DLN: 93493133034479 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 D Employer identification number B Check if applicable ROGER WILLIAMS UNIVERSITY ☐ Address change 05-0277222 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) One Old Ferry Road □ Application pending (401) 253-1040 City or town, state or province, country, and ZIP or foreign postal code Bristol, RI $\,$ 02809 $\,$ **G** Gross receipts \$ 214,691,893 Name and address of principal officer H(a) Is this a group return for Andrew Workman ☐Yes **☑**No subordinates? One Old Ferry Road H(b) Are all subordinates Bristol, RI 02809 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www rwu edu L Year of formation 1959 M State of legal domicile RI Summary 1 Briefly describe the organization's mission or most significant activities Roger Williams University is an independent university that combines the unique strengths of small liberal arts colleges and those of larger comprehensive universities and where liberal and professional education are enhanced by their integration and the recognition of their Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 29 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 5 3,617 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 178 Total unrelated business revenue from Part VIII, column (C), line 12 175,357 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,490,653 10,793,731 190,313,749 192,783,312 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,102,767 3,471,552 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,412,115 2,571,103 203,319,284 209,619,698 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 50,798,841 52,783,940 **14** Benefits paid to or for members (Part IX, column (A), line 4) 90,940,582 96,070,279 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 116,974 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,721,392 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 58.413.276 59,256,976 200,152,699 208,228,169 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,391,529 Revenue less expenses Subtract line 18 from line 12 . 3,166,585 Net Assets or Fund Balances End of Year Beginning of Current Year 282,258,552 282,024,282 20 Total assets (Part X, line 16) . 150,990,579 145,693,756 21 Total liabilities (Part X, line 26) . 131,267,973 136,330,526 Net assets or fund balances Subtract line 21 from line 20 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 2019-05-10 Signature of officer Sian Here Jerome F Williams EVP for Finance & Administration Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN 🕨 **Preparer** Firm's address Phone no **Use Only** ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗹
1		organization's mission				
See S	Schedule O					
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
		ese changes on Schedu				
4	Section $501(c)(3)$ ar		ons are required	to report the amount o	largest program services, as mea f grants and allocations to others	
4a	(Code) (Expenses \$	193,279,152	ıncludıng grants of \$	52,783,940) (Revenue \$	194,941,540)
	See Additional Data				, , , , , ,	, , ,
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
					, ,	,
4d	Other program com	ces (Describe in Sched	ula O \			
τu	(Expenses \$	•	ule O) luding grants of	\$	0) (Revenue \$	0)
4e	Total program ser		193,279,1	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	- /
70	. sta. p. sgram ser	expenses r	1,5,2,5,1			Form 990 (2017)

Section 501(c)(3) organizations.

or X as applicable

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

No

4 Yes 5

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Yes

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Form **990** (2017)

No No No

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Yes

Yes

Yes

Form 990 (2017)

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Νo

Νo

Nο

Page 4

IV	Checklist of	Required	Schedules	(continued)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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?	25b		No

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Nο 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Nο

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? If "Yes," complete Schedule L, 28a Nο

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•	<u> </u>	Ш
	Enterthe growth and are Box 2 of Ferma 1000 February Conference and book and book and book and book and book are book and book and book and book are book and book and book are book and book and book are book and book are book and book are book and book and book are book are book and book are book are book and book are book and book are book and book are book are book and book are book are book and book are book are book are book and book are book are book ar		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 383 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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" to line 3b, 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, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	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?	30		
·	The second second second and the organization menorini occor in the first second secon	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
_	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction 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 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8				
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	Light the Chahan with which a convert this Forms 200 is a sourced to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
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 during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶Jerome F Williams One Old Ferry Road Bristol, RI 02809 (401) 254-3536			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp			and	High	nest Compensate	d Employees ((conf	tinued)	
(A) Name and Tıtle	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	ot che unles fficer trust		rson a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	w-	Estima amount o compens from to	ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1035 (1130)	2/1037 11122/	1	relati organiza	ed
See Additional Data Table										\top		
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c Total from continuation sheets to	Part VII, Sectio	on A.				▶ _				丰		
d Total (add lines 1b and 1c)						(a) who		2,268,445	33,76	.5		460,412
Total number of individuals (includir of reportable compensation from the compensation)			e iisu	êG av	DOV	a) wiic) Fec	alved more than ya-	00,000			
 I					_					_	Yes	No
3 Did the organization list any formei line 1a? <i>If "Yes," complete Schedule</i>			tee, ke		mplo •	oyee, d	or hid	ghest compensated	employee on	3		No
For any individual listed on line 1a, organization and related organization individual	is the sum of repo ons greater than s	ortable o \$150,00	comp 0? If	ensa <i>"Yes</i>	ition ;," c	n and o omplet	other te Sc	compensation from chedule J for such	ı the		\	
5 Did any person listed on line 1a rece	ove or accrue co	mnensa	· ···on f	rom	• ∍ny	· unrel:	=ted	organization or ind	widual for	4	Yes	
services rendered to the organization									· · ·	5		No
Section B. Independent Contract					_					<u>'</u>		
Complete this table for your five hig from the organization Report comp										npen	isation	
	(A) e and business addre		<u> </u>					T	(B) cription of services		(C Compen	
Bon Appetit Management Company	; und bas	133			_				rices/Food Costs		+	5,792,471
100 Hamilton Avenue Palo Alto, CA 94301										ĺ		
Chapel Building Corporation				-				Contractor			2	2,115,074
33 Veterans Memorial Parkway East Providence, RI 02914										ĺ		
HELIN Inc HELIN Consortium 15 Lippitt Road								Library Book	(5			584,359
Kınston, RI 02881 DaPontes Landscapıng Services Inc					—			Landscaping	a services	!	 	645,351
700 Wood Street										ĺ		
Brisol, RI 028092425 Ellucian Company					—			Software sei	rvices	!	 	526,822
4375 Fair Lakes Court										ĺ		
Fairfax, VA 22033 7 Total number of independent contracts		t l				الم معمدا	<u> </u>	Value recoved m		ا مد		

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 ▶ 86

		(2017)											Page 9
Part '	VΙ												
		Check if Schedul	e O contains a	respo	onse or note to any	(4	nis Part VIII A) evenue	Rel ex fu	(B) ated or xempt nction	b	(C) nrelated pusiness evenue		(D) Revenue xcluded from under sections 512-514
(4)	18	a Federated campaigi	ns	1a	0		I						
Gifts, Grants vilar Amounts	١,	b Membership dues		1b	0								
ira 100	١,	c Fundraising events		1c	91,656								
s. (An		d Related organizatio	Ļ	1d	1 0								
ig je		e Government grants (co		1e	6,968,820								
ons, Gifts, Grants Similar Amounts			Ļ	те	0,900,820								
Contributions, and Other Sirr	1	f All other contributions, and similar amounts no above	ot included	1f	3,733,255								
Contrib and Oth	,	g Noncash contribution in lines 1a-1f \$	ons included	405	,203								
S E	L h	Total. Add lines 1a-1	lf	•	•	10	,793,731						
ŀ					Business	Code	•						
พา	2 a	Tuition				611310	132,1	96,540	132,19	6,540		0	0
Program Service Revenue	b	Room and Board				611310	46,6	28,199	46,62	8,199		0	0
1Ce	С	Fees				611310	· · · · · · · · · · · · · · · · · · ·	91,056	10,99			0	0
Ϋ́	d	Student Club Fees				611310	· · · · · · · · · · · · · · · · · · ·	09,036	· · · · · · · · · · · · · · · · · · ·	9,036		0	0
٦ 3	е	Other Auxiliary Income				611310		84,413		4,413		0	0
gra	f	All other program se	rvice revenue				/	74,068		4,068		0	0
δ	q	Total.Add lines 2a-2f	f		192,7	83,312							
		Investment income (ii			Interest and other	1							
			· · · ·		•		542,917	,	70,004		16,216		456,697
	4	Income from investme	ent of tax-exen	npt b	ond proceeds >		17,527	1	17,527		0		0
	5	Royalties		•	>		0		0		0		0
			(ı) Real		(II) Personal								
	6a	Gross rents	14	2,077	0								
	b	Less rental expenses		8,515									
	c	Rental income or (loss)	2	3,562	0								
	d	Net rental income o	r (loss)		<u> </u>	1	23,562		0		0		23,562
	Ī	- Net rental income o	(ı) Securitie		(II) Other								
	7a	Gross amount	(1) Securition		(II) GENET	1							
		from sales of assets other	7,77	3,022	34,609								
		than inventory											
	b	Less cost or other basis and	4.05	· ·	44.004								
		sales expenses	,	5,519	· ·								
		Gain or (loss)		7,503	-6,395	Į							
		l Net gain or (loss) .		•	•	ļ	2,911,108	3	0		0		2,911,108
۵.	8a	Gross income from for the control of	undraising ever 91,656 o										
nue		contributions reporte	ed on line 1c)	•									
• इ		See Part IV, line 18		а	· · · · · · · · · · · · · · · · · · ·								
R		Less direct expense		b	57,157								
Other Revenue		Net income or (loss)			ents •		-26,440	1			0		-26,440
Oπ	9a	Gross income from g See Part IV, line 19		S									
		,		а	0								
	b	Less direct expense	s	b	0	1							
	c	Net income or (loss)	from gaming a	ictivit	ies •		0)	0		0		0
	10	aGross sales of invent											_
		returns and allowand	es	а] 0								
	h	Less cost of goods s	old	ь		-							
		Net income or (loss)				J	0	,	0		0		0
	_	Miscellaneous		iiveiii	Business Code								_
	11	-a Conferences			900099	1	1,405,199		1,378,357		0		26,842
	b	Justice Training Inst	ututo		900099		393,843	<u> </u>	393,843		0		0
	_	Justice Training Inst	itute				/				·		Č
					900099		217 201		0		0		317,301
	•	Bookstore Commissi	ons		900099		317,301		0		0		31/,301
		All other revenue					457,638	<u> </u>	298,497		159,141		0
	e	Total. Add lines 11a	-11d		•		2,573,981						
	12	Total revenue. See	Instructions				209,619,698	,	194,941,540		175,357		3,709,070
							, = == ,050	•	.,		2.2,007		rm 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	ali athan ann		laha aaluman (A)	
	5	,	nete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX		(0)	⊔
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	51,268,800	51,268,800		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,515,140	1,515,140		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,163,266	476,431	555,653	131,182
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	71,266,367	64,178,754	5,589,261	1,498,352
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,328,371	3,778,870	443,554	105,947
9 Other employee benefits	14,017,900	12,513,247	1,189,276	315,377
10 Payroll taxes	5,294,375	4,686,446	502,276	105,653
11 Fees for services (non-employees)				
a Management	353,958	220,172	133,786	0
b Legal	0	0	0	0
c Accounting	138,837	0	138,837	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	116,974			116,974
f Investment management fees	394,612	0	394,612	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,052,519	10,641,014	371,651	39,854
12 Advertising and promotion	857,157	855,945	310	902
13 Office expenses	2,416,774	2,003,367	266,250	147,157
14 Information technology	2 963 878	1 721 908	1 207 792	34 178

8,423

0

9,057,988

1,082,787

818,521

4,215,022

12,196,510

1,900,115

3,522,464

1,143,090

1,895,814

1,355,558

3,882,949

208,228,169

8,423

278,452

41,187

43,177

29,330

480,333

0

0

0

0

0

5,451

556,437

12,227,625

8,779,536

1,004,977

774,999

4,185,692

12,196,510

1,419,782

3,522,464

1,143,090

1,895,814

1,350,107

3,137,664

193,279,152

0

0

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345

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0

0

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0

0

0

0

188,848

2,721,392

Form 990 (2017)

36,623

15 Royalties .

16 Occupancy

20 Interest . .

23 Insurance . .

a Study Abroad

b Library Materials

c Student Expenses

e All other expenses

d Instructional Materials

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

17 Travel .

11

12

13

14

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16

17

18

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

Page **11**

635,356

282.238

1,520,848

8,673,262

0

131,591

551.533

205,245,045

24.131.970

39.452.066

1,400,373

9.062,005

20,925,417

100,719,149

4.208.336

10.778.849

145,693,756

120,282,212

8.022,822

8.025.492

136,330,526

282.024.282

Form **990** (2017)

0

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O

282.024.282

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

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Less accumulated depreciation

Beginning of year End of year 3,182,686 1 Cash-non-interest-bearing . 1.236.161 2 Savings and temporary cash investments . . .

383,919,834

178,674,789

(A)

199,618,378

25.826.937

41.802.257

1,352,123

282,258,552

10,370,978

21,098,938

104,302,521

10c

11

12

13

14

15

16

17

19

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21

23

24

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27

28

29

30

31

32

33

34

0 18

C 22

4.753.736

10.464.406

150,990,579

117,580,653

5.855.086

7.832.234

131,267,973

2 536,392 3 3 Pledges and grants receivable, net . . . 7,579,600 4 Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 0 6

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . 0 Inventories for sale or use . 144.304 8 979.714 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

10a

10b

Page **12**

2.472.520

1.198.504

No

Νo

136,330,526

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2b

2c

3a

3b

0

5 6

5 7 8

Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990

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? 2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both

Consolidated basis Separate basis ☐ Both consolidated and separate basis

Form 990 (2017)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Form 990 (2017)

Form 990, Part III, Line 4a: Higher Education Roger Williams University (the "University"), located in Bristol and Providence, Rhode Island, is a private, coeducational university with programs in the liberal arts and the professions that includes the Feinstein College of Arts and Sciences, the School of Architecture, Art and Historic Preservation, the Mario J. Gabelli School of Business, the School of Education, the School of Engineering, Computing and Construction Management, the School of Justice Studies and University College. The University offers more than 45 majors of undergraduate study and 13 graduate degrees, along with numerous minors and certificate programs. The University is accredited by the New England Commission of Higher Education, Inc. among other accrediting bodies. The University provides academic, residential and other services to a diverse student population predominately drawn from the Northeast region of the United States, as well as from more than 45 U S states and territories and 60 foreign countries Enrollment for fiscal year 2018 was approximately 4,042 full-time and 661 part-time undergraduates plus 173 full-time and 148 part-time graduate students

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ectc		rustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Hastitutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Jerauld C Adams Trustee	0	X						o	0	0
Timothy E Baxter Trustee	0	X						o	0	0
Richard L Bready Trustee	0	X						0	0	0
Joseph M Brito Jr Trustee	0	X						o	0	0
Rodney A Butler	1	. ,					П			

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Richard L Bready	
Trustee	
Joseph M Brito Jr	
Trustee	
Rodney A Butler	

Trustee Umberto Crenca

Trustee

Trustee

Trustee Larry Eichler

Trustee Richard Field

Trustee

Gary R Chapman

Doris De Los Santos

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
Mario J Gabelli Trustee	1	x						0	0	0	
Denise M Jenkins Trustee	1 0	×						0	0	0	
Jeff Grybowski Trustee	1 0	X						0	0	0	
Peter A Heard Trustee	1 0	×						0	0	0	
Marcia Morris	1	x						0	0	0	

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114500
Peter A Heard
Trustee
Marcia Morris
Trustee

Patricia Noonan

Trustee Scott Pray

Trustee Frank Rainieri Jr

Trustee Todd Rechler

Trustee Pablo Rodriquez

Trustee

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

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

and Independent Contractors

Karl Wadensten

Jerrold L Lavine

Treasurer
Linn F Freedman

Secretary

Donald J Farish

Trustee and President

Executive VP for Finance & Administration

Jerome F Williams

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
William Smith Trustee	15	×						0	27,765	0
Robert Stoico Trustee	0	х						0	0	0
Arlene Violet	1									

Robert Stoico	1	×				0	0	
Trustee	0							
Arlene Violet	1	×				0	0	
Trustee	0	,,				,		
Joseph D Whelan Trustee	1 5	×				0	3,000	
Timothy Yeaton	1	×				0	0	
Trustee	l	'				_		

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0

104,012

40,785

3,000

0

522,809

250,562

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

201,517

199,537

231,023

191,506

34,656

29,049

62,125

36,490

78,033

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

									(1) 24222			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Andrew Workman	40				×			271,531	0	39,438		
Provost	0				^			2,1,551	J	33,100		
John J King	40				Ų			204.000	0	25.924		
VD for Student Affairs					X			204,900	U	35,824		

Piovost	0					
John J King	40					
			l x l		204,900	
VP for Student Affairs	0				,	
Robert Potter	40					
	•••••			X	195,060	
Dean Schl of Eng, Computing & Const Mgmnt	0				·	

35

40

40

35

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and Independent Contractors

Vice President for Institutional Advancement

Dean of Gabelli School of Business

Lisa Raiola

Robert A Cole

Vice Provost

Darvl Ford

Susan McTiernan

Chief Information Officer

efile	e GRA	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493133034479
SCI		ULE A	Dublic	Charity Statu	e and Dul	nlic Sunn	ort	OMB No 1545-0047
	m 990			organization is a sect			I	2017
990E	(Z)			4947(a)(1) nonexe	empt charitable	trust.		201 /
Denart	ment of	the Treasury	► Information ab	► Attach to Form out Schedule A (Form			ıctions is at	Open to Public
nterna	l Reven	ue Service ne organiza	tion	<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection
		AMS UNIVERS						ation number
Pai	rt T	Reason	for Public Charity Sta	atus (All organization	s must comple	te this part) 9	Fee instructions	
			private foundation becau				see man decions.	
1		A church, c	onvention of churches, or	association of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in section 170(b)(1)(A)(ii). (Attach Scl	hedule E (Form 9	90 or 990-EZ))		
3	\Box	A hospital o	or a cooperative hospital s	ervice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch organization oper and state	ated in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organiza (b)(1)(A)	ation operated for the ben (iv). (Complete Part II)	efit of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(A	۱)(v).	
7	✓	section 17	ation that normally receive (0(b)(1)(A)(vi). (Comple	ete Part II)			ınıt or from the gener	al public described in
8		A communi	ty trust described in secti	on 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agriculture					ege or university or a
10		from activit	ation that normally receive ties related to its exempt f income and unrelated but see section 509(a)(2).	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
11			ation organized and opera		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operation	s described in section 5	509(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A so	through 12d that describ supporting organization op n(s) the power to regularl Part IV, Sections A and	perated, supervised, or c y appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	iization vested in the sar				
С			unctionally integrated. organization(s) (see instru					ited with, its
d		functionally	on-functionally integra integrated The organization i) You must complete F	tion generally must satis	fy a distribution	requirement and		
e			box if the organization rec or Type III non-functiona			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organization	ns				
g			ing information about the		Τ' -		(v) Amount of	
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(vi) Amount of other support (see instructions)		
					Yes	No		
			1					
		·						
Total			tion Act Notice, see the		Cat No 11285	<u> </u>		 90 or 990-EZ) 2017

Page 2

	(0)(+)(~)('^)						
	(Complete only if you ch	ecked the box o	on line 5, 7, 8, c	or 9 of Part I or i	if the organization	on failed to qual	ıfy under Part
	III. If the organization fa	ails to qualify ur	nder the tests lis	ted below, plea:	se complete Par	t III.)	
Section A.	Public Support						

	(Complete only if you ch III. If the organization fo						to qualif	y under Part
_	Section A. Public Support	ans to quanty und	del the tests ha	ted below, pleas	e complete rai	L 111.)		
	Calendar year							
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) i	2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,780,883	5,137,729	5,469,722	6,490,653	1	0,793,731	32,672,71
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	
3	The value of services or facilities furnished by a governmental unit to	0	0	0	0		0	
4	Total. Add lines 1 through 3	4,780,883	5,137,729	5,469,722	6,490,653	1	0,793,731	32,672,71
4 5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	4,760,663	3,137,729	3,405,722	0,490,033	1	3,793,731	215,33
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							,
	Public support. Subtract line 5 from line 4							32,457,38
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e)2	:017	(f)Total
7	Amounts from line 4	4,780,883	5,137,729	5,469,722	6,490,653	1	0,793,731	32,672,71
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	257,249	208,123	726,582	855,674		702,521	2,750,14
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	16,765	0	0	0		0	16,76
10		1,269,300	1,604,090	181,128	364,206		374,860	3,793,58
11	Total support. Add lines 7 through 10							39,233,21
12	Gross receipts from related activities,	etc (see instructio	ns)			12		939,948,88
13	First five years. If the Form 990 is for							
	check this box and stop here						▶ ∟	
	ection C. Computation of Publi							
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, o	olumn (f))		14		82 729 %
15	Public support percentage for 2016 Sc	hedule A, Part II, I	ıne 14			15		78 72 9
16a	33 1/3% support test—2017. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% o	r more, c	heck this t	
	and stop here. The organization qual 33 1/3% support test—2016. If the	ifies as a publicly s	upported organiza	ition				▶ ☑
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization neets	t— 2017. If the org	ganization did not -and-circumstance	check a box on lines" test, check this	box and stop he	ere. Expla	ain	▶□
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "fa	acts-and-circumst	ances" test, check	this box and sto	p here.		▶ □

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

				3.		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-				
		3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		\rightarrow			
	supervised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$			
	to the foreign supported organization was used exclusively for section 170(e)(2)(b) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

7

8

1 2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	(i)	(i) (ii) Underdistributions	

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (F	Chedule A (Form 990 or 990-EZ) 2017 Page 8					
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (instructions)						
Facts And Circumstances Test						
990 Sched	ule A, Supplem	nental Information				
Retu	ırn Reference	Explanation				
Schedule A,	Part I, Line 7	The basis of Roger Williams University's Public Charity Status has been and continues to be elits qualification as a school described in Section 170(B)(1)(A)(II). The University has				

checked Box 7 on Schedule A, Part I and completed Schedule A, Part II in order to demonstr ate its qualification to follow the special rule for abbreviated reporting of contribution

s on Form 990, Schedule B

990 Schedule A, Supplemental Information				
Return Reference	Explanation			
Schedule A. Part II. Line 10	Other income includes gross income from fundraising activities and conference income			

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493133034479

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

f the	Section 527 organizations Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ui n Form 990, Part IV, Line 5 (Proxy Ta:	990-EZ, Part VI, Iir section 501(h)) Conder section 501(h	ne 47 (Lobbying Activitie Implete Part II-A Do not co)) Complete Part II-B Do	es), then complete Part II-B not complete Part II-A
•	Section 501(c)(4), (5), or (6) organia			1=	
	me of the organization GER WILLIAMS UNIVERSITY			Employer ide	ntification number
				05-0277222	
Pai	rt I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		•	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	rt I-B Complete if the orga	nization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	tt I-C Complete if the orga	nization is exempt under sectio	on 501(c), exce	ept section 501(c)(3).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am- that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	ich the filing s Also enter the amount
	(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-
L					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C	(Form 990 or 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b)

<u>(a</u>)

	y	Yes	No	Amou	unt
	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				
а	Volunteers?		No	i	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	i	
c	Media advertisements?		No	i	
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			42,50
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i				42,50
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			i	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ţ		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī		
	501(c)(6).			Yes	No
	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	2	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	2	
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,	2 3 r section	2 3 n 501(c	:)(6)
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members		2 3 r section	2 3 n 501(c	:)(6)
2 3 Part 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(a) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	111-A,	2 3 r section	2 3 n 501(c	:)(6)
2 3 Part 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	III-A,	2 3 r section	2 3 n 501(c	(6)
2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 1 2a	2 3 r section	2 3 n 501(c	:)(6)
2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(a) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	1 2a 2b	2 3 r section	2 3 n 501(c	(6)
2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(a) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	1 2a 2b 2c	2 3 r section	2 3 n 501(c	:)(6
2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	1 2a 2b 2c 3	2 3 r section	2 3 n 501(c	(6)

Explanation

The University hired a firm to conduct a strategic resource assessment to fully understand the programs and

goals of the University and provide education and advocacy for the University to members of Congress,

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Congressional staff and staff of Federal agencies

Return Reference

Schedule C, Part II-B, Line 1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493133034479

05-0277222

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** ROGER WILLIAMS UNIVERSITY

Open to Public **Inspection**

Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye			r Accou	ınts.	
	Complete if the organization answered Te	(a) Donor advi		(t)Funds and other accounts	
1	Total number at end of year	. ,		,	•	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex		ets held in donor ad	lvised fun	nds are the	
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				only for	
Pa	tt III Conservation Easements. Complete if the	he organization answe	red "Yes" on Forr	n 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that ap	oply)			
	\square Preservation of land for public use (e g , recreatio	n or education)	Preservation of an	historica	lly important land area	
	Protection of natural habitat		Preservation of a	certified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservation co	ntribution in the for	rm of a co	onservation	
	easement on the last day of the tax year	•			Held at the End of the Year	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histor	,	•	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4	Number of states where property subject to conservation	on 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, handling of violations, and enforcing conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye			er Simi	lar Assets.	
1a	701					
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				> \$	
(1	i)Assets included in Form 990, Part X				> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				▶ \$	
For	Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No	52283D	Schedule D (Form 990) 201	

 \boldsymbol{d} Equipment .

Par	t IIII	Organizations Ma	aintaining Collections	of Art, H	istorio	cal Tr	reasu	ires, oi	Other	Similar As	ssets (cont	inued)	
3		g the organization's acq s (check all that apply)	uisition, accession, and othe	r records,	check a	iny of	the fo	llowing t	hat are a	sıgnıfıcant ı	use of its col	lection	
а		☐ Public exhibition d ☐ Loan or exchange programs											
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5			anızatıon solıcıt or receive do nds rather than to be mainta							ular	☐ Yes	□ No	o
Pai	rt IV		odial Arrangements. ganization answered "Yes	s" on Forr	n 990,	Part	IV, lı	ne 9, o	r reporte	ed an amou		n 990, I	Part
1a		e organization an agent ded on Form 990, Part)	, trustee, custodian or other X?	ıntermedi	ary for	contril	bution	s or othe	er assets	not	Yes	□ No)
ь	If "Ye	es." explain the arrange	ement in Part XIII and compl	ete the fol	lowina i	table				Α	mount		-
c		nning balance	2 2						1c				-
d	_	ions during the year							1d				-
e		ibutions during the year	•						1e				-
f		ng balance							1f				-
2a		-	an amount on Form 990, Pa	rt X line 2	1 for e	ecrow	or cu	stodial a	ccount lis	hility?			-
b		-	ment in Part XIII Check her							·	☐ Yes		•
Pa	rt V	Endowment Fund	ds. Complete if the orgar	nization a	nswere	ed "Ye	es" or	n Form	990, Par	t IV, line 1	.0.		
			(a)Curre			ior yea			ears back	(d)Three yea		Four years	
	_	ning of year balance .		7,584,900		63,030	-		8,690,353		652,716		31,000
		butions		194,303			.,969		144,139		396,495		13,000
		vestment earnings, gair	15, 4114 103565	5,848,054		7,929		-	-2,116,983		159,843		61,009
d	Grants	or scholarships		257,363		222	2,457		219,993		205,689	1	.62,000
е		expenditures for facilitie ograms		3,772,846		2,959	,527		3,036,656	2,	804,978	2,8	05,000
f	Admını	istrative expenses .		393,818		344	,552		430,533		508,034	4	85,009
g	End of	year balance	69	9,203,230		67,584	,900	ϵ	3,030,327	68,	690,353	71,6	53,000
2	Provi	de the estimated percei	ntage of the current year en	d balance ((line 1g	, colu	mn (a))) held a	s				
а	Board	d designated or quasi-e	ndowment ► 81 54 %										
b	Perm	anent endowment 🕨	11 85 %										
С	Temp	oorarily restricted endov	wment ▶ 6 61 %										
	The p	percentages on lines 2a	, 2b, and 2c should equal 10	10%									
3а		here endowment funds nization by	not in the possession of the	organizati	on that	are h	eld an	d admini	stered fo	r the		Yes	No
	(i) uı	nrelated organizations									3a(i)		No
_		elated organizations .									3a(ii)		No
		` ''	lated organizations listed as				· ·				3b		
4 Pai	Desci rt VI	ribe in Part XIII the inte	ended uses of the organization and Equipment.	on's endow	ment f	unds							
			ganization answered "Yes										
	Descri	iption of property	(a) Cost or other basis (investment)	(b) Cost o	or other	basıs (d	other)	(c) Acc	umulated o	lepreciation	(d) B	ook value	:
1a	Land		0			6,78	30,121					6,	,780,121
b	Buildin	ngs	0			295,75	52,680			112,879,724		182,	,872,956
С	Leaseh	nold improvements	0			2,67	77,293			2,538,658			138,635

0

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

51,806,575

26,903,165

14,294,522

1,158,811

205,245,045

37,512,053

25,744,354

Part VII Investments—Other Securities. Complete if	f the organization ansv	vered "Yes" on Form 990, Part IV, line 11b	
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	0	Cost of end-of-year market value	
(2) Closely-held equity interests	0		
(3) Other(A) Hedged Equity - Developed and Emerging	21,439,135	F	
(B) Domestic and International Equities	10,366,252	F	
(C) Fixed Income Securities	1,982,353	F	
(D) Private Equity	5,664,326	F	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 39,452,066		
Part VIII Investments—Program Related.	n Form 000 Bart IV le	no 11c Coo Form 000 Part V June 12	
Complete if the organization answered 'Yes' or (a) Description of investment	(b) Book value		
(1)		Cost or end-of-year market value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answer (a) Descript		art IV, line 11d See Form 990, Part X, line 15 (b) Book v	مبالدي
(1)		(8) 5000	value
(2)			
(3)		+	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization	n answord 'Vos' on Fo		
See Form 990, Part X, line 25.			
(a) Description of liability (1) Federal income taxes	(b) B	ook value	
Line of Credit		2,000,000	
Asset Retirement Obligation		4,869,736	
Refundable Advances - US Government Grants		1,817,048	
Deferred Lease Allowance - One Empire		1,047,879	
Interest Rate Swap Obligation		185,171	
Charitable Annuity Obligations		139,592	
Other Miscellaneous Long Term Liabilties (8)		719,423	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the tex	t of the footnote to the or	10,778,849 ganization's financial statements that reports the	e
organization's liability for uncertain tax positions under FIN 48 (AS			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

h 2h

2c c d 2d -51.585.436

3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 Investment expenses not included on Form 990, Part VIII, line 7b.

Schedule D (Form 990) 2017

Part XI

1

2

3

4

c 5

Part XIII

See Additional Data Table

а

b 5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . .

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Other (Describe in Part XIII)

4b

2a

2b

2c 2d

4a

4b

Explanation

2e

4c

2e

3

394,612

-182,066

182,066

394,612

52,783,940

4c 53,178,552 208,228,169

Page 4

-49,112,917

209,407,152

212,546

209,619,698

155,231,683

182,066

155,049,617

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2017

Page 5	Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005980 **Software Version:** v1.00

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Supplemental Information

Explanation

Return Reference Schedule D, Part V, Line 4 The intended use of the restricted endowment funds are dictated by the donor which are pre dominantly for instructional purposes and scholarships. Earnings from unrestricted endowme nt funds are used for operations according to the spending policy established by the Unive rsity's Board of Trustees

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part X, Line 2	The University accounts for the effect of any uncertain tax positions based on a "more lik ely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The University has identified its tax status as a tax exempt entity as its only significant tax position, however, the University has determined that such tax position does not result in an uncertainty requiring recognition. The University is not currently under examination by any taxing jurisdictions. The University's federal tax return is generally open for examination for three years following the date filed.				

upplemental Information		
Return Reference	Explanation	
Schedule D, Part XI, Line 2d	Scholarships and grants provided to students of (\$52,783,940) are presented as a contra-re venue item in the audited financial statements and as an expense in the Form 990. Change in fair value of interest rate swaps of \$1,208,355 and change in value of split-interest ag reements of (\$9,851) are presented as contra-revenue items in the audited financial statem ents and as other adjustments to reconcile the change in net assets in the Form 990.	

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4b	Fundraising event expenses of (\$57,157), rental expenses of (\$118,515) and loss on disposa I of property and equipment of (\$6,395) are shown as expense items in the audited financia I statements and as contra-revenue items on the Form 990

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Fundraising event expenses of \$57,157, rental expenses of \$118,515 and loss on disposal of property and equipment of \$6,395 are shown as expense items in the audited financial stat ements and as contra-revenue items on the Form 990

S

upplemental Information	
Return Reference	Explanation
schedule D, Part XII, Line 4b	Scholarships and grants provided to students of \$52,783,940 are presented as a contra-reve nue item in the audited financial statements and as an expense in the Form 990

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133034479 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the war anization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017) Page 2						
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)						
Return Reference	Explanation					
Schedule E, Part I, Line 3	The University annually publishes a notice of its racially nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community. Also the University's non-discrimination policy is available on its website at http://www.edu/site-policies/non-discrimination-policy.					
Schedule E, Part I, Line 6	The University receives federal and state student financial aid authorized by student loan programs					

Schedule E (Form 990 or 990-EZ) (2017)

efile GRAPHIC prin	print - DO NOT PROCESS As Filed Data - DLN: 93493133034479					93493133034479		
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the United States OMB No 1545-0047				
(i c.i.ii ccc)	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.							
Department of the Treasury Internal Revenue Service	► Informat	ion about Sche	dule F (Form 990) :	and its instructions is at wi	vw.irs.gov,	/form990.	Open to Public Inspection	
Name of the organization						Employer iden	tification number	
ROGER WILLIAMS UNIVE	RSITY					05-0277222		
	Information of Part IV, line		s Outside the l	Jnited States. Comple	te if the	organization a	nswered "Yes" to	
other assistance, to award the grai	the grantees' ents or assistances. Describe in F	eligibility for t e?	he grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria i	used	✓ Yes □ No ner assistance	
3 Activites per Regio	n (The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continua Part I c Totals (add lines 3			0 0				5,904,325	
For Paperwork Reduction		the Instructio	-		No 50082	W Schedul	e F (Form 990) 2017	

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(13)

							rage 3
				d States. Complete if	the organization ar	nswered "Yes" to Form	990, Part IV, line 16.
Part III can be	duplicated if addition	<u>nal space is n</u>	ieeded.	<u> </u>			
(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)
•	East Asia and the Pacific	40	0		300,506	Tuition Offset	FMV
	Europe (including Iceland and Greenland)	151	0		, ,	· Tuition Offset	FMV
,	North America (including Canada and Mexico, but not the United States)	8	0		54,850	Tuition Offset	FMV
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)			·				

(•)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

(14) (15) (16) (17) (18)

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F (Form	990) 2017 Page 5
Prov amo met	plemental Information ide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; unts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions).
Return Referen	Explanation
Schedule F, Par Line 2	I, The University monitors all grants outside the United States by directly applying the grant to the student's account to cover a portion of the student's tuition in accordance with standard financial aid policies and procedures

Return Reference	Explanation
	Study abroad is an opportunity for students to continue the Roger Williams University education while living in another country Study abroad is not merely a travel experience, but an academic experience (first and foremost) in an international setting. The study abroad programs are separately tracked in the University's general ledger system by activity and the amounts reported represent direct spending in foreign countries for tuition payments, lodging, travel and incidentals for students and faculty liaisons. The admissions recruiting and fundraising amounts are tracked primarily using the University's credit card system and represent travel, meals, and lodging costs for University employees conducting business in these regions. All expenses are under the accrual method of accounting.

Additional Data

Europe (including Iceland and

East Asia and the Pacific

Greenland)

Software ID: 17005980 Software Version: v1.00

0 Grantmaking

0 Grantmaking

EIN: 05-0277222

Name: ROGER WILLIAMS UNIVERSITY

Form	990	Schedule F	Part :	I -	- Activities	Outside	The L	Inited	States

(a) Region	(b) Number of	(c) Number of	(d) Activities coi
	offices in the	employees or	in region (by typ
	region	agents in	fundraising, pr
		rogion	convices aran

(d) (f) Total expenditures for region

1,159,784

300,506

(a) Region	(b) Number of	(c) Number of	(d) Activities cor		
	offices in the	employees or	ın region (by type		
	region	agents in	fundraising pro		

0

(a) Region	(b) Number of	(c) Number of	(a) Activities coi
	offices in the	employees or	ın region (by typ
	region	agents in	fundraising, pr
		region	services, grar

tside The United States							
c) Number of	(d) Activities conducted						
	ın region (by type) (ı e ,	is a program service,					
agents in	fundraising, program	describe specific type					

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States
(a) Region	(b) Number of	(c) Number of	(d) Activities conduc

region)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 54.850 North America (including 0 |Grantmaking Canada and Mexico, but not the United States) Europe (including Iceland and 0 Program Services Bus Travel/Study Abroad 89,650 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Bus Travel/Study Abroad 36.765 0 Program Services Central America and the 0 Program Services Bus Travel/Study Abroad 24,734 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia |Bus Travel/Study Abroad 13.292 0 Program Services South America 0 Program Services Bus Travel/Study Abroad 10,298

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (including 0 |Program Services Bus Travel/Study Abroad 6.993 Canada and Mexico, but not the United States) Middle East and North Africa 0 Program Services Bus Travel/Study Abroad 366

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Central America and the 4.207.087 0 lInvestments Caribbean

DLN: 93493133034479

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury

SCHEDULE G

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 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 (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col (i) contributions? Yes Execute all aspects of Roger Williams University annual EAB Global fund planning, 2445 M Street NW Nο 351,848 116,974 234,874 solicitation and analysis Washington, DC 200371435 Solicitation included direct mail and email campaigns 10 Total 351,848 116,974 234,874

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
K Ie		Golf Tournament (event type)	CMPAB Alumni & Senior Diner (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue					
	1 Gross receipts	57,245	29,700	28,072	115,017
	2 Less Contributions	48,900	23,725	15,216	87,841
	line 2)	8,345	5,975	12,856	27,176
	4 Cash prizes	0	0	0	0
Se	5 Noncash prizes	0	0	0	0
Direct Expenses	6 Rent/facility costs	12,726	2,400	4,875	20,001
쭚	7 Food and beverages	7,500	10,145	5,781	23,426
ਲੂ	8 Entertainment	1,968	0	0	1,968
ā	9 Other direct expenses	9,652	1,230	631	11,513
	10 Direct expense summary Add lines 4 t	` '		•	56,908
	11 Net income summary Subtract line 10	, , ,		<u> </u>	-29,732
Da.	Camina Complete of the eres	anization ancwored "Vo	c" on Earm 000 Dart 1	IV line 10 or reported	mara than #15 000
Par	t III Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000
		anization answered "Ye	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			(b) Pull tabs/Instant		(d) Total gaming (add
Revenue	on Form 990-EZ, line 6a. 1 Gross revenue		(b) Pull tabs/Instant		(d) Total gaming (add
Revenue	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue		(b) Pull tabs/Instant		(d) Total gaming (add
Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs		(b) Pull tabs/Instant		(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes		(b) Pull tabs/Instant		(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo Tyes %	(c) Other gaming	(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No hrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add
Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add
6 Direct Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
q b o Direct Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 to a line summary Subtraction. Enter the state(s) in which the organization licensed to conduct gas if "No," explain	(a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
b 6 Direct Expenses Revenue	on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 to a line summary Subtract summary	(a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
Ь		evenue received by the organization ► \$ a the third party ► \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print	- DO NOT PROCES	S As Filed Data -					DLN	: 934931330	34479	
Schedule I (Form 990)	▶ In:	Governments Complete if the organiz	Other Assistance to Organizations, s and Individuals in the United States ration answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Jule I (Form 990) and its instructions is at www.irs.gov/form990.					OMB No 1545-0047 2017 Open to Public Inspection		
Treasury Internal Revenue Service Name of the organization	P 1111		le I (1 01111 990) and its	mstructions is at ww		Employ	er identificat	tion number		
ROGER WILLIAMS UNIVER	RSITY					05-027		tion number		
Part I General I	nformation on Grai	nts and Assistance				<u> </u>				
the selection criteria Describe in Part IV	a used to award the gra the organization's proce	substantiate the amount of nts or assistance?	se of grant funds in the U	nited States				✓ Yes	□ No	
		omestic Organizations at t II can be duplicated if ad		ents. Complete if the o	rganization answered "Yes	" on Form 990, P	art IV, line 2	21, for any recipi	ient	
(a) Name and addres organization or government	s of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of or assistance	f grant	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
	, , , ,	d government organization sted in the line 1 table.					>			
For Paperwork Reduction A	ct Notice, see the Instru	ctions for Form 990.		Cat No 50055	5P		Sche	dule I (Form 990) 2017	

Schedule I (Form 990) 2017						Page 2
Part IIII Grants and Other Ass Part III can be duplicat				anization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	, (f) Description of noncash assistance
(1) Scholarships to students		3810	0	51,268,800	Other	Reduction to student account balance for tuition owed to the University
(2)			· ·		1	
(3)			i			
(4)			· · · · · · · · · · · · · · · · · · ·			
(5)			· · · · · · · · · · · · · · · · · · ·			
(6)			·			
(7)			· ,	7		
Part IV Supplemental I	Information	on. Provide the inf	formation required in	Part I, line 2; Part III,	, column (b); and any other	additional information.
Return Reference	Explanatio	on				
					rds to determine both initial and c established by donors of endowed	confirming eligibility based on the criteria for each type ed scholarship funds, etc

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	3034	479	
Sch	nedule J	Co	ompensati	ion Information	ОМ	IB No	1545-0	0047	
•	m 990) tment of the Treasury	▶ Attach to Form 990.					2017 Open to Public		
•	al Revenue Service	P Information at		gov/form990.			ectio		
	me of the organiza SER WILLIAMS UNIV				Employer identificat	ion nu	ımber		
itoc	SER WILLIAMS CIVIV	EKSITT			05-0277222				
Pa	rt I Questi	ons Regarding Compensa	tion						
1a				f the following to or for a person liste by relevant information regarding thes			Yes	No	
	☐ First-class	s or charter travel	✓	Housing allowance or residence for	personal use				
	☐ Travel for	companions		Payments for business use of perso	nal residence				
	Tax idemi	nification and gross-up payment		Health or social club dues or initiation	on fees				
	☐ Discretion	nary spending account	\checkmark	Personal services (e g , maid, chauf	feur, chef)				
b		xes in line 1a are checked, did thall of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/E	Executive Directo	r, regarding the items checked in line	e 1a?				
3	organization's C	EO/Executive Director Check al	I that apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	•	ation committee	✓	Written employment contract					
		ent compensation consultant	$\overline{\mathbf{Y}}$	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	trol payment?			4a		No	
b	Participate in, o	r receive payment from, a suppl	emental nonqual	lified retirement plan?		4b	Yes		
C		r receive payment from, an equi		_		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Part	: III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		n A, line 1a, did	the organization pay or accrue any					
а	The organization	n?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	n?				6a		No	
b	Any related orga					6b		No	
	·	6a or 6b, describe in Part III							
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa		d	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110	
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	9901	2017	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Part II instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (A) Name and Title (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Donald J Farish 437,273 (i) 75,000 10,536 45,557 58,455 626,821 0 Trustee and President 0 0 0 0 0 0 (ii) 2 Jerome F Williams 249,562 (i) 1,000 0 20,347 20,438 291,347 Ω Executive VP for Finance & Administration 0 0 0 0 0 0 0 (ii) 3 Andrew Workman 271,531 0 0 0 (i) 21,600 17,838 310,969 Provost 0 0 0 0 0 0 0 (ii) 4 John J King 204,900 (i) 0 0 15,986 19,838 240,724 0 VP for Student Affairs 0 0 0 0 0 0 0 (ii) 5 Robert Potter 195,060 (i) 0 0 0 15,899 18,757 229,716 Dean Schl of Eng, Computing & Const Mgmnt 0 0 0 0 0 0 0 (ii) 6 Lisa Raiola 201,517 0 0 0 (i) 16,293 12,756 230,566 Vice President for Institutional Advancement 0 0 0 0 0 0 0 (ii) 7 Robert A Cole 199,537 (i) 0 0 47,922 0 14,203 261,662 Vice Provost 0 0 0 0 0 0 0 (ii) 8 Susan McTiernan 231,023 (i) 0 0 18,733 17,757 267,513 0 Dean of Gabelli School of Business 0 0 0 0 0 0 0 (ii) 9 Daryl Ford 191,506 (i) 0 0 15,066 62,967 269,539 0 Chief Information Officer 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2017	Page 3					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					
Schedule J, Part I, Line 1a	Housing Allowance - A residence on the employer's premises is used for both University business functions and as a personal residence by the President for the convenience of the employer and is treated as nontaxable compensation. The value of the personal space within the residence is included as a nontaxable benefit on Schedule J. Health or social club dues - The University paid social club membership dues for the President. Since the use of the memberships were for business purposes it was not treated as taxable compensation. Personal Services - The University regularly cleans the President's residence and the value of the maintenance of the personal space is taxed accordingly.					
Schedule J, Part I, Line 4	The President of Roger Williams University participated in a University 457(f) plan and \$25,000 was accrued under the plan in calendar year 2017					
Schedule J, Part I, Line 7	For University non-aligned employees, merit based compensation may be granted as either a base salary increase or a one-time bonus. Qualifications for receiving a bonus include performance exceeding expectations or taking on additional duties due to staff vacancies or temporary absences. For the compensation of the University's President, the bonus amount (if any) is determined by an employment agreement along with a review and approval of the Executive Committee of the Board of Trustees, who are all independent of the President. In the case of all other officers and other key employees, the University's President, who are all independent of the other for officers and other key employees, the University's President, who are undependent of the other than the case of all other officers and other key employees, the University's President, who are undependent of the other than the case of all other officers and other key employees, the University's President, who are undependent of the other than the case of all other officers and other key employees.					

the same process as other compensation for officers and other key employees, including review by the University's President, who is independent of the other officers or key employees

Schedule J (Form 990) 2017

Additional Data (A) Name and Title 1Donald J Farish Trustee and President

1Jerome F Williams

2Andrew Workman

VP for Student Affairs

Provost

3John J King

4Robert Potter

5Lısa Raıola

Dean Schl of Eng, Computing & Const Mamnt

Vice President for Institutional Advancement

6Robert A Cole

7Susan McTiernan

Dean of Gabelli School of

Chief Information Officer

Vice Provost

Business 8Daryl Ford

Executive VP for Finance & Administration

(i) Base Compensation

(1)

(II)

(1)

l(II)

l(11)

(ı)

 $|(\Pi)|$

437,273

249,562

271,531

204,900

195,060

201,517

199,537

231,023

191,506

Software Version: v1.00 **EIN:** 05-0277222

75,000

1,000

Software ID: 17005980

Name: ROGER WILLIAMS UNIVERSITY

(iii)

Other reportable

compensation

10,536

other deferred

compensation

45,557

20,347

21,600

15.986

15,899

16,293

14,203

18,733

15,066

(D) Nontaxable

benefits

58,455

20,438

17,838

19.838

18,757

12,756

47,922

17,757

62,967

(E) Total of columns

(B)(i)-(D)

626,821

291,347

310,969

240,724

229,716

230,566

261,662

267,513

269,539

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

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

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and

(ii)

Bonus & incentive

compensation

efile	GRAPHIC print - DO	NOT PROCESS As	Filed Data -									DLN: 9	934931	3303	4479	
	edule K m 990)	formation o	990, Part 1	[V, line	24a.		criptions,			омв	No 1545 201	⁵⁻⁰⁰⁴⁷				
Departm	explanations, and any additional information in Part VI. Partment of the Treasury ernal Revenue Service **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .										Open to Public					
	Revenue Service f the organization	▶Informatio	n about Schedule K (F	orm 990) and its	instruction	s is at <u>v</u>	vww.	irs.gov/fori	<u>11990</u> .	Emplo	ver iden		inspection n number	on		
	WILLIAMS UNIVERSITY										77222	ciricacio	i number			
Part	Bond Issues									03-02	.//222					
Ган	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	nrice		(f) Description	on of purpose	(a) D	efeased	(h)	On	(i) F	 Pool	
	(a) 155del 11ame (b) 155del 12m (c) 6651 # (d) 5del 155ded		(6) 13346	price		(1) Description	on or purpose	(9)	reasea	beha	alf of	fınan				
										V	NI.		uer	V	N	
<u>Α</u> R	IHEBC 2008A	52-1300173	762197CK5	07-03-2008	22.9	35 000	Retur	e 2006A Bon		Yes	No X	Yes	No X	Yes	X	
	INEBE 2000/	32 1300173	7021376103	07 03 2000		33,000	I CCII C	2000/1 00/11			_ ^					
B R	IHEBC 2008B	52-1300173	762197CM1	08-28-2008	38,0	00,000	Const	truction			X		X		Χ	
C R	IHEBC 2011A	52-1300173		06-02-2011	26,4	10,000	Refur	nd 1998 Bond	ls		Х		Х		X	
D R	IHEBC 2011B	52-1300173		11-08-2011	12,0	25,000	Refund 2000 Bonds				Х		X		X	
Part	II Proceeds															
						A		E	l .	(:			D		
							0		0			0			0	
						0 0						0 0				
	3 Total proceeds of issue					22,935,000 38,000,000				,000	12,025,000					
		e funds					0		0			0			0	
		proceeds					0 0				0	0 (0		
		rows				22,532	· · ·			25,879,					88,293	
		eeds				276	76,243 488,608				,781 236,707			36,707		
		proceeds					0		0			0			0	
_		ires from proceeds					126,115 37,511,392				0				0	
		proceeds		• •		126	5,115				000					
							0 0					293,000				
	Other unspent proceeds			0 0					0 0			0				
13	rear or substantial comple	edon		•		009		2010		2012				012	N-	
14	Were the bonds issued as	part of a current refunding	ıssue [?]		Yes X	No	<u>'</u>	Yes	No X	Yes X	No		Yes X	'	No	
	Were the bonds issued as	part of an advance refundi	ina issue?			X	1		Х		X			+	X	
16 Has the final allocation of proceeds been made?			X			×	^	Х			X					
Does the organization maintain adequate books and records to support the final allocation of proceeds?					X			X		X			X			
Part	III Private Busine	ss Use	<u> </u>		ı	1										
						A		Е	<u> </u>	(D		
					Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No	
		artner in a partnership, or a onds?				X			Х		Х				X	
2	Are there any lease arran	gements that may result in	private business use of			х			Х		Х				X	
For Pa	nerwork Reduction Act	Notice, see the Instruct	tions for Form 990.		Ca	t No 50	1193F	<u>_</u>			S	chedul	e K (For	m 990) 2017	

За

9

Part IV

Arbitrage

Yes

Χ

Yes

Χ

Schedule K (Form 990) 2017

C

No

Χ

Х

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0 %

0 %

Χ

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Yes

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No

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Χ

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Χ

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Page 2

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0 %

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Χ

Χ

No

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Х

Х

Χ

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

Χ

No

Х

Χ

Х

1800 %

Х

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Yes

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Х

BANK OF AMERICA

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Χ

0 %

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Yes

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Χ

Χ

BANK OF AMERICA

Yes

Χ

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3000 %

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No

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Х

Yes

Х

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Date of last rebate computation was 07/02/2017

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

RIHEBC 2008A

Return Reference

Schedule K, Part IV, Line 2c-07/03/2008 22,935,000

	- ,		
			4
		Yes	No
а	Were gross proceeds invested in a guaranteed investment contract		V

В

Nο

No

Х

Х

Yes

Yes

Х

Х

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Explanation

Yes

Χ

Yes

Χ

No

No

Yes

Х

Page 3

No

Nο

D

Yes

Х

Yes

Χ

No

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 18/28/2008 38,000,000 RIHEBC 2008B	Date of last rebate computation was 08/27/2017

08 RI

Supplemental Information on I ax-Exempt Bonds Prompted if the organization answered "Yes" to Form 990, Part VI, line 24a, Provide descriptions, explanations, and any additional information in Part VI. Part VII. Par	efi	e GRAPHIC print - DO N	OT PROCESS As	Filed Data -									DLN:	93493	13303	34479	
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, part IV, line 24a, Provide descriptions, and any additional informational information in Part VI. Part IV Part I	Schedule K					. Tav 5		OMB	No 154	5-0047	7						
Part Process Part Part Process Part Part Process Part Pa										crintions				1 1	7		
Name of the congruence Service	explanations, and any additional information in Part VI.										401 /						
Name of the originazation Roger Williams University State Roger Williams University Roger Williams Unive	Department of the Treasury																
Solution Part	Name	of the organization		· · · · · · · · · · · · · · · · · · ·	,						Emplo	yer ıden					
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issue Price (f) Description of purpose (g) Defeased (h) On behalf of issue Incompleted (financing) (i) Pool financing A RIHEBC 2013A 52-1300173 10-29-2013 21,675,000 Refund 2003 Bonds X </td <td>ROG</td> <td>ER WILLIAMS UNIVERSITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>05-02</td> <td>77222</td> <td></td> <td></td> <td></td> <td></td>	ROG	ER WILLIAMS UNIVERSITY									05-02	77222					
RIHEBC 2013A 52-1300173 10-29-2013 21,675,000 Refund 2003 Bonds X X X X X X X X X	Pa	rt I Bond Issues									·						
Name Name		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f) Description	on of purpose	(g) Defeased						
A RIHEBC 2013A 52-1300173 10-29-2013 21,675,000 Refund 2003 Bonds X X X X X X X X X X X X X X X X X X X													1		finar	ncing	
R R R R R R R R R R											Yes	No	Yes	No	Yes	No	
C RIHEBC 2016A 52-1300173 10-14-2016 5,654,485 Construction X X X X X X X X X	A	RIHEBC 2013A	52-1300173		10-29-2013	21,6	75,000	Refun	d 2003 Bond	ls		Х		X		X	
C RIHEBC 2016A 52-1300173 10-14-2016 5,654,485 Construction X X X X X X X X X X X X X X X X X X X	В	RIHEBC 2014	52-1300173		10-24-2014	15,6	67,000	Refun	d 2006 Bond	<u> </u>		Х		X		X	
Part II Proceeds																	
A mount of bonds retired . A B C D 2 Amount of bonds legally defeased . 0 0 0 0 3 Total proceeds of issue . 21,675,000 15,667,000 5,654,485 0	С	RIHEBC 2016A	52-1300173		10-14-2016	5,6	54,485	Constr	ruction			×		×		X	
1 Amount of bonds retired 0 0 0 0 2 Amount of bonds legally defeased 0 0 0 0 3 Total proceeds of issue 21,675,000 15,667,000 5,654,485 4 Gross proceeds in reserve funds 0 0 0 0 5 Capitalized interest from proceeds 0 0 0 0 6 Proceeds in refunding escrows 21,393,343 15,176,487 0 0 7 Issuance costs from proceeds 281,657 170,438 113,232 8 Credit enhancement from proceeds 0 0 0 0 9 Working capital expenditures from proceeds 0 0 0 0 10 Capital expenditures from proceeds 0 0 944,779 0 11 Other spent proceeds 0 0 320,075 0 12 Other unspent proceeds 0 0 4,596,474	Pa	TIII Proceeds	•		•			<u>'</u>			•		•				
Amount of bonds legally defeased							A		E	3	С	С			D		
3 Total proceeds of issue 21,675,000 15,667,000 5,654,485 4 Gross proceeds in reserve funds 0 0 0 0 5 Capitalized interest from proceeds 0 0 0 0 6 Proceeds in refunding escrows 21,393,343 15,176,487 0 7 Issuance costs from proceeds 281,657 170,438 113,232 8 Credit enhancement from proceeds 0 0 0 9 Working capital expenditures from proceeds 0 0 0 10 Capital expenditures from proceeds 0 0 944,779 11 Other spent proceeds 0 320,075 0 0 Other unspent proceeds 0 4,596,474									0								
4 Gross proceeds in reserve funds 0 0 0 0 5 Capitalized interest from proceeds 0 0 0 0 6 Proceeds in refunding escrows 21,393,343 15,176,487 0 7 Issuance costs from proceeds 281,657 170,438 113,232 8 Credit enhancement from proceeds 0 0 0 9 Working capital expenditures from proceeds 0 0 0 10 Capital expenditures from proceeds 0 0 944,779 11 Other spent proceeds 0 320,075 0 12 Other unspent proceeds 0 4,596,474								0 0			0						
5 Capitalized interest from proceeds							21,67	5,000 15,667,000			5,654,485						
6 Proceeds in refunding escrows							0 0			0							
7 Issuance costs from proceeds							0 0			0							
8 Credit enhancement from proceeds					21,393	3,343 15,176,487			0								
9 Working capital expenditures from proceeds	7						28:	1,657 170,438			113,232						
10 Capital expenditures from proceeds	8							0 0			0			0			
11 Other spent proceeds	9		·					0 0			0			0			
12 Other unspent proceeds	10							0 0			944,779						
	11							0 320,075				0					
Vanua fi authahambul annualaham	12							0 0				,474					
13 Year of substantial completion	13	Year of substantial completion	Year of substantial completion		20	013	2014		2018								
Yes No Yes No Yes No Yes No						Yes	No	0	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refunding issue? X	14	Were the bonds issued as pa	art of a current refunding	gıssue [?]		Х				Х		Χ					
Were the bonds issued as part of an advance refunding issue?	15	Were the bonds issued as pa	art of an advance refundi	ıng ıssue?			Х		X			Χ					
16 Has the final allocation of proceeds been made?	16 Has the final allocation of proceeds been made?				Х			Х			Х						
Does the organization maintain adequate books and records to support the final allocation of X	Does the organization maintain adequate books and records to support the final allocation of					Х			X		Х						
proceeds'					•												
Part III Private Business Use A B C D	Pal	Private Business	Use				A			,							
A B C D Yes No 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	1																
financed by tax-exempt bonds?							.,			_							
property?										^			ala a di 1	- V /F		N 2017	

9

а

C

Part IV

Arbitrage

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

0 %

Yes

Schedule K (Form 990) 2017

No

Χ

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0 %

Χ

No

Χ

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Yes

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		4	Α		В		C		כ
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×			×		×		
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						
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %	0 %			
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)	1 21 %		0 %		0 %			

1 21 %

В

Yes

Х

Х

No

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No

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Α

Yes

Χ

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

property for private use concerns

requirements of section 148? . . .

Page 3

No

Nο

D

Yes

Yes

В

Nο

No

Χ

Х

Yes

Yes

Χ

No

No

Yes

Х

No

Yes

Α

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Explanation

The University's Office of General Counsel reviews any management and service contracts relating to the financed

No

Х

Yes

Χ

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

RIHEBC 2013A

Return Reference

Schedule K, Part III, Line 3b-

10/29/2013 21,675,000

Arbitrage (Continued)

Return Reference	Explanation
Schedule K, Part IV, Line 2c- .0/29/2013 21,675,000 RIHEBC 2013A	Date of last rebate computation was 08/31/17

R

Return Reference	Explanation
Schedule K, Part IV, Line 2c- .0/14/2016 5,654,485 RIHEBC 2016A	Date of last rebate computation was 08/31/2017

R

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133034479 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2017 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 **Types of Property** (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 320,203 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ (Χ 85,000 Appraisal Horse) 26 Other ▶ (_ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	D	LN: 93493133034479
SCHEDUL (Form 990 or EZ)	2017 Open to Public Inspection		
Name of the org ROGER WILLIAMS		05-0277222	entification number
Return Reference		Explanation	
Form 990, Part III, Line 1	To strengthen society through engaged teaching and learn ts to lead fulfilled lives by ensuring they acquire and developments of mind necessary to become reflective, responsible ociety in mutually rewarding ways	pp the knowledge, skills and	

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

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

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

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Governing documents are available in part through the Rhode Island Secretary of State's of fice. The University's by-laws and Conflict of Interest Policy governing employees and the corresponding disclosure form are available on the University's website. Audited financia.

Return Explanation

Reference	
Form 990, Part XI, Line	Change in fair value of interest rate swaps \$1,208,355, change in value of split-interest agreements (\$9,851)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133034479 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ROGER WILLIAMS UNIVERSITY 05-0277222 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organ	izations Comple	te if the orga	nization	answered	"Yes" on Fe	orm 990	, Part I\	/, line 34 be	ecause i	t had one or	more	
related tax-exempt organizations during the tax	year.											
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dom or foreigr	c) icile (state i country)	(d) Exempt Code	e section	(e) Public charity status (if section 501(c)(3))		Dire	(f) ect controlling entity	Section	(g) n 512(b) ontrolled
				,,					•	ent	entity?	
(4)Danay Williams Hawayah Cabaal of Law	Law Grad	Cabaal		17	F01/-\(2\)		2				Yes	No No
(1)Roger Williams University School of Law 10 Metacom Road	Law Grad	School	RI		501(c)(3)		2					INO
Bristol, RI 02809 05-0465628									N/A			
												1
												1
												1
												+
											+	+-
												+
For Paperwork Reduction Act Notice, see the Instructions for	Form 990			t No 5013	1 25Y		<u> </u>		Sche	dule R (Form	990) 2	017

(a) Name, address, and EIN of related organization			(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		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percenta owners
								Yes	No		Yes	No	-
												\perp	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
												. I Y∉	es
		со	untry)										
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		со	untry)									 - -	
		со	untry)									 - - -	

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

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

(a)

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
: Fushance of cooks with violated community (A)	4:		No

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1m

1n

10

1q

1r 1s Yes

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(d)

Method of determining amount involved

No

No

No

No No

No

Lease of facilities, equipment, or other assets to related organization(s) . Yes No Performance of services or membership or fundraising solicitations for related organization(s) . . . 11 No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017