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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Bryant University		D Employer identification number 05-0258810
		Doing Business As		E Telephone number (401) 232-6005
		Number and street (or P O box if mail is not delivered to street address) 1150 Douglas Pike	Room/suite	G Gross receipts \$ 180,793,205
		City or town, state or country, and ZIP + 4 Smithfield, RI 02917		
F Name and address of Principal Officer RONALD K MACHTLEY 1150 DOUGLAS PIKE SMITHFIELD, RI 029171284		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: WWW BRYANT EDU		H(c) Group Exemption Number		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			L Year of Formation 1863	M State of legal domicile RI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities BRYANT IS A STUDENT-CENTERED UNIVERSITY FOCUSED ON ACADEMIC EXCELLENCE THAT PREPARES ITS STUDENTS TO ACHIEVE THEIR PERSONAL BEST IN LIFE AND THEIR CHOSEN PROFESSIONS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of employees (Part V, line 2a)	5	1,398
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,485,293
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,340,927	4,434,769
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,610,617	142,400,738
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,562,564	-2,824,523
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,478,798	1,408,703
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,992,906	145,419,687
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,469,594	34,396,019
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,857,963	62,061,606
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	166,735	225,781
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>2,079,873</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,560,522	54,286,972
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	139,054,814	150,970,378
	19	Revenue less expenses Subtract line 18 from line 12	4,938,092	-5,550,691
	Net Assets or Fund Balances		Beginning of Year	End of Year
20		Total assets (Part X, line 16)	359,854,596	319,163,924
21		Total liabilities (Part X, line 26)	124,480,523	126,043,866
22		Net assets or fund balances Subtract line 21 from line 20	235,374,073	193,120,058

Part II Signature Block

Please Sign Here	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				
	*****		2010-05-12		
	Signature of officer		Date		
	BARRY MORRISON VP BUSINESS AFFAIRS/TREASURER				
	Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4		KPMG LLP 2 Financial Center 60 South Street Boston, MA 02111		EIN
					Phone no (617) 988-1000

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
BRYANT IS A STUDENT-CENTERED UNIVERSITY FOCUSED ON ACADEMIC EXCELLENCE THAT PREPARES ITS STUDENTS TO ACHIEVE THEIR PERSONAL BEST IN LIFE AND THEIR CHOSEN PROFESSIONS

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 119,960,068 including grants of \$ 34,396,019) (Revenue \$ 108,457,532)

Undergraduate, Graduate and Certificate Programs - including Academic Support and Student Services SEE SCHEDULE O

4b

(Code) (Expenses \$ 8,661,170 including grants of \$) (Revenue \$ 33,692,548)

Auxiliary Services - Dining and Housing SEE SCHEDULE O

4c

(Code) (Expenses \$ 1,949,339 including grants of \$) (Revenue \$ 1,107,102)

Public Service SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

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

4e

























Total program service expenses \$ 130,570,577

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 	16	Yes
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	Yes	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a369		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,398		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>NT , EI , CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

37

1b

Enter the number of voting members that are independent

1b

36

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does 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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

RI

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 make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
MR BARRY F MORRISON
1150 DOUGLAS PIKE
SMITHFIELD, RI 029171284
(401) 232-6017

Form 990 (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								3,538,979	0	979,081

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **101**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
COMMONFUND CAPITAL INC 15 OLD DANBURY ROAD WILTON, CT 06897	INVESTMENT MGMT	658,190
BERNSTEIN GLOBAL WEALTH MANAGEMENT 53 STATE STREET 29TH FLOOR BOSTON, MA 02109	INVESTMENT MGMT	236,593
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 02110	INVESTMENT MGMT	208,706
LIPMAN HEARNE INC PO BOX 88634 DEPT A CHICAGO, IL 606801634	MARKETING SERVICES	171,262
COMMONFUND 15 OLD DANBURY ROAD WILTON, CT 06897	INVESTMENT MGMT	159,722

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues					
			1b				
	c	Fundraising events	88,088				
			1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	684,660			
	f	All other contributions, gifts, grants, and similar amounts not included above		3,662,021			
			1f				
g	Noncash contributions included in lines 1a-1f \$ 1,116,970						
h	Total (Add lines 1a-1f)		4,434,769				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900,099	106,392,956	106,392,956		
	b	AUXILIARY ENTERPRISES	721,310	33,692,548	32,222,670	1,469,878	
	c	STUDENT SERVICES REVENUES	900,099	1,208,132	1,208,132		
	d	FEES & CONTRACTS FROM GOV'T AGENCIES	900,099	726,196	726,196		
	e	PUBLIC SERVICE PROGRAMS	900,099	380,906	380,906		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
		\$ 142,400,738					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		4,180,866		4,180,866	
	4	Income from investment of tax-exempt bond proceeds		14,294		14,294	
	5	Royalties		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
			0	0			
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			28,015,173	280,585			
	b	Less cost or other basis and sales expenses	35,033,809	281,632			
	c	Gain or (loss)	-7,018,636	-1,047			
	d	Net gain or (loss)		-7,019,683	15,415	-7,035,098	
	8a	Gross income from fundraising events (not including \$ 51,257 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000		88,088			
	b	Less direct expenses	b	58,077			
	c	Net income or (loss) from fundraising events		-6,820		-6,820	
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000		0			
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances		0				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	SOPHOMORE INTERNATIONAL EXPERIENCE	900,099	564,300	564,300			
b	LAPTOP PROGRAM	900,099	166,860	166,860			
c	ALUMNI EVENTS	900,099	122,831		122,831		
d	All other revenue		561,532	125,284	436,248		
e	Total. Add lines 11a-11d						
	\$ 1,415,523						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		145,419,687	141,787,304	1,485,293	-2,287,679	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	33,785,935	33,785,935		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	610,084	610,084		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,223,017	573,196	2,526,564	123,257
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			
7	Other salaries and wages	44,633,626	38,024,705		1,085,013
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,081,210	2,791,723	220,341	69,146
9	Other employee benefits	8,038,657	7,094,534	696,018	248,105
10	Payroll taxes	3,085,096	2,628,284	381,815	74,997
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	162,578		162,578	
c	Accounting	217,412		217,412	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	225,781			225,781
f	Investment management fees	1,746,855		1,746,855	
g	Other	3,726,181	1,436,860	2,277,371	11,950
12	Advertising and promotion	2,174,103	1,278,964	891,552	3,587
13	Office expenses	1,952,144	1,605,347	263,191	83,606
14	Information technology	1,779,905	1,191,885	587,480	540
15	Royalties	0			
16	Occupancy	3,761,831	3,201,318	560,513	
17	Travel	3,635,633	3,318,116	256,765	60,752
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	495,183	350,169	141,889	3,125
20	Interest	3,813,631	3,589,008	224,623	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,016,675	14,814,688	201,987	
23	Insurance	716,390	193,238	523,152	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DINING SERVICES	7,129,461	7,129,026	435	
b	FACILITY REPAIRS	1,067,242	1,040,470	26,229	543
c	ACTIVITIES EXPENSE	995,557	983,902	8,580	3,075
d	SOPHOMORE INT'L EXP	725,882	725,882		
e	STUDY ABROAD PAYMENTS	1,745,074	1,745,074		
f	All other expenses	3,425,235	2,458,169	880,670	86,396
25	Total functional expenses. Add lines 1 through 24f	150,970,378	130,570,577	18,319,928	2,079,873
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	38,483,794	2 30,265,231
	3	Pledges and grants receivable, net	386,682	3 267,099
	4	Accounts receivable, net	1,221,785	4 944,881
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5,200	5 0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	6,070,386	7 6,375,324
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	1,361,913	9 1,206,146
	10a	Land, buildings, and equipment cost basis		
		10a 268,534,939		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 111,413,208	140,493,186	10c 157,121,731
	11	Investments—publicly traded securities	106,693,206	11 74,874,091
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	64,644,026	12 47,718,814
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	494,418	15 390,607	
16	Total assets. Add lines 1 through 15 (must equal line 34)	359,854,596	16 319,163,924	
Liabilities	17	Accounts payable and accrued expenses	16,133,403	17 16,601,472
	18	Grants payable		18
	19	Deferred revenue	8,402,117	19 8,144,319
	20	Tax-exempt bond liabilities	88,226,212	20 86,375,987
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	11,718,791	25 14,922,088
	26	Total liabilities. Add lines 17 through 25	124,480,523	26 126,043,866
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	218,966,586	27 175,745,543
	28	Temporarily restricted net assets	990,659	28 5,413,990
	29	Permanently restricted net assets	15,416,828	29 11,960,525
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	235,374,073	33 193,120,058
	34	Total liabilities and net assets/fund balances	359,854,596	34 319,163,924

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 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?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Bryant University	Employer identification number 05-0258810
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage						
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f					15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 05-0258810
Name: Bryant University

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael E Fisher , CHAIR OF THE BOARD	1 0	X						0	0	0
KATHLEEN C HITTNER MD , VICE-CHAIR OF THE BOARD	1 0	X						0	0	0
Robert P Mead , VICE-CHAIR OF THE BOARD	1 0	X						0	0	0
DAVID C WEINSTEIN , VICE-CHAIR OF THE BOARD	1 0	X						0	0	0
RICHARD A PLOTKIN , SECRETARY OF THE BOARD	1 0	X						0	0	0
William D Ankner PHD , Trustee	1 0	X						0	0	0
David M Beirne , Trustee	1 0	X						0	0	0
George E Bello , Trustee	1 0	X						0	0	0
Robert J Calabro , Trustee	1 0	X						0	0	0
JOSEPH C CAPEZZA JR , TRUSTEE	1 0	X						0	0	0
RICHARD A CAPOBIANCO , TRUSTEE	1 0	X						0	0	0
Thomas Celona , Trustee	1 0	X						0	0	0
GERALD F CERCE , Trustee	1 0	X						0	0	0
William J Conaty , Trustee	1 0	X						0	0	0
Herbert W Cummings , Trustee	1 0	X						0	0	0
Nancy Deviney , Trustee	1 0	X						0	0	0
C Correll Durling , Trustee	1 0	X						0	0	0
David R Gavitt , Trustee	1 0	X						0	0	0
Alan G Hassenfeld , Trustee	1 0	X						0	0	0
Sameer Kanodia , Trustee	1 0	X						0	0	0
TRICIA M KORDALSKI , TRUSTEE	1 0	X						0	0	0
Douglas S Krupp , Trustee	1 0	X						0	0	0
JOANNA T LAU , Trustee	1 0	X						0	0	0
DEBORAH MAY , TRUSTEE	1 0	X						0	0	0
Kristian P Moor , Trustee	1 0	X						0	0	0
DONALD R QUATTRUCCI , Trustee	1 0	X						0	0	0
Donald O Ross , Trustee	1 0	X						0	0	0
Elizabeth Schlatterer , TRUSTEE	1 0	X						0	0	0
James J Skeffington , Trustee	1 0	X						0	0	0
Cheryl W Snead , TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Walter Stepan , Trustee	1 0	X						0	0	0
SHIVAN S SUBRAMANIAM , TRUSTEE	1 0	X						0	0	0
Janice WILBUR Sullivan , Trustee	1 0	X						0	0	0
Robert D Wales , Trustee	1 0	X						0	0	0
Saddi Williams , Trustee	1 0	X						0	0	0
Rita Williams-Bogar , Trustee	1 0	X						0	0	0
RONALD K MACHTLEY , PRESIDENT	50 0	X		X				482,501	0	335,368
Barry F Morrison , VP Business Affairs/TREASURER	50 0			X				275,206	0	64,108
VK UNNI , VP ACADEMIC AFFAIRS	50 0			X				260,410	0	43,866
ARTHUR S GLOSTER II , VP INFORMATION SERVICES	50 0			X				239,095	0	41,817
JAMES L DAMRON , VP UNIVERSITY ADVANCEMENT	50 0			X				220,022	0	42,364
LORNA J HUNTER , VP ENROLLMENT MANAGEMENT	50 0			X				211,653	0	39,689
ROGER L ANDERSON , EXEC ASST TO THE PRESIDENT	50 0			X				201,889	0	17,939
J THOMAS EAKIN , VP STUDENT AFFAIRS/DEAN	50 0			X				198,811	0	63,618
JACK W TRIFTS , DEAN, COLLEGE OF BUSINESS	40 0				X			203,060	0	39,198
LINDA S LULLI , ASSOC VP FOR HUMAN RESOURCES	40 0				X			196,057	0	21,811
DAVID S LUX , DEAN,COLLEGE OF ARTS & SCIENCE	40 0				X			153,983	0	80,024
HAKAN SARAUGLU , PROFESSOR	40 0					X		190,221	0	33,871
DAVID A LOULTON , PROFESSOR	40 0					X		181,177	0	50,961
DENNIS M BLINE , PROFESSOR	40 0					X		179,051	0	34,161
KEITH B MURRAY , ASSOC DEAN,COLLEGE OF BUSINESS	40 0					X		173,078	0	35,068
ELIZABETH J YOBACCIO , PROFESSOR	40 0					X		172,765	0	35,218

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES	900,099	106,392,956	106,392,956		
b AUXILIARY ENTERPRISES	721,310	33,692,548	32,222,670	1,469,878	
c STUDENT SERVICES REVENUES	900,099	1,208,132	1,208,132		
d FEES & CONTRACTS FROM GOV'T AGENCIES	900,099	726,196	726,196		
e PUBLIC SERVICE PROGRAMS	900,099	380,906	380,906		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Bryant University	Employer identification number 05-0258810
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

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

► \$22,500

(ii) Assets included in Form 990, Part X

► \$222,800

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$0

b

Assets included in Form 990, Part X

► \$0

Part III

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

3

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

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	168,494,180				
b Contributions	303,105				
c Investment earnings or losses	-38,987,139				
d Grants or scholarships	1,809,596				
e Other expenditures for facilities and programs	6,044,204				
f Administrative expenses	1,746,854				
g End of year balance	120,209,492				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 88 %

b

Permanent endowment ▶ 12 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,752,548		2,752,548
b Buildings		189,055,724	72,957,785	116,097,939
c Leasehold improvements				
d Equipment		46,125,853	33,880,435	12,245,418
e Other		30,600,814	4,574,988	26,025,826
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				157,121,731

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUNDS	23,876,611	F
Other PRIVATE PLACEMENT PROGRAMS	23,842,203	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	47,718,814	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS HELD BY BOND TRUSTEES	390,607
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SWAP DERIVATIVES	6,133,067
ASSET RETIRMENT OBLIGATION	2,998,422
REFUNDABLE ADVANCES - US GOVERNMENT	5,790,599
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	14,922,088

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1145,419,687
2	Total expenses (Form 990, Part IX, column (A), line 25)	2150,970,378
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-5,550,691
4	Net unrealized gains (losses) on investments	4-38,797,860
5	Donated services and use of facilities	5
6	Investment expenses	61,746,855
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8347,681
9	Total adjustments (net) Add lines 4 - 8	9-36,703,324
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-42,254,015

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1119,363,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a5,907,594	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d8,725,091	
e	Add lines 2a through 2d	2e14,632,685
3	Subtract line 2e from line 1	3104,730,408
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b40,689,279	
c	Add lines 4a and 4b	4c40,689,279
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5145,419,687

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1114,886,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d59,077	
e	Add lines 2a through 2d	2e59,077
3	Subtract line 2e from line 1	3114,827,504
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a1,746,855	
b	Other (Describe in Part XIV)4b34,396,019	
c	Add lines 4a and 4b	4c36,142,874
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5150,970,378

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
ORGANIZATION'S COLLECTIONS	PART III, LINE 4	The University's art collections consist of many different types of art including paintings, photographs, book collections, sports memorabilia, sculptures, figurines, antiques and artifacts The collections enhance and further the purpose of the University in various ways, which include the ability of the student to learn to understand human experiences, both past and present, learn to adapt to and respect others' diverse ways of thinking, working, and expressing themselves, and analyzing nonverbal communication and making informed judgments about cultural products and issues
ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE UNIVERSITY'S ENDOWMENT FUND IS TO SUPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY BY PROVIDING A RELIABLE SOURCE OF FUNDS FOR CURRENT AND FUTURE USE THROUGH QUARTERLY DRAWDOWNS, THE ENDOWMENT IS USED TO FUND SCHOLARSHIPS AND GRANTS AS WELL AS MAINTAINING UNIVERSITY FACILITIES AND PROGRAM SERVICES
CHANGE IN NET ASSETS	PART XI, LINE 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS (3,220,478) PROCEEDS FROM TERMINATION OF INTEREST RATE SWAPS 3,399,000 OTHER NON-OPERATING INCOME 169,159 TOTAL 347,681
REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XII, LINE 2D	DRAWDOWN FROM OPERATIONS \$7.9M NET ASSETS RELEASED FROM RESTRICTION \$800K FUNDRAISING \$58K REVENUE INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS PART XII, LINE 4B CAPITAL CONTRIBUTIONS \$2.7M SCHOLARSHIPS AND GRANTS \$34.4M LONG-TERM INVESTMENT INCOME \$3.5M
EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XIII, LINE 2D	FUNDRAISING EXPENSES 59,077 EXPENSES INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS PART XIII, LINE 4B SCHOLARSHIPS AND GRANTS 34,396,019

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization Bryant University	Employer identification number 05-0258810
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	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE POLICY IS PUBLISHED IN THE EMPLOYEE POLICY MANUAL ADVERTISING STATES THAT WE ARE AN EEO/AA EMPLOYER ALL MAJOR PUBLICATIONS PRINT THE NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	6a Yes 6b	No
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," attach an explanation	7 Yes	

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Bryant University

Employer identification number

05-0258810

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance ☒ **Yes** ☐ **No**

2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	763,579
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	27,650
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	1,556,311
South Asia	0	0	Program Services	STUDY ABROAD	21,500
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	41,612
Totals ►	0	0			2,410,652

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

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

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Software ID:
Software Version:
EIN: 05-0258810
Name: Bryant University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number

05-0258810

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

1

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

a

☒

Mail solicitations

b

☐

Email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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

☒ Yes ☐ No

b

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY	PHONATHON SERVICES		No	290,861	199,585	91,276
MARTS LUNDY	FUNDRAISING CONSULTING		No	0	55,498	0
BENTZ WHALEY FLESSNOR	FUNDRAISING CONSULTING		No	0	5,697	0
Total ▶						

3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF		0	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	160,070			160,070
	2	Less Charitable contributions	108,813			108,813
3	Gross revenue (line 1 minus line 2)		51,257			51,257
Direct Expenses	4	Cash Prizes	0			0
	5	Non-cash Prizes	2,500			2,500
	6	Rent/Facility costs	30,457			30,457
	7	Other direct expenses	25,119			25,119
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				58,076
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				-6,819

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Bryant University

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
05-0258810

Part I

General Information on Grants and Assistance

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

Part II

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

1(a) Name and address of organization or government	(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) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2	ALL FEDERAL TITLE IV FUNDS RECEIVED BY BRYANT UNIVERSITY ARE MANAGED IN STRICT COMPLIANCE WITH ALL REQUIREMENTS SET FORTH IN THE PROGRAM PARTICIPATION AGREEMENT, A FORMAL PENDING AGREEMENT BETWEEN BRYANT UNIVERSITY AND THE U S DEPARTMENT OF EDUCATION THE PROGRAM PARTICIPATION AGREEMENT IS PERSONALLY ENDORSED BY BOTH THE CHIEF EXECUTIVE OFFICER OF BRYANT UNIVERSITY AND THE SECRETARY OF THE U S DEPARTMENT OF EDUCATION COMPLIANCE WITH ALL TITLE IV REQUIREMENTS IS MONITORED BY THE DIRECTOR OF FINANCIAL AID WITH THE ASSISTANCE OF FOUR PROFESSIONAL FINANCIAL AID ADMINISTRATORS AND FOUR SUPPORT STAFF MEMBERS COMPLIANCE CAPABILITY IS GREATLY ENHANCED THROUGH THE USE OF THE BANNER INTERGRATED MANAGEMENT INFORMATION SYSTEM AND ITS EFFECTIVE INTERFACE WITH OTHER DEPARTMENT OF EDUCATION SYSTEMS

Software ID:

Software Version:

EIN: 05-0258810

Name: Bryant University

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
NEED-BASED GRANTS	1482	14,964,376			
ACADEMIC SCHOLARSHIPS	881	10,503,727			
DIVERSITY AWARDS	178	3,272,622			
ATHLETIC AWARDS	257	2,777,347			
ENDOWED SCHOLARSHIPS	176	1,067,258			
SPECIAL PROGRAMS	186	537,540			
ANNUAL GIFTS	67	310,335			
SEOG PROGRAM	367	316,276			
FWS COMMUNITY SERVICE	20	36,454			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD K MACHTLEY	(i)	417,488	0	65,013	276,040	59,328	817,869	230,811
	(ii)	0	0	0	0	0	0	0
Barry F Morrison	(i)	229,590	30,200	15,416	46,040	18,068	339,314	119,799
	(ii)	0	0	0	0	0	0	0
VK UNNI	(i)	192,462	28,900	39,048	26,040	17,826	304,276	114,461
	(ii)	0	0	0	0	0	0	0
ARTHUR S GLOSTER II	(i)	169,071	30,100	39,924	23,924	17,893	280,912	103,826
	(ii)	0	0	0	0	0	0	0
JAMES L DAMRON	(i)	173,482	28,400	18,140	23,242	19,122	262,386	94,838
	(ii)	0	0	0	0	0	0	0
LORNA J HUNTER	(i)	164,951	28,120	18,582	19,069	20,620	251,342	90,342
	(ii)	0	0	0	0	0	0	0
ROGER L ANDERSON	(i)	146,745	22,500	32,644	16,708	1,231	219,828	89,353
	(ii)	0	0	0	0	0	0	0
J THOMAS EAKIN	(i)	138,087	30,640	30,084	19,070	44,548	262,429	83,129
	(ii)	0	0	0	0	0	0	0
JACK W TRIFTS	(i)	182,008	0	21,052	20,020	19,178	242,258	97,530
	(ii)	0	0	0	0	0	0	0
LINDA S LULLI	(i)	148,473	25,500	22,084	18,827	2,984	217,868	0
	(ii)	0	0	0	0	0	0	0
DAVID S LUX	(i)	128,973	3,500	21,510	16,554	63,470	234,007	0
	(ii)	0	0	0	0	0	0	0
HAKAN SARA OGLU	(i)	174,361	0	15,860	17,743	16,128	224,092	102,769
	(ii)	0	0	0	0	0	0	0
DAVID A LOU TON	(i)	180,817	0	360	17,598	33,363	232,138	0
	(ii)	0	0	0	0	0	0	0
DENNIS M BLINE	(i)	159,906	0	19,145	15,693	18,468	213,212	92,651
	(ii)	0	0	0	0	0	0	0
KEITH B MURRAY	(i)	149,546	2,000	21,532	17,152	17,916	208,146	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH J YOBACCIO	(i)	151,233	0	21,532	16,762	18,456	207,983	84,009
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

[illegible]

Software ID:
Software Version:
EIN: 05-0258810
Name: Bryant University

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD K MACHTLEY	(i) (ii)	417,488 0	0 0	65,013 0	276,040 0	59,328 0	817,869 0	230,811 0
Barry F Morrison	(i) (ii)	229,590 0	30,200 0	15,416 0	46,040 0	18,068 0	339,314 0	119,799 0
V K UNNI	(i) (ii)	192,462 0	28,900 0	39,048 0	26,040 0	17,826 0	304,276 0	114,461 0
ARTHUR S GLOSTER II	(i) (ii)	169,071 0	30,100 0	39,924 0	23,924 0	17,893 0	280,912 0	103,826 0
JAMES L DAMRON	(i) (ii)	173,482 0	28,400 0	18,140 0	23,242 0	19,122 0	262,386 0	94,838 0
LORNA J HUNTER	(i) (ii)	164,951 0	28,120 0	18,582 0	19,069 0	20,620 0	251,342 0	90,342 0
ROGER L ANDERSON	(i) (ii)	146,745 0	22,500 0	32,644 0	16,708 0	1,231 0	219,828 0	89,353 0
J THOMAS EAKIN	(i) (ii)	138,087 0	30,640 0	30,084 0	19,070 0	44,548 0	262,429 0	83,129 0
JACK W TRIFTS	(i) (ii)	182,008 0	0 0	21,052 0	20,020 0	19,178 0	242,258 0	97,530 0
LINDA S LULLI	(i) (ii)	148,473 0	25,500 0	22,084 0	18,827 0	2,984 0	217,868 0	0 0
DAVID S LUX	(i) (ii)	128,973 0	3,500 0	21,510 0	16,554 0	63,470 0	234,007 0	0 0
HAKAN SARAOGU	(i) (ii)	174,361 0	0 0	15,860 0	17,743 0	16,128 0	224,092 0	102,769 0
DAVID A LOUTON	(i) (ii)	180,817 0	0 0	360 0	17,598 0	33,363 0	232,138 0	0 0
DENNIS M BLINE	(i) (ii)	159,906 0	0 0	19,145 0	15,693 0	18,468 0	213,212 0	92,651 0
KEITH B MURRAY	(i) (ii)	149,546 0	2,000 0	21,532 0	17,152 0	17,916 0	208,146 0	0 0
ELIZABETH J YOBACCIO	(i) (ii)	151,233 0	0 0	21,532 0	16,762 0	18,456 0	207,983 0	84,009 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization Bryant University	Employer identification number 05-0258810
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Part I

Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORP	52-1300173	762197CE9	04-24-2008	50,420,000	REFUNDING 12/8/05 & 6/21/07 BONDS		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

			A		B		C		D		E	
			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 financed by tax-exempt bonds?											
2	Are there any lease arrangements with respect to the financed property which may result in private business use?											

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization Bryant University	Employer identification number 05-0258810
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
T ABRAHAM HUNTER	SPOUSE OF LORNA HUNTER	93,104	SALARY & BENEFITS PAID BY UNIV		No
KATI MACHTLEY	SPOUSE OF RONALD MACHTLEY	83,086	SALARY & BENEFITS PAID BY UNIV		No
COLLEEN ANDERSON	SPOUSE OF ROGER ANDERSON	64,856	SALARY & BENEFITS PAID BY UNIV		No
ZANETA HUNTER	DAUGHTER OF LORNA HUNTER	36,380	SALARY & BENEFITS PAID BY UNIV		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	2	22,500	FMV/APPRaised VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	1,024,963	AVERAGE OF HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe HARDWARE/SOFTWARE)	X	4	48,782	FMV
26 Other (describe GOLF TOURNAMENT ITEMS)	X	78	20,725	FMV
27 Other (describe _____)				
28 Other (describe _____)				

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

2929

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

30a

No

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

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

31

Yes

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

32a

No

b If "Yes", describe in Part II

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

[illegible]

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Bryant University

Employer identification number

05-0258810

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART III, LINE 1	BRYANT IS A STUDENT-CENTERED UNIVERSITY FOCUSED ON ACADEMIC EXCELLENCE THAT PREPARES ITS STUDENTS TO ACHIEVE THEIR PERSONAL BEST IN LIFE AND THEIR CHOSEN PROFESSIONS THROUGH * CHALLENGING ACADEMIC PROGRAMS OFFERED BY FACULTY MEMBERS PROMINENT IN THEIR FIELDS, * A CULTURALLY ENRICHING CAMPUS LIFE THAT ENCOURAGES PERSONAL GROWTH, * CORPORATE AND BUSINESS EXPERIENCES AND AFFILIATIONS, * THE INTEGRATION OF ADVANCED TECHNOLOGY INTO THE CURRICULUM, AND * THE CULTIVATION OF A GLOBAL PERSPECTIVE THROUGH COURSE WORK AND STUDENT-LIFE ACTIVITIES BRYANT COLLEGE WAS FOUNDED IN 1863 IN RESPONSE TO AN EARLY DEMAND FOR SPECIALIZED TRAINING IN COMMERCE AND FINANCE BRYANT COLLEGE CHANGED ITS NAME TO BRYANT UNIVERSITY IN AUGUST 2005 THE UNIVERSITY IS SITUATED ON 498 ACRES IN SMITHFIELD, RHODE ISLAND BRYANT UNIVERSITY OFFERS BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION, BACHELOR OF ARTS, AND GRADUATE DEGREES BRYANT UNIVERSITY IS ONE OF ONLY 10% OF COLLEGES AND UNIVERSITIES IN THE WORLD TO HAVE ACHIEVED THE PRESTIGIOUS ACCREDITATION FROM AACSB INTERNATIONAL - THE ASSOCIATION TO ADVANCE COLLEGIATE SCHOOLS OF BUSINESS, AND IS THUS ONE OF ONLY THREE RHODE ISLAND UNIVERSITIES AND ONE OF ONLY THREE BUSINESS-SPECIALTY SCHOOLS IN NEW ENGLAND TO HAVE ACHIEVED THIS NATIONAL ACCREDITATION BRYANT IS ALSO ACCREDITED BY THE NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES (NEASC)

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINES 4A-4C	LINE 4A *Undergraduate, Graduate and Certificate Programs - including Academic Support and Student Services* Bryant University offers undergraduate and graduate degrees, graduate certificates, and executive education programs The fall FTE for the undergraduate program was 3,420 and the graduate program was 178 Within the undergraduate program there are two schools, The College of Arts and Sciences and the College of Business The College of Arts and Sciences offers a wide range of study in the humanities, social sciences, mathematics, and the natural sciences The College of Business's impressive array of business specialties offers students the depth and breadth of a large, premier business school combined with the individual attention that is a Bryant hallmark The Graduate School of Business is part of the College of Business at Bryant, which is one of only 5% of all business programs in the world accredited by AACSB International the Association to Advance Collegiate Schools of Business In addition, Bryant also offers additional educational opportunities through The Executive Development Center The Executive Development Center offers professional certificate programs that provide high-level management skills in critical business areas for executives, high-potential, career aspiring individuals and growth focused corporations LINE 4B *Auxiliary Services - Dining and Housing* More than 80% of our students reside on campus in our residence halls and townhouses Living options at Bryant University are designed to foster a gradual increase of independent lifestyle and individual responsibility First- year students have the opportunity to establish relationships with large numbers of classmates in a more traditional setting Sophomores and Juniors experiment with small-group living while eating in common areas with all resident students Most seniors live independently in townhouse units with full responsibility for their cooking, cleaning, etc All living areas include telephone, cable, and computer access All students who live on campus, except for the Townhouses, are required to participate in a meal plan Bryant offers a number of plans to provide students flexible options for on-campus dining at the seven locations available on campus LINE 4C *Public Service* Bryant University hosts several instructional programs funded by external parties including the federal government, foreign and state governments and corporations

Identifier	Return Reference	Explanation
FAMILY RELATIONSHIP	Part VI, Section A, LINE 2	ELIZABETH SCHLATTERER AND ROBERT CALABRO HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	Part VI, Section A, LINE 10	Prior to filing the University's 990 with the IRS, it is reviewed by the University's Audit Committee of the Board of Trustees The Audit Committee is the governing body of the University that has oversight of all financial and compliance issues of the University and reports the proceedings of all of its meetings to the full Board of Trustees A complete copy of the Form 990 is distributed to each voting board member prior to filing

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, LINE 12C	The University consistently monitors and enforces compliance with its Conflict of Interest Policy by first ensuring the Conflict of Interest forms are continually updated by the Trustees and employees The forms are reviewed annually to identify any disclosures of conflicts of interest, and as a result, no board member can vote on any item they have a conflict of interest in The Vice President of Business Affairs reviews the conflict of interest forms, and any potential conflict would be discussed to the audit committee chair In addition, any business conducted by the University with any organization a Trustee or employee discloses they are involved in, must be a hands-off transaction with no involvement of the Trustee or employee This monitoring and enforcing is done primarily through the President's Office

Identifier	Return Reference	Explanation
DOCUMENT RETENTION POLICY	Part VI, Section B, LINE 14	Within the University, various departments have a written document retention and destruction policy that pertains to that area The University has drafted an organization wide policy in order for the policy to be uniform and consistent throughout the University

Identifier	Return Reference	Explanation
Compensation Policy	Part VI, Section B, LINE 15B	The Board of Trustees, through its Executive Compensation Committee (the "Committee"), utilizes an Executive Compensation Philosophy, amended and ratified by the Board of Trustees in October 2007, to establish compensation for all University officers and key executives The University prepares an annual report, the "Executive Compensation Report, Discussion Report for the Executive Compensation Committee" The report summarizes annual performance against institutional benchmarks, annual strategic goals and divisional operational objectives, and provides market comparability data the designated positions The President also provides a cover memo to the Committee that analyzes and recommends target achievements set by the Performance Bonus Plan, base salary and maximum performance bonus for each executive Based on this information, the Committee makes a determination relative to compensation for the President and reviews and endorses the President's compensation recommendations for the executive team Faculty members, who have been classified as highly compensated for 990 reporting, have compensation governed by the collective bargaining agreement between Bryant University and the Bryant Faculty Federation

Identifier	Return Reference	Explanation
Public Disclosure	Part VI, Section C, LINE 19	The University makes its financial statements available to the public via the University's website as well as sending it free of charge upon request The governing documents and Conflict of Interest Policy are on file in the President's Office and are also provided free of charge upon request The University's Form 990 is also available at www.guidestar.org

Identifier	Return Reference	Explanation
FINANCIAL ASSISTANCE	SCHEDULE E, LINE 6A & 6B	THE UNIVERSITY'S FINANCIAL AID OFFICE PROCESSES A VARIETY OF FEDERAL AND PRIVATELY FUNDED EDUCATIONAL LOANS FOR ITS STUDENTS FEDERAL DIRECT LOANS ARE AVAILABLE TO STUDENTS WHO HAVE FILED A FAFSA AND ARE ELIGIBLE FOR FEDERAL STUDENT AID STUDENTS WITHOUT FINANCIAL NEED GENERALLY QUALIFY FOR THE UNSUBSIDIZED VERSION OF THIS LOAN FEDERAL PLUS LOANS ARE AVAILABLE TO PARENTS OF UNDERGRADUATES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BRU LLC 1150 DOUGLAS PIKE SMITHFIELD, RI 02917 23-1386793	REAL ESTATE	RI	0	1,029,305	BRYANT UNIV

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

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

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]