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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		
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 Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1150 Douglas Pike City or town, state or country, and ZIP + 4 Smithfield, RI 02917	D Employer identification number 05-0258810 E Telephone number (401) 232-6005 G Gross receipts \$ 201,827,427
	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'S MISSION IS TO DELIVER EXCEPTIONAL EDUCATION FOR SUCCESS IN AN AGE OF UNLIMITED GLOBAL OPPORTUNITY THE ENTIRE BRYANT COMMUNITY WILL BE BOLD IN RE-IMAGINING THE FUTURE
	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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,158,887
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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	<div>*****</div> <div>Signature of officer</div>	<div>2013-05-14</div> <div>Date</div>		
	<div>BARRY F MORRISON VP FOR BUSINESS AFFAIRS</div> <div>Type or print name and title</div>			
Paid Preparer's Use Only	<div>Preparer's signature</div>	<div>Date</div>	<div>Check if self-employed <input type="checkbox"/></div>	<div>Preparer's taxpayer identification number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div>	<div>KPMG LLP</div> <div>60 South Street</div> <div>Boston, MA 02111</div>	<div>EIN ▶</div>	<div>Phone no ▶ (617) 988-1000</div>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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'S MISSION IS TO DELIVER EXCEPTIONAL EDUCATION FOR SUCCESS IN AN AGE OF UNLIMITED GLOBAL OPPORTUNITY THE ENTIRE BRYANT COMMUNITY WILL BE BOLD IN RE-IMAGINING THE FUTURE 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

No

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

3

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

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 126,647,927 including grants of \$ 40,438,474) (Revenue \$ 122,201,548)

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

4b

(Code) (Expenses \$ 11,296,684 including grants of \$) (Revenue \$ 35,168,103)

AUXILIARY SERVICES - DINING AND HOUSING SEE SCHEDULE O

4c

(Code) (Expenses \$ 5,176,204 including grants of \$) (Revenue \$ 1,552,090)

PUBLIC SERVICE SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

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























4e

Total program service expenses

\$ 143,120,815

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
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. .	1a488	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a1,896	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	MR BARRY F MORRISON CPA 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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,047,651	0	916,914

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 121

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANTHONY LAPRESTE DBA CMS CONSULTI 4 WHITTIER ROAD MILFORD, MA 017571230	EDUCATIONAL SERVICES	250,204
OSHEAN INC SUITE 4026946 POST ROAD NORTH KINGSTON, RI 02852	COMMUNICATION SERV	172,750
KPMG LLP PO BOX 120579 DALLAS, TX 75132	AUDIT AND TAX SERV	171,900
ELIANCE INC 600 RIVER AVENUE PITTSBURGH, PA 15212	WEB DESIGN SERV	157,955
MIKE D'S CLEANING SERVICE PO BOX 188 JAMESTOWN, RI 02835	CUSTODIAL SERVICES	155,744

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	116,676			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	599,376			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,759,806			
	g	Noncash contributions included in lines 1a-1f \$ 218,833					
	h	Total. Add lines 1a-1f		7,475,858			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	119,354,599	119,354,599		
	b	AUXILIARY ENTERPRISES	721310	35,168,103	33,713,884	1,454,219	
	c	STUDENT SERVICES REVENUES	900099	1,404,095	1,396,245	7,850	
	d	FEES & CONTRACTS FROM GOV'T AGENCIES	900099	1,341,159	1,341,159		
	e	PUBLIC SERVICE PROGRAMS	900099	210,930	210,930		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		157,478,886			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)					
				1,228,791		-93,636	1,322,427
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	33,516,151	213,704			
	b	Less cost or other basis and sales expenses	33,192,877	287,344			
	c	Gain or (loss)	323,274	-73,640			
	d	Net gain or (loss)		249,633		86,150	163,483
	8a	Gross income from fundraising events (not including \$ 116,676 of contributions reported on line 1c) See Part IV, line 18					
		a	0				
	b	Less direct expenses	b	19,208			
	c	Net income or (loss) from fundraising events . .		-19,208			-19,208
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .		0			
	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	686,000	686,000			
b	LAPTOP PROGRAM	900099	102,609	102,609			
c	ALUMNI EVENTS	900099	88,942			88,942	
d	All other revenue		1,036,487	654,246		382,241	
e	Total. Add lines 11a-11d		1,914,038				
12	Total revenue. See Instructions		168,327,998	157,459,672	1,454,583	1,937,885	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	40,784	40,784		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	39,513,596	39,513,596		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	884,094	884,094		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,638,357	1,930,369	2,558,271	149,717
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	174,670	141,563	33,107	
7	Other salaries and wages	47,741,472	40,824,199	5,820,488	1,096,785
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,504,922	3,189,100	242,882	72,940
9	Other employee benefits	8,448,282	7,526,861	662,641	258,780
10	Payroll taxes	3,299,229	2,821,203	402,231	75,795
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	184,745	13,570	171,175	
c	Accounting	171,400		171,400	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	143,537			143,537
f	Investment management fees	2,327,883		2,327,883	
g	Other	3,237,292	1,750,645	1,467,050	19,597
12	Advertising and promotion	2,096,913	1,080,767	994,568	21,578
13	Office expenses	3,119,892	2,221,929	809,424	88,539
14	Information technology	2,104,098	1,324,658	766,936	12,504
15	Royalties	0			
16	Occupancy	2,709,826	2,351,045	358,781	
17	Travel	3,961,168	3,563,351	328,028	69,789
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	358,782	302,480	55,166	1,136
20	Interest	3,671,132	3,479,866	191,266	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,229,231	15,383,688	845,543	
23	Insurance	700,637	103,590	597,047	
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	7,008,600	7,005,678	2,872	50
b	FACILITY REPAIRS	1,268,071	1,261,505	4,767	1,799
c	ACTIVITIES EXPENSE	721,632	702,644	3,775	15,213
d	SOPHOMORE INT'L EXP	612,259	612,259		
e					
f	All other expenses	6,057,895	5,091,371	835,396	131,128
25	Total functional expenses. Add lines 1 through 24f	164,930,399	143,120,815	19,650,697	2,158,887
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			0	1	0
	2	Savings and temporary cash investments			37,284,977	2	45,802,323
	3	Pledges and grants receivable, net			667,305	3	3,108,301
	4	Accounts receivable, net			1,915,834	4	1,184,128
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			5,558,147	7	5,476,797
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,539,830	9	1,568,904
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	304,134,337			
	b	Less: accumulated depreciation	10b	151,775,535	154,066,943	10c	152,358,802
	11	Investments—publicly traded securities			79,596,706	11	73,541,899
	12	Investments—other securities. See Part IV, line 11			73,471,386	12	72,524,753
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			91	15	9,194
16	Total assets. Add lines 1 through 15 (must equal line 34)			354,101,219	16	355,575,101	
Liabilities	17	Accounts payable and accrued expenses			16,014,171	17	16,491,135
	18	Grants payable			0	18	0
	19	Deferred revenue			7,109,831	19	6,761,345
	20	Tax-exempt bond liabilities			82,733,984	20	81,034,773
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			15,426,194	25	22,953,205
	26	Total liabilities. Add lines 17 through 25			121,284,180	26	127,240,458
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			212,045,210	27	205,306,066
	28	Temporarily restricted net assets			8,606,103	28	9,440,026
	29	Permanently restricted net assets			12,165,726	29	13,588,551
	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			232,817,039	33	228,334,643
34	Total liabilities and net assets/fund balances			354,101,219	34	355,575,101	

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	168,327,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	164,930,399
3	Revenue less expenses Subtract line 2 from line 1	3	3,397,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	232,817,039
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,879,995
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	228,334,643

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

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

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

Part IIIPart III

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

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

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

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

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

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ 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) 2011

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	148,715,390	126,118,730	120,209,492	168,494,180
b	Contributions	1,742,124	1,376,248	2,360,255	303,105
c	Investment earnings or losses	585,867	30,973,741	13,318,034	-38,987,139
d	Grants or scholarships	1,721,211	1,926,871	1,979,783	1,809,596
e	Other expenditures for facilities and programs	5,191,289	5,630,473	6,500,001	6,044,204
f	Administrative expenses	2,327,883	2,195,985	1,289,267	1,746,854
g	End of year balance	141,802,998	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 ▶ 87 000 %

b

Permanent endowment ▶ 13 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,953,236		2,953,236
b Buildings		225,311,922	101,128,620	124,183,302
c Leasehold improvements				
d Equipment		54,060,884	43,154,907	10,905,977
e Other		21,808,294	7,492,008	14,316,287
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				152,358,802

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	168,327,998
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,930,399
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,397,599
4	Net unrealized gains (losses) on investments	4	-2,803,374
5	Donated services and use of facilities	5	
6	Investment expenses	6	2,327,883
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,404,508
9	Total adjustments (net) Add lines 4 - 8	9	-7,879,999
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,482,400

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	117,359,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,803,374
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-48,184,024
e	Add lines 2a through 2d	2e	-50,987,398
3	Subtract line 2e from line 1	3	168,347,206
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	-19,208
c	Add lines 4a and 4b	4c	-19,208
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	168,327,998

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	121,842,208
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	19,208
e	Add lines 2a through 2d	2e	19,208
3	Subtract line 2e from line 1	3	121,823,000
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	2,327,883
b	Other (Describe in Part XIV)	4b	40,779,516
c	Add lines 4a and 4b	4c	43,107,399
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	164,930,399

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 \$ (7,370,484) CHANGE IN SPLIT INTEREST AGREEMENT \$ (34,024) TOTAL \$ (7,404,508)
RECONCILIATION OF REVENUE	PART XII, LINE 2D	SCHOLARSHIPS AND GRANTS \$(40,397,690) ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ (264,909) CAPITAL CAMPAIGN EXPENSE \$ (68,441) ACCRUAL OF OTHER NONOPERATING LIABILITY \$ (48,476) CHANGE IN SPLIT INTEREST AGREEMENT \$ (34,024) CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS \$ (7,370,484) TOTAL \$(48,184,024) PART XII, LINE 4B FUNDRAISING EXPENSES \$ (19,208) TOTAL \$ (19,208)
RECONCILIATION OF EXPENSES	PART XIII, LINE 2D	FUNDRAISING EXPENSES \$ (19,208) TOTAL \$ (19,208) PART XIII, LINE 4B SCHOLARSHIPS AND GRANTS \$ 40,397,690 ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ 264,909 ACCRUAL OF OTHER NONOPERATING LIABILITY \$ 48,476 CAPITAL CAMPAIGN EXENDITURES \$ 68,441 TOTAL \$ 40,779,516

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> <div>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?</div>	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> <div>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</div>	5b		No
	5c		No
	5d		No
	5e		No
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	5f		No
	5g		No
	5h		No
	6a	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	6b		No
	7	Yes	
	6a	Yes	
	6b		No
<div>6a</div> <div>Does the organization receive any financial aid or assistance from a governmental agency?</div> <div>b Has the organization's right to such aid ever been revoked or suspended?</div> <div>If you answered "Yes" to either line 6a or line 6b, explain on Part II</div> <div>7</div> <div>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</div>			

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 HAS RECEIVED STUDENT FINANCIAL ASSISTANCE FUNDS THROUGH THE FOLLOWING U.S. DEPARTMENT OF EDUCATION PROGRAMS: 1. FEDERAL PELL GRANT, 2. FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, 3. FEDERAL WORK-STUDY, 4. FEDERAL PERKINS LOAN, 5. FEDERAL DIRECT LOAN. IT ALSO RECEIVES STUDENT GRANT AND SCHOLARSHIP ASSISTANCE THROUGH VARIOUS STATE AND GOVERNMENT AGENCIES INCLUDING THE RHODE ISLAND HIGHER EDUCATION ASSISTANCE AUTHORITY, THE MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE, AND OTHERS.

[illegible]

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	24	196,225	STUDENT ACCT			
SCHOLARSHIPS	Europe/Iceland/Greenland	78	652,319	STUDENT ACCT			
SCHOLARSHIPS	South America	2	24,050	STUDENT ACCT			
SCHOLARSHIPS	Sub-Saharan Africa	2	11,500	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.

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	1,075,210
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	183,688
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	2,059,223
South America	0	0	Program Services	STUDY ABROAD	25,270
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	28,940
North America	0	0	Program Services	STUDY ABROAD	647
Central America and the Caribbean	0	0	Program Services	STUDENT RECRUITING	2,175
East Asia and the Pacific	0	0	Program Services	STUDENT RECRUITING	5,820
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDENT RECRUITING	18,500
Middle East and North Africa	0	0	Program Services	STUDENT RECRUITING	3,696
North America	0	0	Program Services	STUDENT RECRUITING	4,418
South America	0	0	Program Services	STUDENT RECRUITING	2,569
South Asia	0	0	Program Services	STUDENT RECRUITING	3,400
Sub-Saharan Africa	0	0	Program Services	STUDENT RECRUITING	2,005
East Asia and the Pacific	0	0	Grantmaking	STUDY ABROAD	196,225
Europe (Including Iceland and Greenland)	0	0	Grantmaking	STUDY ABROAD	652,319
South America	0	0	Grantmaking	STUDY ABROAD	24,050
Sub-Saharan Africa	0	0	Grantmaking	STUDY ABROAD	11,500
Central America and the Caribbean	0	0	Investments		19,459,488
East Asia and the Pacific	0	0	Program Services	MAINT & BLD REL W CHIN	34,750

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I Fundraising Activities.

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

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

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- ☒ Yes

☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARTS LUNDY	FUNDRAISING CONSULTING		No	0	27,654	-27,654
HARRIS CONNECT	PHONATHON SERVICES		No	200,037	108,568	91,469
GRENZBACH GLIER ASSOCIATES	FUNDRAISING CONSULTING		No	0	16,383	-16,383
Total ▶				200,037	152,605	47,432

- 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
		GOLF TOURNAMENT (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	116,676		116,676
	2	Less Charitable contributions	116,676		116,676
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .	11,807		11,807
	6	Rent/facility costs . .			
	7	Food and beverages . .	4,549		4,549
	8	Entertainment			
	9	Other direct expenses .	2,852		2,852
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(19,208)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-19,208

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	<div><input type="checkbox"/> Yes <div></div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes <div></div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes <div></div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

<div>a</div> <div>The organization's facility</div>	<div>13a</div>	
<div>b</div> <div>An outside facility</div>	<div>13b</div>	

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
PLEASE SEE SCHEDULE O		

Schedule G (Form 990 or 990-EZ) 2011

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☒

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

2

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

3

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

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
PROCEDURES TO MONITOR THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2	THE UNIVERSITY DID PROVIDE ASSISTANCE FOR COMMUNITY SUPPORT TO VARIOUS ORGANIZATIONS THROUGH THEIR FUNDRAISING EVENTS, ALTHOUGH NO SINGLE ORGANIZATION RECEIVED OVER \$5,000 FROM THE UNIVERSITY DURING THE YEAR THE UNIVERSITY DID NOT TAKE A CHARITABLE CONTRIBUTION DEDUCTION ON ITS FORM 990-T FOR THIS SUPPORT
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 FIVE PROFESSIONAL FINANCIAL AID ADMINISTRATORS AND FOUR SUPPORT STAFF MEMBERS COMPLIANCE CAPABILITY IS GREATLY ENHANCED THROUGH THE USE OF THE BANNER INTERGRATED MANAGEMENT INFORMATION SYSTEM AND ITS EFFECTIVE INTERFACE WITH OTHER DEPARTMENT OF EDUCATION SYSTEMS

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
NEED-BASED GRANTS	1603	16,992,621			
ACADEMIC SCHOLARSHIPS	929	11,439,734			
DIVERSITY AWARDS	166	4,038,600			
ATHLETIC AWARDS	320	4,976,608			
ENDOWED SCHOLARSHIPS	177	925,560			
SPECIAL PROGRAMS	97	157,584			
ANNUAL GIFTS	157	628,570			
SEOG PROGRAM	515	323,902			
FWS COMMUNITY SERVICE	17	30,417			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	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	

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
BENEFITS	PART I, LINE 1A	RONALD MACHTLEY, PRESIDENT OF THE UNIVERSITY AND MEMBER OF THE BOARD OF TRUSTEES, TRAVELLED ON TWO TRIPS 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. THE COST OF MRS. MACHTLEY'S TRAVEL PAID FOR BY THE UNIVERSITY FOR THE TWO TRIPS WAS APPROXIMATELY \$8,900. J. THOMAS EAKIN, VICE PRESIDENT OF STUDENT AFFAIRS/DEAN OF STUDENTS TRAVELLED ON ONE TRIP WITH HIS SPOUSE, MARJORIE EAKIN, ON UNIVERSITY RELATED BUSINESS. THE EXPENSES WERE NOT CONSIDERED COMPENSATION FOR DR. EAKIN SINCE THE TRIPS WERE BUSINESS RELATED. THE COST OF MRS. EAKIN'S TRAVEL PAID FOR BY THE UNIVERSITY WAS APPROXIMATELY \$7,850. THE UNIVERSITY ALSO PAID \$4,100 FOR PRESIDENT MACHTLEY'S MEMBERSHIPS AND ASSOCIATED FEES FOR TWO SEPARATE SOCIAL CLUBS AND \$6,020 WAS PAID FOR TIMOTHY O'SHEA'S (MEN'S BASKETBALL COACH) MEMBERSHIP IN ONE SOCIAL CLUB. 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 2012 RELATED TO CALENDAR YEAR 2011.
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 PREMIUM PAYMENTS, AS WELL AS THE VALUE OF ON-CAMPUS HOUSING PROVIDED TO CERTAIN KEY EMPLOYEES UNDER THE REQUIREMENTS OF THEIR EMPLOYMENT CONTRACTS.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD K MACHTLEY	(i) (ii)	457,442 0	94,720 0	46,578 0	27,840 0	82,289 0	708,869 0	0 0
BARRY F MORRISON	(i) (ii)	266,808 0	23,618 0	17,052 0	42,840 0	19,275 0	369,593 0	0 0
JOSE-MARIE GRIFFITHS	(i) (ii)	245,616 0	24,390 0	3,569 0	23,720 0	64,629 0	361,924 0	0 0
ARTHUR S GLOSTER	(i) (ii)	227,449 0	25,432 0	19,405 0	27,840 0	22,377 0	322,503 0	0 0
JAMES L DAMRON	(i) (ii)	199,205 0	24,412 0	14,087 0	30,792 0	20,456 0	288,952 0	0 0
LORNA J HUNTER	(i) (ii)	166,756 0	24,200 0	18,935 0	20,562 0	62,908 0	293,361 0	0 0
ROGER L ANDERSON	(i) (ii)	163,429 0	19,950 0	35,584 0	18,268 0	8,177 0	245,408 0	0 0
J THOMAS EAKIN	(i) (ii)	163,321 0	25,300 0	19,548 0	20,884 0	48,733 0	277,786 0	0 0
CAROL W DEMORANVILLE	(i) (ii)	166,441 0	0 0	1,032 0	14,125 0	18,824 0	200,422 0	0 0
MICHAEL R COOPER	(i) (ii)	163,782 0	0 0	18,032 0	14,171 0	12,724 0	208,709 0	0 0
LINDA S LULLI	(i) (ii)	180,556 0	20,250 0	13,584 0	21,639 0	2,584 0	238,613 0	0 0
DAVID S LUX	(i) (ii)	153,548 0	5,000 0	3,048 0	17,729 0	40,559 0	219,884 0	0 0
DENNIS M BLINE	(i) (ii)	191,451 0	0 0	1,032 0	17,670 0	20,419 0	230,572 0	0 0
CHARLES P CULLINAN	(i) (ii)	189,546 0	0 0	360 0	18,830 0	19,359 0	228,095 0	0 0
DAVID A LOUTON	(i) (ii)	212,571 0	0 0	552 0	19,918 0	52,560 0	285,601 0	0 0
TIMOTHY J O'SHEA	(i) (ii)	135,861 0	0 0	60,475 0	13,199 0	28,484 0	238,019 0	0 0
VK UNNI	(i) (ii)	200,676 0	0 0	3,048 0	23,171 0	19,359 0	246,254 0	0 0

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

2011

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 Educational Bldng Corp	52-1300173	762197CE9	04-24-2008	50,420,000	Refunding 12/8/05 Bonds & 6/21/07		X		X		X
B Rhode Island Health and Educational Bldng Corp	52-1300173	762197HQ7	11-29-2011	23,255,000	Refunding 1/24/01 Bonds		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		23,805,000					
2	Amount of bonds defeased	0		0					
3	Total proceeds of issue	50,420,000		24,160,304					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	395,680		262,729					
8	Credit enhancement from proceeds	24,320		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	50,000,000		23,897,575					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2008		2002					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 500 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) 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 IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	Wells FargoBarclays		0					
c	Term of hedge	2 6 5							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O	0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

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	21,909

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) COLLEEN ANDERSON	SPOUSE OF ROGER ANDERSON	56,753	SALARY & BENEFITS PAID BY UNIV		No
(2) ZANETA HUNTER	DAUGHTER OF LORNA HUNTER	33,107	SALARY & BENEFITS PAID BY UNIV		No
(3) KATI MACHTLEY	WIFE OF RONALD MACHTLEY	84,811	SALARY & BENEFITS PAID BY UNIV		No
(4) SHIVAN SUBRAMANIAM	TRUSTEE	119,483	INSURANCE COVERAGE		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,900	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	150,617	AVERAGE OF HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
GOLF TOURN & REGIONAL ALUMNI				
25 Other ► (EVENTS)	X	56	11,126	FMV
JEWELRY FOR WOMEN'S				
26 Other ► (SUMMIT)	X	1	15,280	FMV
SOFTWARE, ACADEMICS				
27 Other ► (& MISCS)	X	4	3,910	FMV
28 Other ► (ATHLETICS)	X	2	36,000	FMV

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

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

Part III

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

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
Bryant University**Employer identification number**

05-0258810

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	PART III, LINE 1	STRATEGIC VISION 2020 BRYANT TODAY IS THE CULMINATION OF NEARLY 150 YEARS OF CONTINUOUS GROWTH AND INNOVATION. THROUGHOUT THE UNIVERSITY'S HISTORY, OUR RIGOROUS AND INNOVATIVE ACADEMIC PROGRAMS HAVE INTEGRATED THEORY AND PRACTICE IN RELEVANT AND MEANINGFUL WAYS THAT EMPOWER OUR STUDENTS AND ARE HIGHLY VALUED IN THE MARKET PLACE. BUILDING ON THE GROWTH AND MOMENTUM OF THE PAST 15 YEARS, VISION 2020 WILL GUIDE US ON A PATH TO AN EVEN STRONGER, ENDURING FUTURE. STRATEGIC PILLARS o INTEGRATION OF ACADEMIC AND STUDENT LIFE o GLOBAL PERSPECTIVE o INNOVATION AND CREATIVITY o CHARACTER AND LEADERSHIP. 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 3,469 AND THE GRADUATE PROGRAM WAS 200 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 84% 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 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
COMPENSATION POLICY	PART VI, SECTION B, QUESTION 15A & 15B	<p>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.</p>

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 (2,803,374) INVESTMENT EXPENSES 2,327,883 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (7,370,484) CHANGE IN SPLIT INTEREST AGREEMENT (34,024) ----- OTHER CHANGES IN NET ASSETS 7,879,999

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B		HARRIS CONNECT OF THE \$108,568 TOTAL,\$99,500 IS FOR PROFESSIONAL FUNDRAISING FEES,\$5,818 IS FOR POSTAGE,\$1,750 IS FOR MAILING SERVICES AND \$1,500 FOR SUBSCRIPTION SERVICES

Identifier	Return Reference	Explanation
SCHEDULE G, PART II (A)		<p>EACH YEAR, THE UNIVERSITY HOLDS A GOLF TOURNAMENT IN JUNE AS A FUNDRAISING EVENT. IN JUNE OF 2012, THE EVENT WAS POSTPONED DUE TO HEAVY RAIN THE DAY IT WAS TO BE HELD. THE TOURNAMENT ACTUALLY TOOK PLACE IN SEPTEMBER 2012. FOR ACCOUNTING PURPOSES AND FOR THE FISCAL 2012 AUDIT, THE CHARITABLE CONTRIBUTION PORTION OF THE PLAYER'S FEES WERE RECOGNIZED IN FISCAL YEAR 2012 SINCE THE FUNDS WERE ACTUALLY RECEIVED IN THAT YEAR. THE PORTION OF THE PLAYER'S FEES ATTRIBUTABLE TO THE QUID PRO QUO WAS DEFERRED TO FISCAL YEAR 2013 SINCE THAT IS THE YEAR THE TOURNAMENT WAS ACTUALLY HELD AND THE PLAYERS RECEIVED THE GOODS/SERVICES THEY PAID FOR IN THE PRIOR FISCAL YEAR. FOR TAX PURPOSES, ON SCHEDULE G, THE UNIVERSITY HAS REPORTED ONLY THE CHARITABLE CONTRIBUTION PORTION OF THE GROSS RECEIPTS, SINCE BY JUNE 30, 2012 THAT IS ALL THAT HAD OCCURRED. THIS IS CONSISTENT WITH FINANCIAL STATEMENT REPORTING. ON THE 2012 TAX RETURN, THE GROSS RECEIPTS FOR THE JUNE 2012 TOURNAMENT WILL ONLY BE THE PORTION OF THE FEES RELATED TO THE QUID PRO QUO, SO LINE 2 WILL BE ZERO AND LINE 3 WILL REFLECT THE ENTIRE AMOUNT ON LINE 1. IN ADDITION, THE REMAINING COSTS SUCH AS THE RENT/FACILITY COSTS, THE REMAINING FOOD AND BEVERAGE COSTS, ETC. THAT WERE NOT INCURRED UNTIL SEPTEMBER 2012 WILL ALSO BE REFLECTED ON SCHEDULE G FOR THE 2012 TOURNAMENT. IN ADDITION, ON THE 2012 RETURN, THERE WILL BE AN EVENT #2 REPRESENTING THE ANNUAL GOLF TOURNAMENT, WHICH IS SCHEDULED TO BE HELD IN JUNE 2013.</p>

Identifier	Return Reference	Explanation
SCHEDULE K, PART VI	PART I, LINE B(E)	ISSUE PRICE DIFFERS FROM PART II, LINE 3 TOTAL PROCEEDS OF ISSUE \$905,304 THE NEW ISSUE HAD A NET ORIGINAL ISSUE PREMIUM OF \$905,304

Identifier	Return Reference	Explanation
SCHEDULE K, PART VI	PART II, LINE 12	AS OF 06/30/2012, \$9,107 OF ISSUANCE COSTS HAD NOT BEEN SPENT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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	0	889,110	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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER UNITRUST (1)	CHARITABLE TRUST	RI	NA	TRUST			

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

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) 2011

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			
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
CHARLES MCDONALD MD TRUSTEE	20	X						0	0	0
KRISTIAN P MOOR TRUSTEE	20	X						0	0	0
DONALD R QUATTRUCCI TRUSTEE	20	X						0	0	0
DANIEL F SCHMITT TRUSTEE	20	X						0	0	0
CHRISTINA SHAW TRUSTEE	20	X						0	0	0
JAMES J SKEFFINGTON TRUSTEE	20	X						0	0	0
CHERYL W SNEAD TRUSTEE	20	X						0	0	0
SHIVAN S SUBRAMANIAM TRUSTEE	20	X						0	0	0
JANICE WILBUR SULLIVAN TRUSTEE	20	X						0	0	0
M ANNE SZOSTAK TRUSTEE	20	X						0	0	0
GEORGE A VECCHIONE TRUSTEE	20	X						0	0	0
DAVID C WEINSTEIN TRUSTEE	20	X						0	0	0
RITA WILLIAMS-BOGAR TRUSTEE	20	X						0	0	0
MICHAEL E FISHER CHAIR OF THE BOARD	20	X						0	0	0
NANCY DEVINEY VICE-CHAIR OF THE BOARD	20	X						0	0	0
RICHARD A PLOTKIN VICE-CHAIR OF THE BOARD	20	X						0	0	0
WILLIAM J CONATY SECRETARY TO THE BOARD	20	X						0	0	0
CRISTIAN BALESTRIERI TRUSTEE	20	X						0	0	0
DAVID M BEIRNE TRUSTEE	20	X						0	0	0
GEORGE E BELLO 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			
CHRISTOPHER W BODINE TRUSTEE	2 0	X						0	0	0
ROBERT BROWN TRUSTEE	2 0	X						0	0	0
ROBERT J CALABRO TRUSTEE	2 0	X						0	0	0
RICHARD A CAPOBIANCO TRUSTEE	2 0	X						0	0	0
TODD G CAREY TRUSTEE	2 0	X						0	0	0
THOMAS CELONA TRUSTEE	2 0	X						0	0	0
GERALD F CERCE TRUSTEE	2 0	X						0	0	0
LISA G CHURCHVILLE TRUSTEE	2 0	X						0	0	0
KRISTEN E COLLINS TRUSTEE	2 0	X						0	0	0
C CORRELL DURLING TRUSTEE	2 0	X						0	0	0
SAMEER KANODIA TRUSTEE	2 0	X						0	0	0
RONALD K MACHTLEY PRESIDENT	50 0	X		X				598,740	0	110,129
BARRY F MORRISON VICE PRESIDENT FOR BUSINESS AF	50 0			X				307,478	0	62,115
JOSE-MARIE GRIFFITHS VICE PRESIDENT FOR ACADEMIC AF	50 0			X				273,575	0	88,349
ARTHUR S GLOSTER VICE PRESIDENT FOR INFORMATION	50 0			X				272,286	0	50,217
JAMES L DAMRON VICE PRESIDENT FOR UNIVERSITY	50 0			X				237,704	0	51,248
LORNA J HUNTER VICE PRESIDENT FOR ENROLLMENT	50 0			X				209,891	0	83,470
ROGER L ANDERSON EXECUTIVE ASSISTANT TO THE PRE	50 0			X				218,963	0	26,445
J THOMAS EAKIN VICE FOR STUDENT AFFAIRS/DEAN	50 0			X				208,169	0	69,617
CAROL W DEMORANVILLE INTERIM DEAN, COLLEGE OF BUSIN	50 0				X			167,473	0	32,949
MICHAEL R COOPER DEAN, COLLEGE OF BUSINESS (PAR	50 0				X			181,814	0	26,895
LINDA S LULLI ASSOCIATE VICE PRESIDENT FOR H	50 0				X			214,390	0	24,223
DAVID S LUX DEAN, COLLEGE OF ARTS AND SCIE	50 0				X			161,596	0	58,288
DENNIS M BLINE PROFESSOR	50 0					X		192,483	0	38,089
CHARLES P CULLINAN PROFESSOR	50 0					X		189,906	0	38,189

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			
DAVID A LOUTON PROFESSOR	50 0					X		213,123	0	72,478
TIMOTHY J O'SHEA MEN'S BASKETBALL COACH	50 0					X		196,336	0	41,683
VK UNNI DISTINGUISHED PROFESSOR OF BUS	50 0					X		203,724	0	42,530