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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>		<b>C Name of organization</b> Bryant University		<b>D Employer identification number</b> 05-0258810	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>		<b>E Telephone number</b> (401) 232-6005	
				<b>G Gross receipts \$</b> 206,273,583	
		<b>F Name and address of principal officer</b> RONALD K MACHTLEY 1150 DOUGLAS PIKE SMITHFIELD, RI 029171284		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.BRYANT.EDU					
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1863		<b>M State of legal domicile</b> RI	





## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities BRYANT UNIVERSITY IS A STUDENT-CENTERED UNIVERSITY FOCUSED ON ACADEMIC EXCELLENCE THAT PREPARES ITS STUDENTS TO ACHIEVE THEIR PERSONAL BEST IN LIFE AND THEIR CHOSEN PROFESSIONS	
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 3
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 3
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 1,43
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 50
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 1,492,57
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	

		Prior Year	Current Year	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	4,434,769	4,234,730
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	142,400,738	145,733,600
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	-2,824,523	6,886,544
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,408,703	1,422,030
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	145,419,687	158,276,904
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	34,396,019
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,061,606	61,808,486
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	225,781	179,837
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <u>2,124,916</u>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	54,286,972	53,630,260
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	150,970,378	152,825,989
<b>19</b>		Revenue less expenses Subtract line 18 from line 12 . . . . .	-5,550,691	5,450,915
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	<b>20</b>	Total assets (Part X, line 16) . . . . .	319,163,924	327,166,413
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	126,043,866	124,456,990
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	193,120,058	202,709,423

<b>Part II</b>	<b>Signature Block</b>
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<div> <div>Sign Here</div> </div>	<div>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</div>	
	<div> <div>*****</div> <div>Signature of officer</div> </div>	<div> <div>2011-05-16</div> <div>Date</div> </div>
	<div> <div>BARRY F MORRISON VICE PRESIDENT FOR BUSINESS AFFAIRS</div> <div>Type or print name and title</div> </div>	

<b>Paid Preparer's Use Only</b>	Preparer's signature 		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP			EIN 
		60 South Street			Phone no  (617) 988-1000
		Boston, MA 02111			

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

BRYANT UNIVERSITY 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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 122,642,159 including grants of \$ 37,207,406 ) (Revenue \$ 110,936,336 )
	*UNDERGRADUATE, GRADUATE AND CERTIFICATE PROGRAMS - INCLUDING ACADEMIC SUPPORT AND STUDENT SERVICES* SEE SCHEDULE O
4b	(Code ) (Expenses \$ 8,278,143 including grants of \$ ) (Revenue \$ 35,068,992 )
	*AUXILIARY SERVICES - DINING AND HOUSING* SEE SCHEDULE O
4c	(Code ) (Expenses \$ 2,067,122 including grants of \$ ) (Revenue \$ 955,923 )
	*PUBLIC SERVICE* SEE SCHEDULE O
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 132,987,424

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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes						
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.								
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.								
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.								
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.								
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td><td></td></tr></table>	Yes	No	12A	Yes				
Yes	No								
12A	Yes								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 	15		No					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III 	16	Yes						
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	Yes						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No					

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			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 . . . . .	1a	414	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,431	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	36	
b	Enter the number of voting members that are independent . . . . .	1b	35	
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
b	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			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization 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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	3,578,555	0	844,242
-----------	------------------------	-----------	---	---------

**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶95

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b>	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> . . . . .		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) Name and business address	(B) Description of services	(C) Compensation
GWATHMEY SIEGAL ASSOCIATES 475 TENTH AVENUE NEW YORK, NY 10018	ARCHITECTURE/DESIGN	471,804
LERNERLADDS BARTELS INC 236 HOPE STREET PROVIDENCE, RI 02906	ARCHITECTURE/DESIGN	347,707
ANTHONY LAPRESTE DBA CMS CONSULTI 4 WHITTIER ROAD MILFORD, MA 017571230	CONSULTANT	320,112
EDWARD ROWSE ARCHITECTS 115 CEDAR ST PROVIDENCE, RI 029031082	ARCHITECTURE/DESIGN	309,999
PURRINGTON BUILDING SYSTEMS INC 870 WATERMAN AVE EAST PROVIDENCE, RI 02914	PROJECT MANAGEMENT	294,651

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶14

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	124,603				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e	817,774				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,292,353				
	g	Noncash contributions included in lines 1a-1f \$ 118,816						
	h	Total. Add lines 1a-1f . . . . .		4,234,730				
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	900,099	108,619,228	108,619,228			
	b	AUXILIARY ENTERPRISES	721,310	35,068,992	33,498,214	1,570,778		
	c	STUDENT SERVICES REVENUES	900,099	1,089,457	1,089,457			
	d	FEES & CONTRACTS FROM GOV'T AGENCIES	900,099	777,565	777,565			
	e	PUBLIC SERVICE PROGRAMS	900,099	178,358	178,358			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		145,733,600				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			1,092,008	-78,204	1,170,212	
	4	Income from investment of tax-exempt bond proceeds . . .		72			72	
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			53,490,720	206,042				
			47,472,917	429,381				
			6,017,803	-223,339				
	d	Net gain or (loss) . . . . .		5,794,464			5,794,464	
	8a	Gross income from fundraising events (not including \$ 124,603 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a			77,113				
	b	Less direct expenses . . . . .	b	84,481				
	c	Net income or (loss) from fundraising events . . .		-7,368			-7,368	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a			21,500				
	b	Less direct expenses . . . . .	b	9,900				
	c	Net income or (loss) from gaming activities . . .		11,600			11,600	
10a	Gross sales of inventory, less returns and allowances . . . . .							
a								
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . .		0					
Miscellaneous Revenue		Business Code						
11a	SOPHOMORE INTERNATIONAL EXPERIENCE	900,099	638,940	638,940				
b	LAPTOP PROGRAM	900,099	152,961	152,961				
c	ALUMNI EVENTS	900,099	112,968			112,968		
d	All other revenue . . . . .		512,929	435,750		77,179		
e	Total. Add lines 11a-11d . . . . .		1,417,798					
12	Total revenue. See Instructions . . . . .		158,276,904	145,390,473	1,492,574	7,159,127		

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	40,410	40,410		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	36,120,575	36,120,575		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,046,421	1,046,421		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,036,921	588,150	2,326,103	122,668
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	261,738	139,851	121,887	
7	Other salaries and wages	44,274,976	38,003,788	5,243,476	1,027,712
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,244,852	2,937,605	238,297	68,950
9	Other employee benefits . . . . .	7,980,419	7,075,938	669,404	235,077
10	Payroll taxes . . . . .	3,009,580	2,577,566	362,566	69,448
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	156,050		156,050	
c	Accounting . . . . .	161,522		161,522	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	179,837			179,837
f	Investment management fees . . . . .	1,289,267		1,289,267	
g	Other . . . . .	2,960,511	1,069,424	1,864,636	26,451
12	Advertising and promotion . . . . .	2,441,731	1,035,407	1,375,539	30,785
13	Office expenses . . . . .	1,920,254	1,582,593	205,963	131,698
14	Information technology . . . . .	1,885,228	1,233,786	646,722	4,720
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,942,095	2,513,432	428,663	
17	Travel . . . . .	3,117,371	2,855,959	206,882	54,530
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	369,619	322,989	45,123	1,507
20	Interest . . . . .	3,991,895	3,763,159	228,736	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,005,509	15,809,432	196,077	
23	Insurance . . . . .	767,755	83,339	684,416	
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	6,837,444	6,835,599	1,845	
b	FACILITY REPAIRS	983,290	963,720	19,216	354
c	ACTIVITIES EXPENSE	751,711	737,910	3,726	10,075
d	SOPHOMORE INT'L EXP	559,944	559,944		
e	STUDY ABROAD PAYMENTS	2,317,293	2,317,293		
f	All other expenses	4,171,771	2,773,134	1,237,533	161,104
25	Total functional expenses. Add lines 1 through 24f	152,825,989	132,987,424	17,713,649	2,124,916
26	Joint costs. Check here <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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			30,265,231	2	28,841,098
	3	Pledges and grants receivable, net . . . . .			267,099	3	272,406
	4	Accounts receivable, net . . . . .			944,881	4	1,493,621
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			6,375,324	7	5,722,970
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			1,206,146	9	1,504,139
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	283,740,987	157,121,731	10c	159,478,033
	b	Less accumulated depreciation . . . . .	10b	124,262,954			
	11	Investments—publicly traded securities . . . . .			74,874,091	11	71,792,446
	12	Investments—other securities. See Part IV, line 11 . . . . .			47,718,814	12	58,061,486
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			390,607	15	214
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			319,163,924	16	327,166,413
Liabilities	17	Accounts payable and accrued expenses . . . . .			16,601,472	17	15,033,208
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			8,144,319	19	7,556,038
	20	Tax-exempt bond liabilities . . . . .			86,375,987	20	84,617,436
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			14,922,088	25	17,250,308
	26	Total liabilities. Add lines 17 through 25 . . . . .			126,043,866	26	124,456,990
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 . . . . .			175,745,543	27	185,330,438
	28	Temporarily restricted net assets . . . . .			5,413,990	28	5,558,975
	29	Permanently restricted net assets . . . . .			11,960,525	29	11,820,010
	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 . . . . .			193,120,058	33	202,709,423
	34	Total liabilities and net assets/fund balances . . . . .			319,163,924	34	327,166,413

**Part XI Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV

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

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
Bryant University

**Employer identification number**  
05-0258810

Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure<input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____ 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	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 . . . . .	120,209,492	168,494,180		
b	Contributions . . . . .	360,255	303,105		
c	Investment earnings or losses . . . . .	13,318,034	-38,987,139		
d	Grants or scholarships . . . . .	1,979,783	1,809,596		
e	Other expenditures for facilities and programs . . . . .	4,500,001	6,044,204		
f	Administrative expenses . . . . .	1,289,267	1,746,854		
g	End of year balance . . . . .	126,118,730	120,209,492		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 88.000 %

b

Permanent endowment ▶ 12.000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

Part VI

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,752,548		2,752,548
b Buildings . . . . .		214,763,912	81,935,521	132,828,391
c Leasehold improvements . . . . .				
d Equipment . . . . .		48,592,930	36,995,372	11,597,558
e Other . . . . .		17,631,597	5,332,061	12,299,536
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				159,478,033



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	158,276,904
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	152,825,989
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,450,915
4	Net unrealized gains (losses) on investments	4	-2,693,849
5	Donated services and use of facilities	5	
6	Investment expenses	6	1,289,267
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,543,034
9	Total adjustments (net) Add lines 4 - 8	9	4,138,452
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,589,367

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	123,558,472
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-2,693,849
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-32,118,985
e	Add lines 2a through 2d . . . . .	2e	-34,812,834
3	Subtract line 2e from line 1 . . . . .	3	158,371,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-94,402
c	Add lines 4a and 4b . . . . .	4c	-94,402
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	158,276,904

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	113,969,108
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	94,382
e	Add lines 2a through 2d . . . . .	2e	94,382
3	Subtract line 2e from line 1 . . . . .	3	113,874,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,289,267
b	Other (Describe in Part XIV) . . . . .	4b	37,661,996
c	Add lines 4a and 4b . . . . .	4c	38,951,263
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	152,825,989

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
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 \$ <2,482,204> CHANGE IN SPLIT INTEREST AGREEMENT <25,385> ENDOWMENT AMOUNT APPROPRIATED FOR OPERATIONS 8,050,600 OTHER INCOME 23 TOTAL \$ 5,543,034
REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XII, LINE 2D	SCHOLARSHIPS AND GRANTS \$ <37,166,996> ENDOWMENT AMOUNT APPROPRIATED FOR OPERATIONS 8,050,600 ACCRUAL OF LIABILITY FOR ASSET REMEDIATION <175,000> ACCRUAL OF OTHER NONOPERATING LIABILITY <320,000> CHANGE IN SPLIT INTEREST AGREEMENT <25,385> CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS <2,482,204> TOTAL \$ <32,118,985> REVENUE INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS PART XII, LINE 4B FUNDRAISING \$ <84,481> GAMING EXPENSE <9,900> ROUNDING ADJUSTMENT <21> TOTAL \$ <94,402>
EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XIII, LINE 2D	FUNDRAISING EXPENSES \$ 84,481 GAMING EXPENSES 9,900 ROUNDING ADJUSTMENT 1 TOTAL \$ 94,382 EXPENSES INCLUDED ON FORM 990 NOT INCLUDED IN FINANCIAL STATEMENTS PART XIII, LINE 4B SCHOLARSHIPS AND GRANTS \$ 37,166,996 ACCRUAL OF LIABILITY FOR ASSET REMEDIATION 175,000 ACCRUAL OF OTHER NONOPERATING LIABILITY 320,000 TOTAL \$ 37,661,996

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

<b>Name of the organization</b> Bryant University	<b>Employer identification number</b> 05-0258810
--	---

	YES	NO
<b>1</b> 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?	Yes	
<b>2</b> 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?	Yes	
<b>3</b> 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	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

<b>Employer identification number</b>
05-0258810

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**



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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	East Asia/Pacific	54	228,225	STUDENT ACCT			
SCHOLARSHIPS	Cent America/Caribbean	10	46,650	STUDENT ACCT			
SCHOLARSHIPS	Europe/Iceland/Greenland	172	736,671	STUDENT ACCT			
SCHOLARSHIPS	South America	6	20,575	STUDENT ACCT			
SCHOLARSHIPS	Sub-Saharan Africa	7	14,300	STUDENT ACCT			

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

**Schedule F (Form 990) 2009**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

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.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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	306,132	145,708	160,424
MARTS LUNDY	FUNDRAISING CONSULTING		No		34,129	
Total . . . . . ▶				306,132	179,837	160,424

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	201,716		201,716
	2	Less Charitable contributions . . . .	124,603		124,603
	3	Gross income (line 1 minus line 2) . . . .	77,113		77,113
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	35,118		35,118
	6	Rent/facility costs . . . .	31,356		31,356
	7	Food and beverages . . . .	16,024		16,024
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	1,983		1,983
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .		21,500	21,500
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .		9,900	9,900
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 000</u> % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

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

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> 100 000 %		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► NICOLE LAMBERT - BRYANT UNIVERSITY			
Address ► 1150 DOUGLAS PIKE SMITHFIELD, RI 02917			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ► MARTIN FINE - BRYANT UNIVERSITY EMP			
Gaming manager compensation ► \$ _____ 0			
Description of services provided ► ORGANIZED/COLLECTED MONIES FROM RAFFLE TICK SALE			
<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
<b>b</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

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Bryant University

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" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☒

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

- 2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶
- 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" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

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



**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RONALD K MACHTLEY	(i)	419,894	0	46,605	27,840	75,689	570,028	0
	(ii)	0	0	0	0	0	0	0
BARRY F MORRISON	(i)	261,204	21,614	360	42,840	17,992	344,010	0
	(ii)	0	0	0	0	0	0	0
VK UNNI	(i)	223,319	20,823	19,548	27,715	17,492	308,897	0
	(ii)	0	0	0	0	0	0	0
ARTHUR S GLOSTER II	(i)	198,933	22,614	19,404	25,169	20,502	286,622	0
	(ii)	0	0	0	0	0	0	0
JAMES L DAMRON	(i)	189,178	21,651	8,775	24,171	18,692	262,467	0
	(ii)	0	0	0	0	0	0	0
LORNA J HUNTER	(i)	171,316	21,947	19,636	20,078	66,021	298,998	0
	(ii)	0	0	0	0	0	0	0
J THOMAS EAKIN	(i)	164,379	24,391	11,584	20,078	44,842	265,274	0
	(ii)	0	0	0	0	0	0	0
LINDA S LULLI	(i)	177,266	19,468	1,584	19,823	2,679	220,820	0
	(ii)	0	0	0	0	0	0	0
JACK W TRIFTS	(i)	197,491	0	552	19,520	18,865	236,428	0
	(ii)	0	0	0	0	0	0	0
ROGER L ANDERSON	(i)	157,461	13,297	25,032	17,523	919	214,232	0
	(ii)	0	0	0	0	0	0	0
DAVID S LUX	(i)	160,644	0	1,584	17,399	63,273	242,900	0
	(ii)	0	0	0	0	0	0	0
DAVID A LOUTON	(i)	200,296	0	360	19,110	75,505	295,271	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY J O'SHEA	(i)	148,761	0	37,842	12,240	23,108	221,951	0
	(ii)	0	0	0	0	0	0	0
CHARLES P CULLINAN	(i)	184,300	0	360	17,830	17,470	219,960	0
	(ii)	0	0	0	0	0	0	0
HAKAN SARA OGLU	(i)	183,826	0	360	19,135	15,969	219,290	0
	(ii)	0	0	0	0	0	0	0
DENNIS M BLINE	(i)	180,344	0	552	16,539	18,214	215,649	0
	(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.

Identifier	Return Reference	Explanation
BENEFITS	PART I, LINE 1A	RONALD MACHTLEY, PRESIDENT OF THE UNIVERSITY AND MEMBER OF THE BOARD OF TRUSTEES, TRAVELLED ON THREE TRIPS WITH HIS SPOUSE, KATI MACHTLEY, ON UNIVERSITY RELATED BUSINESS. EXPENSES RELATED TO THESE TRIPS FOR MRS. MACHTLEY PAID FOR BY BRYANT UNIVERSITY TOTALLED \$1,290. THESE EXPENSES ARE NOT CONSIDERED COMPENSATION FOR PRESIDENT MACHTLEY SINCE THE TRIPS WERE BUSINESS RELATED AND MRS. MACHTLEY IS ALSO AN EMPLOYEE OF THE UNIVERSITY. ACCORDING TO THE UNIVERSITY'S POLICY, TRAVEL FOR THE PRESIDENT'S COMPANION SHALL ONLY BE REIMBURSED WHEN INCURRED WHILE CONDUCTING BUSINESS FOR THE UNIVERSITY. THE UNIVERSITY ALSO PAID \$2,800 FOR PRESIDENT MACHTLEY'S MEMBERSHIPS AND ASSOCIATED FEES FOR TWO SEPARATE SOCIAL CLUBS AND \$5,900 FOR TIMOTHY O'SHEA'S, MEN'S BASKETBALL COACH, MEMBERSHIP IN A SOCIAL CLUB. THESE MEMBERSHIPS ARE OBTAINED FOR BUSINESS PURPOSES ONLY. AS A CONDITION OF THEIR EMPLOYMENT, THE UNIVERSITY PROVIDED ON-CAMPUS HOUSING FOR PRESIDENT MACHTLEY AND FOR J. THOMAS EAKIN, VICE PRESIDENT OF STUDENT AFFAIRS. THE UNIVERSITY PROVIDES CUSTODIAL SERVICES TO MAINTAIN THE HOUSING.
NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN	PART I, LINE 4B	RONALD MACHTLEY AND BARRY MORRISON PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE AMOUNT PAID TO THEM UNDER THE PLAN DURING CALENDAR YEAR 2009 IS \$0. PART II COLUMN B (III) INCLUDES PAYMENTS FOR GROUP TERM LIFE PREMIUMS AND PERSONAL USE OF AUTO. PART II COLUMN C INCLUDES EMPLOYER CONTRIBUTIONS TO SECTION 403 (B) PLANS AND OTHER DEFERRED COMPENSATION PLANS. PART II COLUMN D INCLUDES NON-TAXABLE BENEFITS INCLUDING UNDERGRADUATE TUITION REMISSION, EMPLOYER HEALTH BENEFITS, LIFE INSURANCE AND DISABILITY BENEFIT PREMIUMS PAYMENTS, AS WELL AS THE VALUE OF ON-CAMPUS HOUSING PROVIDED TO CERTAIN KEY EMPLOYEES UNDER THE REQUIREMENTS OF THEIR EMPLOYMENT CONTRACTS.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bryant University

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number  
05-0258810

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	50,420,000									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	420,000									
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	50,000,000									
8	Year of substantial completion	2008									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III

Private Business Use

		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?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 800 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	2 000 %									
6	Total of lines 4 and 5	2 800 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	WELLS FARGO BARCLAYS									
c	Term of hedge	26 5									
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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Bryant University

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
NA	N/A	35,200
NA		REMISSION,
NA		EXCHANGE &
NA		FELLOWSHIP

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
T ABRAHAM HUNTER	SPOUSE OF LORNA HUNTER	81,154	SALARY & BENEFITS PAID BY UNIV		No
KATI MACHTLEY	SPOUSE OF RONALD MACHTLEY	83,189	SALARY & BENEFITS PAID BY UNIV		No
COLLEEN ANDERSON	SPOUSE OF ROGER ANDERSON	56,662	SALARY & BENEFITS PAID BY UNIV		No
ZANETA HUNTER	DAUGHTER OF LORNA HUNTER	40,733	SALARY & BENEFITS PAID BY UNIV		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		27	FMV
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	3	8,666	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 . . . . .	X	2	25,477	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( FURNITURE ) . . . . .	X	2	36,483	FMV
26 Other ► ( SOFTWARE ) . . . . .	X	1	10,350	FMV
27 Other ► ( MISCELLANEOUS ) . . . . .	X	9	6,722	FMV
28 Other ► ( GOLF TOURNAMENT AND REGIONAL ALUMNI EVENTS ) . . . . .	X	88	31,091	FMV

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

29

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

Yes

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

Part II

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

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	PART I, COLUMN B	DENOTES THE NUMBER OF CONTRIBUTIONS MADE IN TAX YEAR 2009

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136033691
SCHEDULE O (Form 990)	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009 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 3,366 AND THE GRADUATE PROGRAM WAS 193 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* APPROXIMATELY 88% 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, QUESTION 2	ELIZABETH SCHLATTERER AND ROBERT CALABRO HAVE A BUSINESS RELATIONSHIP THE FOLLOWING MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ALSO SERVE ON THE BOARD OF AMICA INSURANCE COMPANY RICHARD PLOTKIN, CHERYL SNEAD, & RONALD MACHTLEY

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, QUESTION 11A	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, QUESTION 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 IN WHICH THEY HAVE A CONFLICT OF INTEREST 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 RELATED TO A BRYANT UNIVERSITY TRUSTEE OR EMPLOYEE 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, QUESTION 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, QUESTION 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, QUESTION 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	BRYANT UNIVERSITY ADMINISTERS FEDERAL FINANCIAL AID AND PERKINS FUNDS TO THE STUDENTS WHO QUALIFY



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Bryant University

Employer identification number  
05-0258810

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BRU LLC 1150 DOUGLAS PIKE SMITHFIELD, RI 02917 23-1386793	REAL ESTATE	RI		982,573	BRYANT UNIV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
THE HCT CHARITABLE REMAINDER UNITRUST 90 ELM STREET PROVIDENCE, RI02903 05-6125338	CHARITABLE TRUST	RI	NA	TRUST	0	102,272	97 600 %

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to 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

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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]

Additional Data

Software ID:

Software Version:

EIN: 05-0258810

Name: Bryant University

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MICHAEL E FISHER CHAIR OF THE BOARD	20	X						0	0	0	
KATHLEEN C HITTNER MD VICE-CHAIR OF THE BOARD	20	X						0	0	0	
ROBERT P MEAD VICE-CHAIR OF THE BOARD	20	X						0	0	0	
RICHARD A PLOTKIN SECRETARY TO THE BOARD	20	X						0	0	0	
DAVID M BEIRNE TRUSTEE	20	X						0	0	0	
GEORGE E BELLO TRUSTEE	20	X						0	0	0	
ROBERT J CALABRO TRUSTEE	20	X						0	0	0	
JOSEPH C CAPEZZA JR TRUSTEE	20	X						0	0	0	
RICHARD A CAPOBIANCO TRUSTEE	20	X						0	0	0	
THOMAS CELONA TRUSTEE	20	X						0	0	0	
GERALD F CERCE TRUSTEE	20	X						0	0	0	
KRISTEN E COLLINS TRUSTEE	20	X						0	0	0	
WILLIAM J CONATY TRUSTEE	20	X						0	0	0	
HERBERT W CUMMINGS TRUSTEE	20	X						0	0	0	
NANCY DEVINEY TRUSTEE	20	X						0	0	0	
C CORRELL DURLING TRUSTEE	20	X						0	0	0	
DAVID R GAVITT TRUSTEE	20	X						0	0	0	
ALAN G HASSENFELD TRUSTEE	20	X						0	0	0	
SAMEER KANODIA TRUSTEE	20	X						0	0	0	
TRICIA M KORDALSKI TRUSTEE	20	X						0	0	0	
DOUGLAS S KRUPP TRUSTEE	20	X						0	0	0	
ALBERTO J LAGRECA TRUSTEE	20	X						0	0	0	
JOANNA T LAU TRUSTEE	20	X						0	0	0	
DEBORAH MAY TRUSTEE	20	X						0	0	0	
KRISTIAN P MOOR TRUSTEE	20	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(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			
DONALD R QUATTRUCCI TRUSTEE	2 0	X						0	0	0
DONALD O ROSS TRUSTEE	2 0	X						0	0	0
ELIZABETH SCHLATTERER TRUSTEE	2 0	X						0	0	0
JAMES J SKEFFINGTON TRUSTEE	2 0	X						0	0	0
CHERYL W SNEAD TRUSTEE	2 0	X						0	0	0
WALTER STEPAN Trustee	2 0	X						0	0	0
SHIVAN S SUBRAMANIAM TRUSTEE	2 0	X						0	0	0
JANICE WILBUR SULLIVAN Trustee	2 0	X						0	0	0
ROBERT D WALES Trustee	2 0	X						0	0	0
RITA WILLIAMS-BOGAR Trustee	2 0	X						0	0	0
RONALD K MACHTLEY PRESIDENT	50 0	X		X				466,499	0	103,529
BARRY F MORRISON VP BUSINESS AFFAIRS/TREASURER	50 0			X				283,178	0	60,832
VK UNNI VP ACADEMIC AFFAIRS	50 0			X				263,690	0	45,207
ARTHUR S GLOSTER II VP INFORMATION SERVICES	50 0			X				240,951	0	45,671
JAMES L DAMRON VP UNIVERSITY ADVANCEMENT	50 0			X				219,604	0	42,863
LORNA J HUNTER VP ENROLLMENT MANAGEMENT	50 0			X				212,899	0	86,099
J THOMAS EAKIN VP STUDENT AFFAIRS/DEAN	50 0			X				200,354	0	64,920
ROGER L ANDERSON EXEC ASST TO THE PRESIDENT	50 0			X				195,790	0	18,442
LINDA S LULLI ASSOC VP FOR HUMAN RESOURCES	50 0				X			198,318	0	22,502
JACK W TRIFTS DEAN, COLLEGE OF BUSINESS	50 0				X			198,043	0	38,385
DAVID S LUX DEAN,COLLEGE OF ARTS & SCIENCE	50 0				X			162,228	0	80,672
DAVID A LOUTON PROFESSOR	50 0					X		200,656	0	94,615
TIMOTHY J O'SHEA MEN'S BASKETBALL COACH	50 0					X		186,603	0	35,348
CHARLES P CULLINAN PROFESSOR	50 0					X		184,660	0	35,300
HAKAN SARAOGU PROFESSOR	50 0					X		184,186	0	35,104

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former
DENNIS M BLINE PROFESSOR	50 0					X	
						180,896	
							0
							34,753

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
TUITION AND FEES	900,099	108,619,228	108,619,228		
AUXILIARY ENTERPRISES	721,310	35,068,992	33,498,214	1,570,778	
STUDENT SERVICES REVENUES	900,099	1,089,457	1,089,457		
FEES & CONTRACTS FROM GOV'T AGENCIES	900,099	777,565	777,565		
PUBLIC SERVICE PROGRAMS	900,099	178,358	178,358		



Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DINING SERVICES	6,837,444	6,835,599	1,845	
FACILITY REPAIRS	983,290	963,720	19,216	354
ACTIVITIES EXPENSE	751,711	737,910	3,726	10,075
SOPHOMORE INT'L EXP	559,944	559,944		
STUDY ABROAD PAYMENTS	2,317,293	2,317,293		

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	1451	15,841,641			
ACADEMIC SCHOLARSHIPS	816	10,395,901			
DIVERSITY AWARDS	201	3,850,225			
ATHLETIC AWARDS	282	3,656,154			
ENDOWED SCHOLARSHIPS	167	1,044,903			
SPECIAL PROGRAMS	167	566,032			
ANNUAL GIFTS	72	401,095			
SEOG PROGRAM	472	316,900			
FWS COMMUNITY SERVICE	38	47,724			

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)	419,894	0	46,605	27,840	75,689	570,028	0
	(ii)	0	0	0	0	0	0	0
BARRY F MORRISON	(i)	261,204	21,614	360	42,840	17,992	344,010	0
	(ii)	0	0	0	0	0	0	0
VK UNNI	(i)	223,319	20,823	19,548	27,715	17,492	308,897	0
	(ii)	0	0	0	0	0	0	0
ARTHUR S GLOSTER II	(i)	198,933	22,614	19,404	25,169	20,502	286,622	0
	(ii)	0	0	0	0	0	0	0
JAMES L DAMRON	(i)	189,178	21,651	8,775	24,171	18,692	262,467	0
	(ii)	0	0	0	0	0	0	0
LORNA J HUNTER	(i)	171,316	21,947	19,636	20,078	66,021	298,998	0
	(ii)	0	0	0	0	0	0	0
J THOMAS EAKIN	(i)	164,379	24,391	11,584	20,078	44,842	265,274	0
	(ii)	0	0	0	0	0	0	0
LINDA S LULLI	(i)	177,266	19,468	1,584	19,823	2,679	220,820	0
	(ii)	0	0	0	0	0	0	0
JACK W TRIFTS	(i)	197,491	0	552	19,520	18,865	236,428	0
	(ii)	0	0	0	0	0	0	0
ROGER L ANDERSON	(i)	157,461	13,297	25,032	17,523	919	214,232	0
	(ii)	0	0	0	0	0	0	0
DAVID S LUX	(i)	160,644	0	1,584	17,399	63,273	242,900	0
	(ii)	0	0	0	0	0	0	0
DAVID A LOUTON	(i)	200,296	0	360	19,110	75,505	295,271	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY J O'SHEA	(i)	148,761	0	37,842	12,240	23,108	221,951	0
	(ii)	0	0	0	0	0	0	0
CHARLES P CULLINAN	(i)	184,300	0	360	17,830	17,470	219,960	0
	(ii)	0	0	0	0	0	0	0
HAKAN SARA OGLU	(i)	183,826	0	360	19,135	15,969	219,290	0
	(ii)	0	0	0	0	0	0	0
DENNIS M BLINE	(i)	180,344	0	552	16,539	18,214	215,649	0
	(ii)		0	0	0	0	0	