031765	501C3		24,292	FMV	USE OF SPACE, SECURITY DETAIL	SUPPORT ORGANIZATION SERVING LOW- INCOME, URBAN YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRODEN CENTER 610 MANTON AVENUE PROVIDENCE, RI 02909	05-0369378	501C3		37,500	FMV	USE OF SPACE	SUPPORT PROGRAM FOR YOUTH WITH DEVELOPMENTAL DISORDERS
BUILDING A COMMUNITY OF LEARNING IN RETIREMENT123 VALLEY STREET NORTH KINGSTON, RI 02852	80-0201985	501C3		29,750	FMV	USE OF PARKING SPACES	SUPPORT LOCAL CHAPTER OF ORGANIZATION SERVING RETIREES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							USE GYM BY LOCAL CHURCH'S YOUTH FOR VOLLEYBALL PRACTICE
PROVIDENCE RESCUE627 CRANSTON STREET PROVIDENCE,RI 02907	05-0503326	501C3		14,744	FMV	CAKES, PIES, PASTRIES, ROLLS	SUPPORT ORGANIZATION SERVING THE HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE COLLEGE1 CUNNINGHAM STREET PROVIDENCE, RI 02918	05-0258932	501C3		21,000	FMV	USE OF GYM	USE OF GYM BY LOCAL COLLEGE FOR VOLLEYBALL PRACTICE
JAMESTOWN ROTARY CLUBPO BOX 652 JAMESTOWN, RI 02835	05-6008886	501C4		33,528	FMV	TEXTBOOKS AND COMPUTERS	SUPPORT LITERACY PROGRAM

Software ID:

Software Version:

EIN: 05-0306206

Name: JOHNSON & WALES UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN J BOWEN	(i) (ii)	593,521 0	0 0	33,434 0	503,576 0	48,918 0	1,179,449 0	0 0
THOMAS DWYER	(i) (ii)	411,808 0	0 0	40,118 0	343,282 0	18,668 0	813,876 0	0 0
WAYNE M KEZIRIAN	(i) (ii)	300,000 0	0 0	26,844 0	24,500 0	1,030 0	352,374 0	0 0
MINNIE L RUNEY	(i) (ii)	263,964 0	0 0	22,333 0	32,190 0	18,660 0	337,147 0	0 0
WILLIAM MCARDLE	(i) (ii)	237,556 0	0 0	25,646 0	131,938 0	18,055 0	413,195 0	0 0
BARBARA BENNETT	(i) (ii)	215,702 0	0 0	22,203 0	48,780 0	47,902 0	334,587 0	0 0
JOSEPH J GREENE JR	(i) (ii)	196,464 0	0 0	9,144 0	39,791 0	18,500 0	263,899 0	0 0
VEERA S GAUL	(i) (ii)	237,356 0	0 0	24,403 0	28,241 0	8,162 0	298,162 0	0 0
IRVING SCHNEIDER	(i) (ii)	148,019 0	0 0	10,736 0	426,380 0	18,205 0	603,340 0	0 0
ROBIN P KRAKOWSKY	(i) (ii)	233,648 0	0 0	24,504 0	130,303 0	8,308 0	396,763 0	0 0
ARTHUR J GALLAGHER	(i) (ii)	225,286 0	0 0	21,864 0	56,009 0	18,621 0	321,780 0	0 0
KENNETH F DISAIA	(i) (ii)	199,464 0	0 0	28,294 0	41,007 0	18,523 0	287,288 0	0 0
AKHIL GUPTA	(i) (ii)	165,814 0	0 0	8,909 0	21,134 0	51,449 0	247,306 0	0 0
BETTE MATKOWSKI	(i) (ii)	203,556 0	0 0	10,400 0	26,536 0	17,952 0	258,444 0	0 0
TARUN MALIK	(i) (ii)	194,414 0	0 0	8,367 0	51,193 0	22,327 0	276,301 0	0 0
MARIE F BERNARDO	(i) (ii)	203,964 0	0 0	24,358 0	22,329 0	18,519 0	269,170 0	0 0
LOREEN M CHANT	(i) (ii)	216,464 0	0 0	7,958 0	27,408 0	18,571 0	270,401 0	0 0
LARRY RICE	(i) (ii)	166,964 0	0 0	7,742 0	22,387 0	18,398 0	215,491 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DIANE D'AMBRA	(i) (ii)	181,464 0	0 0	35,813 0	45,253 0	52,808 0	315,338 0	0 0
RICHARD A WISCOTT	(i) (ii)	148,714 0	0 0	7,853 0	15,300 0	18,327 0	190,194 0	0 0
MORRIS J GAEBE	(i) (ii)	178,856 0	0 0	6,150 0	28,920 0	20,046 0	233,972 0	0 0
JEFFREY D SENESE	(i) (ii)	199,464 0	0 0	8,393 0	20,375 0	18,517 0	246,749 0	0 0
MERLIN A DECONTI JR	(i) (ii)	182,036 0	0 0	17,832 0	124,564 0	18,472 0	342,904 0	0 0
PATRICIA A MCLAUGHLIN	(i) (ii)	206,329 0	0 0	15,637 0	20,833 0	8,518 0	251,317 0	0 0
JOHN A SMITHERS	(i) (ii)	196,464 0	0 0	10,292 0	46,079 0	18,518 0	271,353 0	0 0