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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			
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	C Name of organization Bryant University		D Employer identification number 05-0258810
	Doing Business As		E Telephone number (401) 232-6005
	Number and street (or P O box if mail is not delivered to street address) 1150 Douglas Pike	Room/suite	
	City or town, state or country, and ZIP + 4 Smithfield, RI 02917		G Gross receipts \$ 200,784,674
	F Name and address of principal officer RONALD K MACHTLEY 1150 DOUGLAS PIKE SMITHFIELD, RI 029171284	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BRYANT.EDU			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1863	M State of legal domicile RI

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities BRYANT 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,856	
6 Total number of volunteers (estimate if necessary)	6	500	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,587,333	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,234,730	Current Year 4,488,816
	9 Program service revenue (Part VIII, line 2g)	145,733,600	152,022,144
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,886,544	1,483,271
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,422,030	1,433,908
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	158,276,904	159,428,139
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,207,406	40,403,105
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,808,486	64,488,418
	16a Professional fundraising fees (Part IX, column (A), line 11e)	179,837	210,908
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,175,221		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	53,630,260	56,398,837
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	152,825,989	161,501,268
	19 Revenue less expenses Subtract line 18 from line 12	5,450,915	-2,073,129
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 327,166,413
21 Total liabilities (Part X, line 26)		124,456,990	121,284,180
22 Net assets or fund balances Subtract line 21 from line 20		202,709,423	232,817,039

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

Sign Here	***** Signature of officer		2012-05-11 Date		
	BARRY F MORRISON VP BUSINESS AFFAIRS/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 60 South Street Boston, MA 02111				Phone no ▶ (617) 988-1000

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

Part III

Statement of Program Service Accomplishments

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

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 SEE SCHEDULE O

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

checked

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

checked

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 \$ 125,153,314 including grants of \$ 40,403,105) (Revenue \$ 116,916,116)

UNDERGRADUATE, GRADUATE AND CERTIFICATE PROGRAMS - INCLUDING ACADEMIC SUPPORT AND STUDENT SERVICES SEE SCHEDULE O

4b

(Code) (Expenses \$ 11,227,278 including grants of \$ 0) (Revenue \$ 35,395,600)

AUXILIARY SERVICES - DINING AND HOUSING SEE SCHEDULE O

4c

(Code) (Expenses \$ 3,732,228 including grants of \$ 0) (Revenue \$ 973,834)

PUBLIC SERVICE SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

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

4e























Total program service expenses

\$ 140,112,820

Form 990 (2010)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	473
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,856
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

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

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

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

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,880,373	0	914,884

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▶113

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ANTHONY LAPRESTE DBA CMS CONSULTI 4 WHITTIER ROAD MILFORD, MA 017571230	CONSULTANT	282,463
BARCLAYS CAPITAL INC 150 COOLIDGE AVENUE WATERTOWN, MA 024710318	INVESTEMENT BANKING	240,619
WOZNEYBARBER ASSOCIATES INC 1090 WASHINGTON STREET HANOVER, MA 02339	ARCHITECTURE/DESIGN	202,212
RUFFALO CODY PO BOX 3018 CEDER RAPIDS, IA 524063018	PROF FUNDRAISING	188,744
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 02110	INVESTMENT MANAGMENT	179,109
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 ▶13		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	115,356				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	668,583				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,704,877				
	g	Noncash contributions included in lines 1a-1f \$		162,888				
	h	Total. Add lines 1a-1f		4,488,816				
	Program Service Revenue	2a	Business Code					
		TUITION AND FEES	900099	114,287,163	114,287,163			
b		AUXILIARY ENTERPRISES	721310	35,395,599	33,914,118	1,481,481		
c		STUDENT SERVICES REVENUES	900099	1,365,548	1,365,548			
d		FEES & CONTRACTS FROM GOV'T AGENCIES	900099	833,476	833,476			
e		PUBLIC SERVICE PROGRAMS	900099	140,358	140,358			
f		All other program service revenue						
g		Total. Add lines 2a-2f		152,022,144				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		1,136,725		105,852	1,030,873
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	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			
				41,393,714	213,704			
		b	Less cost or other basis and sales expenses		40,973,528	287,344		
		c	Gain or (loss)		420,186	-73,640		
	d	Net gain or (loss)				346,546		346,546
	8a	Gross income from fundraising events (not including \$ 115,356 of contributions reported on line 1c) See Part IV, line 18		a				
				73,066				
		b	Less direct expenses	b	95,053			
	c	Net income or (loss) from fundraising events . . .				-21,987		-21,987
	9a	Gross income from gaming activities See Part IV, line 19		a	11,490			
		b	Less direct expenses	b	610			
		c	Net income or (loss) from gaming activities . . .				10,880	
	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		900099	590,900	590,900			
	b	LAPTOP PROGRAM	900099	129,579	129,579			
	c	ALUMNI EVENTS	900099	66,355	0		66,355	
	d	All other revenue		658,181	542,927		115,254	
	e	Total. Add lines 11a-11d		1,445,015				
12	Total revenue. See Instructions			159,428,139	151,804,069	1,587,333	1,547,921	

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	35,930	35,930		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	39,325,487	39,325,487		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,041,688	1,041,688		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,751,988	905,833	2,706,214	139,941
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	228,733	138,003	90,730	
7	Other salaries and wages	45,817,000	39,496,822	5,247,744	1,072,434
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,395,925	3,123,411	209,967	62,547
9	Other employee benefits	8,103,840	7,268,777	608,164	226,899
10	Payroll taxes	3,190,932	2,750,762	365,480	74,690
a	Fees for services (non-employees) Management	0			
b	Legal	207,605		207,605	
c	Accounting	164,571		163,400	1,171
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	210,908			210,908
f	Investment management fees	2,195,985		2,195,985	
g	Other	2,948,083	1,091,178	1,835,857	21,048
12	Advertising and promotion	2,200,483	935,535	1,162,731	102,217
13	Office expenses	2,322,957	1,913,293	315,007	94,657
14	Information technology	1,628,845	1,009,661	619,032	152
15	Royalties	0			
16	Occupancy	3,024,626	2,604,808	419,818	
17	Travel	3,511,478	3,211,666	246,499	53,313
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	419,046	350,925	64,792	3,329
20	Interest	3,915,173	3,711,192	203,981	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,494,913	16,392,743	102,170	
23	Insurance	691,440	69,836	621,604	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DINING SERVICES	6,891,827	6,887,664	3,218	945
b	FACILITY REPAIRS	979,690	957,646	21,246	798
c	ACTIVITIES EXPENSE	739,499	730,547	8,952	
d	SOPHOMORE INT'L EXP	627,275	627,275		
e	STUDY ABROAD PAYMENTS	2,551,109	2,551,109	0	
f	All other expenses	4,884,232	2,981,029	1,793,031	110,172
25	Total functional expenses. Add lines 1 through 24f	161,501,268	140,112,820	19,213,227	2,175,221
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			28,841,098	2	37,284,977
	3	Pledges and grants receivable, net			272,406	3	667,305
	4	Accounts receivable, net			1,493,621	4	1,915,834
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			5,722,970	7	5,558,147
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,504,139	9	1,539,830
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	291,641,259			
	b	Less: accumulated depreciation	10b	137,574,316	159,478,033	10c	154,066,943
	11	Investments—publicly traded securities			71,792,446	11	79,596,706
	12	Investments—other securities. See Part IV, line 11			58,061,486	12	73,471,386
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			214	15	91
16	Total assets. Add lines 1 through 15 (must equal line 34)			327,166,413	16	354,101,219	
Liabilities	17	Accounts payable and accrued expenses			15,033,208	17	16,014,171
	18	Grants payable				18	
	19	Deferred revenue			7,556,038	19	7,109,831
	20	Tax-exempt bond liabilities			84,617,436	20	82,733,984
	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			17,250,308	25	15,426,194
	26	Total liabilities. Add lines 17 through 25			124,456,990	26	121,284,180
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			185,330,438	27	212,045,210
	28	Temporarily restricted net assets			5,558,975	28	8,606,103
	29	Permanently restricted net assets			11,820,010	29	12,165,726
	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			202,709,423	33	232,817,039
34	Total liabilities and net assets/fund balances			327,166,413	34	354,101,219	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,428,139
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,501,268
3	Revenue less expenses Subtract line 2 from line 1	3	-2,073,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	202,709,423
5	Other changes in net assets or fund balances (explain in Schedule O)	5	32,180,745
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	232,817,039

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Reason for Public Charity Status (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 described in **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?

11g(i)

☐

☐

(ii)

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

11g(ii)

☐

☐

(iii)

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

11g(iii)

☐

☐

h

☐

Provide the following information about the supported organization(s)

(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									

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

2010

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

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	126,118,730	120,209,492	168,494,180	
b	Contributions	376,248	360,255	303,105	
c	Investment earnings or losses	30,973,741	13,318,034	-38,987,139	
d	Grants or scholarships	1,926,871	1,979,783	1,809,596	
e	Other expenditures for facilities and programs	4,630,473	4,500,001	6,044,204	
f	Administrative expenses	2,195,985	1,289,267	1,746,854	
g	End of year balance	148,715,390	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 ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

☐ 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		2,953,236		2,953,236
b Buildings		218,735,716	91,473,439	127,262,277
c Leasehold improvements				
d Equipment		50,915,803	39,715,324	11,200,479
e Other		19,036,504	6,385,553	12,650,951
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				154,066,943

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	159,428,139
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	161,501,268
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,073,129
4	Net unrealized gains (losses) on investments	4	28,304,076
5	Donated services and use of facilities	5	
6	Investment expenses	6	2,195,985
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,680,687
9	Total adjustments (net) Add lines 4 - 8	9	32,180,748
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,107,619

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	148,234,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	28,304,076
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-39,593,214
e	Add lines 2a through 2d	2e	-11,289,138
3	Subtract line 2e from line 1	3	159,523,802
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	-95,663
c	Add lines 4a and 4b	4c	-95,663
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	159,428,139

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	118,127,046
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	95,663
e	Add lines 2a through 2d	2e	95,663
3	Subtract line 2e from line 1	3	118,031,383
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	2,195,985
b	Other (Describe in Part XIV)	4b	41,273,900
c	Add lines 4a and 4b	4c	43,469,885
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	161,501,268

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
PART X LINE 2		THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE BRU LLC, A WHOLLY OWNED SUBSIDIARY, IS A DISREGARDED ENTITY FOR TAX PURPOSES ACCORDINGLY, ANY TAX LIABILITY OF BRU LLC WOULD BE REPORTED BY THE UNIVERSITY THE UNIVERSITY BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS
CHANGE IN NET ASSETS	PART XI, LINE 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS \$ 1,745,083 CHANGE IN SPLIT INTEREST AGREEMENT \$ (64,396) TOTAL \$ 1,680,687
RECONCILIATION OF REVENUE	PART XII, LINE 2D	SCHOLARSHIPS AND GRANTS \$(40,367,175) ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ (163,040) ACCRUAL OF OTHER NONOPERATING LIABILITY \$ (743,686) CHANGE IN SPLIT INTEREST AGREEMENT \$ (64,396) CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS \$ 1,745,083 TOTAL \$(39,593,214) PART XII, LINE 4B FUNDRAISING \$ (95,053) GAMING EXPENSES \$ (610) TOTAL \$ (95,663)
RECONCILIATION OF EXPENSES	PART XIII, LINE 2D	FUNDRAISING EXPENSES \$ 95,053 GAMING EXPENSES \$ 610 TOTAL \$ 95,663 PART XIII, LINE 4B SCHOLARSHIPS AND GRANTS \$ 40,367,175 ACCRUAL OF LIABILITY FOR ASSET REMEDIATION 163,040 ACCRUAL OF OTHER NONOPERATING LIABILITY 743,685 TOTAL \$ 41,273,900

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

2010

Open to Public
Inspection

Name of the organization
Bryant University

Employer identification number

05-0258810

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

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

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE E QUESTION 3		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.
SCHEDULE E QUESTION 6A		BRYANT UNIVERSITY ADMINISTERS FEDERAL FINANCIAL AID AND PERKINS FUNDS TO THE STUDENTS WHO QUALIFY.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I

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

- 1

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

Yes

No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	1,170,342
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	148,925
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	2,978,099
South America	0	0	Program Services	STUDY ABROAD	69,750
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	26,740
North America	0	0	Program Services	INTERNATIONAL LEARNING	1,464
Central America and the Caribbean	0	0	Program Services	STUDENT RECRUITING	4,185
East Asia and the Pacific	0	0	Program Services	STUDENT RECRUITING	11,930
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDENT RECRUITING	15,095
Middle East and North Africa	0	0	Program Services	STUDENT RECRUITING	6,421
North America	0	0	Program Services	STUDENT RECRUITING	921
South Asia	0	0	Program Services	STUDENT RECRUITING	2,494
Sub-Saharan Africa	0	0	Program Services	STUDENT RECRUITING	2,401
Europe (Including Iceland and Greenland)	0	0	Program Services	SPORTS TRAVEL	88,420
Europe (Including Iceland and Greenland)	0	0	Unrelated Trade or Business		4,123
Central America and the Caribbean	0	0	Investments		17,994,946
3a Sub-total	0	0			22,526,256
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			22,526,256

1

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

3 Enter total number of other organizations or entities ► _____

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	East Asia/Pacific	35	254,578	STUDENT ACCT			
SCHOLARSHIPS	Cent America/Caribbean	1	8,500	STUDENT ACCT			
SCHOLARSHIPS	Europe/Iceland/Greenland	93	740,985	STUDENT ACCT			
SCHOLARSHIPS	South America	3	37,625	STUDENT ACCT			

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☐ Yes ☒ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

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

☒ Yes ☐ No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
MONITOR THE USE OF GRANTS FUNDS OUTSIDE THE U S	PART I, LINE 2	THE UNIVERSITY ONLY DISTRIBUTES GRANTS DIRECTLY INTO STUDENT ACCOUNTS TO OFFSET THE STUDENT'S OUTSTANDING BALANCE FOR THE SEMESTER TO ENSURE THESE FUNDS HAVE BEEN UTILIZED FOR THEIR INTENDED PURPOSE

Identifier	Return Reference	Explanation
ACCOUNTING METHOD	PART I, LINE 3, COLUMN (F)	THE UNIVERSITY USED THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES IN EACH REGION. INVESTMENTS ARE MEASURED AT FAIR MARKET VALUE.

Employer identification number
05-0258810

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and e-mail solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY	PHONATHON SERVICES		No	304,791	152,798	151,993
MARTS LUNDY	FUNDRAISING CONSULTING		No		50,110	-50,110
LISA HUROWITZ	FUNDRAISING CONSULTING		No		8,000	-8,000
Total				304,791	210,908	93,883

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

MA, 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 TOURNAMENT</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	188,422		188,422
	2	Less Charitable contributions	115,356		115,356
	3	Gross income (line 1 minus line 2)	73,066		73,066
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	2,500		2,500
	6	Rent/facility costs	31,240		31,240
	7	Food and beverages	13,983		13,983
	8	Entertainment			
	9	Other direct expenses	47,330		47,330
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-21,987

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	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 type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name ▶ _____

Address ▶ 1150 DOUGLAS PIKE
SMITHFIELD, RI 02917

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

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

Identifier	ReturnReference	Explanation
PART 1, LINE 2B		INCLUDED IN RUFFALO CODY PAYMENTS OF \$152,798 ARE PAYMENTS FOR FUNDRAISING EXPENSES OF \$3,002 THE UNIVERSITY IS BILLED SEPARATELY FOR ANY FUNDRAISING EXPENDITURES RUFFALO CODY IS SEEKING PAYMENT FOR THESE EXPENDITURES ARE SPECIFICALLY IDENTIFIED LINE ITEMS ON THE INVOICES THAT ARE PRESENTED FOR PAYMENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Bryant University

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

2010

Open to Public
Inspection

Employer identification number

05-0258810

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
(1) RHODE ISLAND PUBLIC EXPENDITURE COUNCIL86 WEYBOSSET ST PROVIDENCE,RI 02903	05-0271571	501(C)(3)	7,500	0			SPONSORSHIP
(2) BIG SISTERS OF RHODE ISLAND1540 PONTIAC AVENUE CRANSTON,RI 02920	22-2606942	501(C)(3)	5,300	0			SPONSORSHIP

2

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

2

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE U S	PART II	THE UNIVERSITY PROVIDED ASSISTANCE TO THESE ORGANIZATIONS BY CONTRIBUTING TO THEIR FUNDRAISING EVENTS THE UNIVERSITY DID NOT TAKE A CHARITABLE CONTRIBUTION DEDUCTION ON ITS FORM 990-T
GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U S	PART III	ALL FEDERAL TITLE IV FUNDS RECEIVED BY BRYANT UNIVERSITY ARE MANAGED IN STRICT COMPLIANCE WITH ALL REQUIREMENTS SET FORTH IN THE PROGRAM PARTICIPATION AGREEMENT, A FORMAL AGREEMENT BETWEEN BRYANT UNIVERSITY AND THE U S DEPARTMENT OF EDUCATION THE PROGRAM PARTICIPATION AGREEMENT IS PERSONALLY ENDORSED BY BOTH THE CHIEF EXECUTIVE OFFICER OF BRYANT UNIVERSITY AND THE SECRETARY OF THE U S DEPARTMENT OF EDUCATION COMPLIANCE WITH ALL TITLE IV REQUIREMENTS IS MONITORED BY THE DIRECTOR OF FINANCIAL AID WITH THE ASSISTANCE OF FOUR PROFESSIONAL FINANCIAL AID ADMINISTRATORS AND FOUR SUPPORT STAFF MEMBERS COMPLIANCE CAPABILITY IS GREATLY ENHANCED THROUGH THE USE OF THE BANNER INTERGRATED MANAGEMENT INFORMATION SYSTEM AND ITS EFFECTIVE INTERFACE WITH OTHER DEPARTMENT OF EDUCATION SYSTEMS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

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

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

For each individual whose compensation must be reported 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				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 ONE TRIP WITH HIS SPOUSE, KATI MACHTLEY, ON UNIVERSITY RELATED BUSINESS. 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. EXPENSES RELATED TO THESE TRIPS FOR MRS. MACHTLEY PAID FOR BY BRYANT UNIVERSITY TOTALLED \$779 AND ARE NON-TAXABLE. THE UNIVERSITY ALSO PAID \$7,700 FOR PRESIDENT MACHTLEY'S MEMBERSHIPS AND ASSOCIATED FEES FOR TWO SEPARATE SOCIAL CLUBS. THESE MEMBERSHIPS ARE OBTAINED FOR BUSINESS PURPOSES ONLY. THESE AMOUNTS ARE INCLUDED AS NON-TAXABLE BENEFITS IN PART II. AS A CONDITION OF THEIR EMPLOYMENT, THE UNIVERSITY PROVIDED ON-CAMPUS HOUSING FOR PRESIDENT MACHTLEY, FOR J. THOMAS EAKIN, VICE PRESIDENT OF STUDENT AFFAIRS, AND JOSE-MARIE GRIFFITHS, VICE PRESIDENT OF ACADEMIC AFFAIRS. THE UNIVERSITY PROVIDES CUSTODIAL SERVICES TO MAINTAIN THE HOUSING. THESE AMOUNTS ARE INCLUDED AS NON-TAXABLE BENEFITS IN PART II.
NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN	PART I, LINE 4B	RONALD MACHTLEY AND BARRY MORRISON PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN. \$15,000 WAS CONTRIBUTED TO THE PLAN IN 2010 BUT NO AMOUNTS WERE PAID OUT TO EITHER PARTICIPANT. OTHER COMPENSATION DETAILS: 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

2010

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A RHODE ISLAND HEALTH AND EDUCATION BUILDING CORP	52-1300173	762197CE9	04-24-2008	50,420,000	REFUNDING 12/8/05 & 6/21/07 BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	50,420,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	395,680							
8	Credit enhancement from proceeds	24,320							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	50,000,000							
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	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	
		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 that may result in private business use of bond-financed property?	X							

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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	0 500 %							
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	2 300 %							
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 IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	WELLS FARGO BARCLAYS							
c	Term of hedge	26 5							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
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							

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

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
(1) NA	N/A	32,819

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) T ABRAHAM HUNTER	SPOUSE OF LORNA HUNTER	46,968	SALARY & BENEFITS PAID BY UNIV		No
(2) KATI MACHTLEY	SPOUSE OF RONALD MACHTLEY	81,150	SALARY & BENEFITS PAID BY UNIV		No
(3) COLLEEN ANDERSON	SPOUSE OF ROGER ANDERSON	56,853	SALARY & BENEFITS PAID BY UNIV		No
(4) ZANETA HUNTER	DAUGHTER OF LORNA HUNTER	43,762	SALARY & BENEFITS PAID BY UNIV		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Part III

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

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	PART I, COLUMN B	DENOTES THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE FISCAL PERIOD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization Bryant University	Employer identification number 05-0258810
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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	<p>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 3,292 AND THE GRADUATE PROGRAM WAS 179 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 85% 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 SEVERAL 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</p>

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	PART IV, LINE 4	THE UNIVERSITY IS A MEMBER IN CERTAIN PROFESSIONAL ORGANIZATIONS, INCLUDING THE NATIONAL ASSOCIATION OF COLLEGES AND UNIVERSITY BUSINESS OFFICERS, AND OTHER REGIONAL ORGANIZATIONS. A PORTION OF THESE MEMBERSHIP DUES MAY BE CONSIDERED LOBBYING EXPENSES, BUT THE UNIVERSITY HAS NOT MADE ANY INTERNAL ALLOCATION OF SUCH DUES TO LOBBYING.

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	PART VI, SECTION A, QUESTION 2	THE FOLLOWING MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ARE EMPLOYED BY LIFESPAN GEORGE VECCHIONE, PRESIDENT AND CEO, AND KATHLEEN HITTNER, MD 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 WITH 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 15A & 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 FOR 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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI LINE 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS 28,304,073 INVESTMENT EXPENSES 2,195,985 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 1,745,083 CHANGE IN SPLIT INTEREST AGREEMENT (64,396) ----- OTHER CHANGES IN NET ASSETS 32,180,745

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

2010

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
(1) BRU LLC 1150 DOUGLAS PIKE SMITHFIELD, RI 02917 23-1386793	REAL ESTATE	RI		935,842	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	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) THE HCT CHARITABLE REMAINDER UNITRUST 90 ELM STREET PROVIDENCE, RI02903 05-6125338	CHARITABLE TRUST	RI	NA	TRUST	0	105,946	82 000 %

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to 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

Yes

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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	
RICHARD A PLOTKIN VICE CHAIR	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 SECRETARY TO THE BOARD	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	
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 JR 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	
DONALD R QUATTRUCCI TRUSTEE	20	X						0	0	0	
JAMES J SKEFFINGTON 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				
CHERYL W SNEAD 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	
RITA WILLIAMS-BOGAR Trustee	2 0	X						0	0	0	
RONALD K MACHTLEY PRESIDENT	50 0	X		X				439,264	0	110,323	
CHRISTOPHER W BODINE TRUSTEE	2 0	X						0	0	0	
TODD G CAREY TRUSTEE	2 0	X						0	0	0	
CHRISTINA SHAW TRUSTEE	2 0	X						0	0	0	
GEORGE A VECCHIONE TRUSTEE	2 0	X						0	0	0	
BARRY F MORRISON VP BUSINESS AFFAIRS/TREASURER	50 0			X				284,797	0	60,780	
VK UNNI VP ACADEMIC AFFAIRS	50 0			X				291,864	0	46,309	
ARTHUR S GLOSTER II VP INFORMATION SERVICES	50 0			X				243,275	0	46,560	
JAMES L DAMRON VP UNIVERSITY ADVANCEMENT	50 0			X				221,828	0	48,093	
LORNA J HUNTER VP ENROLLMENT MANAGEMENT	50 0			X				210,441	0	51,579	
J THOMAS EAKIN VP STUDENT AFFAIRS/DEAN	50 0			X				201,371	0	65,817	
ROGER L ANDERSON EXEC ASST TO THE PRESIDENT	50 0			X				208,574	0	18,683	
JOSE-MARIE GRIFFITHS VP ACADEMIC AFFAIRS	50 0			X				145,378	0	63,062	
LINDA S LULLI ASSOC VP FOR HUMAN RESOURCES	50 0				X			200,120	0	22,623	
JACK W TRIFTS DEAN, COLLEGE OF BUSINESS	50 0				X			158,936	0	34,142	
DAVID S LUX DEAN,COLLEGE OF ARTS & SCIENCE	50 0				X			157,894	0	70,983	
CAROL W DEMORANVILLE INTERIM DEAN/COLLEGE OF BUSINE	50 0				X			163,102	0	33,486	
DAVID A LOUTON PROFESSOR	50 0					X		207,917	0	69,732	
CHARLES P CULLINAN PROFESSOR	50 0					X		181,227	0	36,623	
DENNIS M BLINE PROFESSOR	50 0					X		197,408	0	67,198	
CHARLES J QUIGLEY JR PROFFESOR	50 0					X		183,910	0	35,891	

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)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	
LAWRENCE H WITNER PROFESSOR	50 0					X	183,067
							0
							33,000

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	1623	16,483,397			
ACADEMIC SCHOLARSHIPS	974	11,713,273			
DIVERSITY AWARDS	222	4,353,600			
ATHLETIC AWARDS	332	4,422,936			
ENDOWED SCHOLARSHIPS	174	1,001,348			
SPECIAL PROGRAMS	146	551,439			
ANNUAL GIFTS	102	447,047			
SEOG PROGRAM	520	320,332			
FWS COMMUNITY SERVICE	26	32,115			

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)	399,897	0	39,367	27,840	82,483	549,587	0
	(ii)	0	0	0	0	0	0	0
BARRY F MORRISON	(i)	241,277	26,660	16,860	42,840	17,940	345,577	0
	(ii)	0	0	0	0	0	0	0
VK UNNI	(i)	246,656	25,660	19,548	27,840	18,469	338,173	0
	(ii)	0	0	0	0	0	0	0
ARTHUR S GLOSTER II	(i)	197,310	26,560	19,405	25,070	21,489	289,834	0
	(ii)	0	0	0	0	0	0	0
JAMES L DAMRON	(i)	189,990	23,260	8,578	29,270	18,823	269,921	0
	(ii)	0	0	0	0	0	0	0
LORNA J HUNTER	(i)	166,577	24,292	19,572	19,917	31,662	262,020	0
	(ii)	0	0	0	0	0	0	0
J THOMAS EAKIN	(i)	162,923	25,400	13,048	19,998	45,819	267,188	0
	(ii)	0	0	0	0	0	0	0
LINDA S LULLI	(i)	178,286	20,250	1,584	19,940	2,683	222,743	0
	(ii)	0	0	0	0	0	0	0
JACK W TRIFTS	(i)	158,392	0	544	15,387	18,755	193,078	0
	(ii)	0	0	0	0	0	0	0
ROGER L ANDERSON	(i)	160,942	20,100	27,532	17,753	930	227,257	0
	(ii)	0	0	0	0	0	0	0
DAVID S LUX	(i)	153,810	2,500	1,584	17,236	53,747	228,877	0
	(ii)	0	0	0	0	0	0	0
DAVID A LOUTON	(i)	207,365	0	552	19,360	50,373	277,650	0
	(ii)	0	0	0	0	0	0	0
CHARLES P CULLINAN	(i)	180,867	0	360	18,164	18,460	217,851	0
	(ii)	0	0	0	0	0	0	0
DENNIS M BLINE	(i)	196,376	0	1,032	16,861	50,337	264,606	0
	(ii)	0	0	0	0	0	0	0
JOSE-MARIE GRIFFITHS	(i)	144,776	0	602	13,996	49,066	208,440	0
	(ii)	0	0	0	0	0	0	0
CAROL W DEMORANVILLE	(i)	162,070	0	1,032	13,124	20,361	196,587	0
	(ii)	0	0	0	0	0	0	0
CHARLES J QUIGLEY JR	(i)	182,326	0	1,584	17,038	18,853	219,801	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE H WITNER	(i)	181,483	0	1,584	14,620	18,380	216,067	0
	(ii)	0	0	0	0	0	0	0