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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Bryant University		D Employer identification number 05-0258810
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1150 Douglas Pike Suite		E Telephone number (401) 232-6005
	City or town, state or country, and ZIP + 4 Smithfield, RI 02917		G Gross receipts \$ 182,949,718
	F Name and address of principal officer RONALD K MACHTLEY 1150 DOUGLAS PIKE SMITHFIELD, RI 029171284		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.BRYANT.EDU		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	

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
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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)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,929
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,580,236
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	7,475,858	8,185,608
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157,478,886	157,086,663
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,478,424	5,825,042
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,894,830	1,887,787
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,327,998	172,985,100
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,438,474	42,008,299
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,806,932	68,287,938
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	143,537	192,802
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,317,617		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,541,456	55,744,857
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	164,930,399	166,233,896
	19	Revenue less expenses Subtract line 18 from line 12	3,397,599	6,751,204
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	355,575,101	375,442,504
	21	Total liabilities (Part X, line 26)	127,240,458	122,286,725
	22	Net assets or fund balances Subtract line 21 from line 20	228,334,643	253,155,779

Part II

Signature Block

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

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

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

THE BRYANT EXPERIENCE PROMOTES ACADEMIC EXCELLENCE AND CULTIVATES THE LEADERSHIP SKILLS, QUALITIES OF CHARACTER, AND DIVERSE PERSPECTIVES REQUIRED TO SUCCEED IN AN AGE OF UNLIMITED GLOBAL OPPORTUNITY 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 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 \$ 128,040,815 including grants of \$ 42,008,299) (Revenue \$ 122,001,167)

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

4b

(Code) (Expenses \$ 11,540,255 including grants of \$) (Revenue \$ 35,176,639)

AUXILIARY SERVICES - DINING AND HOUSING SEE SCHEDULE O

4c

(Code) (Expenses \$ 5,163,897 including grants of \$) (Revenue \$ 1,466,243)

PUBLIC SERVICE BRYANT UNIVERSITY HOSTS SEVERAL INSTRUCTIONAL PROGRAMS FUNDED BY EXTERNAL PARTIES INCLUDING THE FEDERAL GOVERNMENT, FOREIGN AND STATE GOVERNMENTS AND CORPORATIONS

4d

Other program services (Describe in Schedule O)




















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

4e

Total program service expenses ▶ 144,744,967

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 Yes	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 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 and XII 	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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	503	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,929	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	30		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MR BARRY F MORRISON 1150 DOUGLAS PIKE SMITHFIELD, RI (401) 232-6017

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,709,120	0	946,435	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶127

		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) Name and business address	(B) Description of services	(C) Compensation
BENEFIT STRATEGIES LLC , PO BOX 1660 MANCHESTER NH 031051660	BENEFITS ADMIN	342,496
CAMBRIDGE ASSOCIATES LLC , PO BOX 83232 CHICAGO IL 606910232	INVSMT/CNSLTNG	189,742
ELLUCIAN COMPANY LP , 14083 COLLECTIONS CENTER DRIVE CHICAGO IL 60693	TECHNOLOGY SERVICES	177,297
KPMG LLP , PO BOX 120511 DALLAS TX 75132	AUDIT/TAX SERVICES	173,900
ANTHONY LAPRESTE , 4 WHITTIER ROAD MILFORD MA 01757	EDUCATIONAL SERVICES	110,468

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 ►8

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	148,996			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	589,131			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,447,481			
	g	Noncash contributions included in lines 1a-1f \$		719,649			
	h	Total. Add lines 1a-1f		8,185,608			
Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	118,332,935	118,332,935		
	b	AUXILIARY ENTERPRISES	721310	35,176,639	33,635,757	1,540,882	
	c	STUDENT SERVICES REVENUES	900099	2,110,846	2,100,596	10,250	
	d	FEES & CONTRACTS FROM GOV'T AGENCIES	900099	1,192,503	1,192,503		
	e	PUBLIC SERVICE PROGRAMS	900099	273,740	273,740		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		157,086,663			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,418,162		-33,731
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		(i) Real					
		0					
		(ii) Personal					
		0					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0			
7a		(i) Securities					
		13,977,486					
		(ii) Other					
		197,598					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		4,406,880		62,835	4,344,045
8a		Gross income from fundraising events (not including \$ 148,996 of contributions reported on line 1c) See Part IV, line 18					
a		163,196					
b		Less direct expenses		190,452			
c		Net income or (loss) from fundraising events . .		-27,256			-27,256
9a		Gross income from gaming activities See Part IV, line 19					
a	16,802						
b	Less direct expenses		5,962				
c	Net income or (loss) from gaming activities . .		10,840			10,840	
10a	Gross sales of inventory, less returns and allowances						
a	0						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue			Business Code				
11a	SOPHOMORE INTERNATIONAL EXPERIENCE		900099	766,500	766,500		
b	LAPTOP PROGRAM		900099	68,828	68,828		
c	ALUMNI EVENTS		900099	133,192			133,192
d	All other revenue			935,683	722,057		213,626
e	Total. Add lines 11a-11d			1,904,203			
12	Total revenue. See Instructions			172,985,100	157,092,916	1,580,236	6,126,340

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).

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.	31,015	31,015		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	41,028,244	41,028,244		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	949,040	949,040		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,674,518	1,987,065	2,530,879	156,574
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	113,915	113,915		
7	Other salaries and wages.	48,967,395	41,799,994	6,067,760	1,099,641
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,543,966	3,147,322	327,608	69,036
9	Other employee benefits.	7,625,341	6,796,539	595,231	233,571
10	Payroll taxes.	3,362,803	2,870,587	416,699	75,517
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	146,054		146,054	
c	Accounting.	208,954		208,954	
d	Lobbying.	19,800		19,800	
e	Professional fundraising services. See Part IV, line 17.	192,802			192,802
f	Investment management fees.	2,439,593		2,439,593	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,188,657	2,144,034	1,033,490	11,133
12	Advertising and promotion.	1,931,087	953,301	826,605	151,181
13	Office expenses.	2,902,936	1,727,146	1,055,820	119,970
14	Information technology.	2,223,465	1,469,632	752,463	1,370
15	Royalties.	0			
16	Occupancy.	2,668,338	2,315,050	353,288	
17	Travel.	4,032,644	3,708,047	271,093	53,504
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	226,552	191,808	31,723	3,021
20	Interest.	3,363,978	3,188,715	175,263	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	15,752,249	14,931,557	820,692	
23	Insurance.	718,855	181,551	537,304	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DINING SERVICES	7,361,372	7,359,061	2,311	
b	FACILITY REPAIRS	1,275,860	1,259,533	16,052	275
c	ACTIVITIES EXPENSE	663,574	427,076	228,453	8,045
d	SOPHOMORE INT'L EXP	775,759	775,759		
e	All other expenses	5,845,130	5,388,976	314,177	141,977
25	Total functional expenses. Add lines 1 through 24e.	166,233,896	144,744,967	19,171,312	2,317,617
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		45,802,323	2	50,738,954
	3	Pledges and grants receivable, net		3,108,301	3	5,789,114
	4	Accounts receivable, net		1,184,128	4	1,920,609
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		5,476,797	7	5,415,256
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,568,904	9	1,916,633
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a316,129,100			
	b	Less accumulated depreciation	10b164,931,614	152,358,802	10c	151,197,486
	11	Investments—publicly traded securities		73,541,899	11	80,757,915
	12	Investments—other securities See Part IV, line 11		72,524,753	12	76,848,192
	13	Investments—program-related See Part IV, line 11		0	13	746,273
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		9,194	15	112,072
	16	Total assets. Add lines 1 through 15 (must equal line 34)		355,575,101	16	375,442,504
Liabilities	17	Accounts payable and accrued expenses		16,491,135	17	18,193,064
	18	Grants payable		0	18	0
	19	Deferred revenue		6,761,345	19	6,921,911
	20	Tax-exempt bond liabilities		81,034,773	20	78,859,243
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		22,953,205	25	18,312,507
	26	Total liabilities. Add lines 17 through 25		127,240,458	26	122,286,725
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		205,306,066	27	224,793,607
	28	Temporarily restricted net assets		9,440,026	28	14,124,454
	29	Permanently restricted net assets		13,588,551	29	14,237,718
	Organizations that do not follow SFAS 117 (ASC 958), 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		228,334,643	33	253,155,779
	34	Total liabilities and net assets/fund balances		355,575,101	34	375,442,504

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	172,985,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,233,896
3	Revenue less expenses Subtract line 2 from line 1	3	6,751,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228,334,643
5	Net unrealized gains (losses) on investments	5	11,006,089
6	Donated services and use of facilities	6	
7	Investment expenses	7	2,439,593
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,624,250
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	253,155,779

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E FISHER CHAIR OF THE BOARD	2000	X						0	0	0
WILLIAM J CONATY VICE-CHAIR OF THE BOARD	2000	X						0	0	0
NANCY DEVINEY VICE-CHAIR OF THE BOARD	2000	X						0	0	0
CHERYL W SNEAD VICE-CHAIR OF THE BOARD	2000	X						0	0	0
TRICIA M KORDALSKI SECRETARY TO THE BOARD	2000	X						0	0	0
CRISTIAN BALESTRIERI TRUSTEE	2000	X						0	0	0
GEORGE E BELLO TRUSTEE	2000	X						0	0	0
CHRISTOPHER W BODINE TRUSTEE	2000	X						0	0	0
ROBERT P BROWN TRUSTEE	2000	X						0	0	0
ROBERT J CALABRO TRUSTEE	2000	X						0	0	0
RICHARD A CAPOBIANCO TRUSTEE	2000	X						0	0	0
TODD G CAREY TRUSTEE	2000	X						0	0	0
LISA G CHURCHVILE TRUSTEE	2000	X						0	0	0
KATIE COLTON TRUSTEE	2000	X						0	0	0
SAMEER KANODIA TRUSTEE	2000	X						0	0	0
DOUGLAS S KRUPP TRUSTEE	2000	X						0	0	0
JOANNA T LAU TRUSTEE	2000	X						0	0	0
DEBORAH MAY TRUSTEE	2000	X						0	0	0
CHARLES MCDONALD MD TRUSTEE	2000	X						0	0	0
ROBERT P MEAD TRUSTEE	2000	X						0	0	0
CHERYL MERCHANT TRUSTEE	2000	X						0	0	0
DONALD R QUATTRUCCI TRUSTEE	2000	X						0	0	0
DANIEL F SCHMITT TRUSTEE	2000	X						0	0	0
CHRISTINA R SHAW TRUSTEE	2000	X						0	0	0
JAMES J SKEFFINGTON TRUSTEE	2000	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
SHIVAN S SUBRAMANIAM TRUSTEE	2 0 0 0	X						0	0	0
M ANNE SZOSTAK TRUSTEE	2 0 0 0	X						0	0	0
GEORGE A VECCHIONE TRUSTEE	2 0 0 0	X						0	0	0
DAVID C WEINSTEIN TRUSTEE	2 0 0 0	X						0	0	0
RONALD K MACHTLEY PRESIDENT	50 0 0 0	X		X				654,901	0	110,641
BARRY F MORRISON VP-BUSINESS AFFAIRS/TREASURER	50 0 0 0			X				395,989	0	66,409
JOSE-MARIE GRIFFITHS VP-ACADEMIC AFFAIRS	50 0 0 0			X				290,311	0	94,284
CHARLES F LOCURTO VP-INFORMATION SERVICES/CIO	50 0 0 0			X				264,750	0	17,664
LORNA J HUNTER VP - ENROLLMENT MANAGEMENT	50 0 0 0			X				254,876	0	30,763
JAMES L DAMRON VP - UNIVERSITY ADVANCEMENT	50 0 0 0			X				251,438	0	57,074
ROGER L ANDERSON EXEC ASST TO THE PRES/SECRTY	50 0 0 0			X				222,266	0	33,594
J THOMAS EAKIN VP-STDNT AFFAIRS/DEAN OF STDNT	50 0 0 0			X				214,454	0	71,155
HONG YANG VP-INTERNATIONAL AFFAIRS	50 0 0 0			X				204,800	0	37,454
MICHELLE L CLOUTIER INTERIM EXEC DIR ADMISSIONS	50 0 0 0			X				95,980	0	19,680
MICHAEL R COOPER DEAN, COLLEGE OF BUSINESS	50 0 0 0				X			245,309	0	46,077
LINDA S LULLI ASSOCIATE VP - HR	50 0 0 0				X			227,569	0	25,366
VK UNNI INTERIM DEAN, COLL OF BUSNS	50 0 0 0				X			183,344	0	39,388
DAVID S LUX DEAN, COLL OF ARTS & SCIENCE	50 0 0 0				X			165,516	0	56,754
DAVID A LOUTON PROFESSOR	50 0 0 0					X		213,951	0	43,927
MICHAEL J PRESSLER MEN'S LACROSSE COACH	50 0 0 0					X		213,519	0	69,274
TIMOTHY J O'SHEA MEN'S BASKETBALL COACH	50 0 0 0					X		209,227	0	39,229
DENNIS M BLINE PROFESSOR	50 0 0 0					X		205,494	0	48,183
HAKAN SARAOGLU PROFESSOR	50 0 0 0					X		195,426	0	39,519

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

2012

Open to Public Inspection

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

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

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

- 1

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		7,800
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,000
j	Total. Add lines 1c through 1i.			19,800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	PART II-B	THE UNIVERSITY PARTICIPATED IN LOBBYING ACTIVITIES RELATED TO THE TOWN OF SMITHFIELD'S PAYMENT IN LIEU OF TAXES PROGRAM. LINE 1A: THE UNIVERSITY ENCOURAGED ITS STUDENTS TO CONTACT MEMBERS OF THE TOWN COUNCIL TO WORK WITH THE UNIVERSITY ON A MUTUAL AGREEMENT REGARDING PAYMENTS IN LIEU OF TAXES. VOLUNTEERS WERE ALSO UTILIZED IN WRITING LETTERS TO THE EDITOR OF LOCAL PUBLICATIONS. LINE 1B: THE PRESIDENT, THE EXECUTIVE ASSISTANT TO THE PRESIDENT, AND A SMALL NUMBER OF MANAGEMENT PERSONNEL SPENT TIME ON THIS EFFORT. NO SEPARATE COMPENSATION WAS GIVEN TO ANY OF THESE INDIVIDUALS. THIS ACTIVITY COMES UNDER THEIR REGULAR WORK OF MANAGING THE UNIVERSITY. LINE 1C: THE UNIVERSITY RAN ONE ADVERTORIAL IN A LOCAL PUBLICATION. LINE 1D: THE UNIVERSITY SENT E-MAIL INFORMATION OUT TO THE PUBLIC AND ALUMNI TO INFORM THEM OF THE ISSUE AT HAND. SINCE THIS WAS DONE ELECTRONICALLY, THERE WAS NO COST FOR MAILING. LINE 1E: THE UNIVERSITY ISSUED BROADCAST E-MAIL STATEMENTS TO CONSTITUENCIES INCLUDING EMPLOYEES, ALUMNI, AND PARENTS. SINCE THIS WAS DONE ELECTRONICALLY, THERE WAS NO COST FOR MAILING. LINE 1G: THE PRESIDENT TESTIFIED IN FRONT OF THE SENATE FINANCE COMMITTEE WITH RESPECT TO PAYMENT IN LIEU OF TAXES. LINE 1I: THE UNIVERSITY HAD AN OUTSIDE LOBBYIST ON RETAINER.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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, and not on a historic structure listed in the National Register

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ 246,920

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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	141,802,988	148,715,390	126,118,730	120,209,492	168,494,180
b Contributions	1,783,450	1,742,124	1,376,248	2,360,255	303,105
c Net investment earnings, gains, and losses	19,135,722	585,867	30,973,741	13,318,034	-38,987,139
d Grants or scholarships	1,733,659	1,721,211	1,926,871	1,979,783	1,809,596
e Other expenditures for facilities and programs	5,012,541	5,191,289	5,630,473	6,500,001	6,044,204
f Administrative expenses	2,439,593	2,327,883	2,195,985	1,289,267	1,746,854
g End of year balance	153,536,367	141,802,998	148,715,390	126,118,730	120,209,492

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 87 000 %

b

Permanent endowment ▶ 13 000 %

c

Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%

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

☐

4

Describe in Part XIII 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		232,212,870	110,303,404	121,909,466
c Leasehold improvements				
d Equipment		54,242,420	48,028,509	6,213,911
e Other		26,720,574	6,599,701	20,120,873
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				151,197,486

Part XI					Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements				1	146,190,339	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
a	Net unrealized gains on investments	2a	11,006,089				
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII)	2d	-37,534,538				
e	Add lines 2a through 2d				2e	-26,528,449	
3	Subtract line 2e from line 1				3	172,718,788	
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 XIII)	4b	266,312				
c	Add lines 4a and 4b	4c	266,312				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	172,985,100	
Part XII					Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements				1	121,369,203	
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 XIII)	2d	196,414				
e	Add lines 2a through 2d				2e	196,414	
3	Subtract line 2e from line 1				3	121,172,789	
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	2,439,593				
b	Other (Describe in Part XIII)	4b	42,621,514				
c	Add lines 4a and 4b	4c	45,061,107				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	166,233,896	

Part XIII	Supplemental 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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.
FIN 48 (ASC 740) FOOTNOTE	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.
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED ON RETURN	PART XI, LINE 2D	SCHOLARSHIPS AND GRANTS \$ (41,977,284) ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ (377,918) ACCRUAL OF OTHER NONOPERATING LIABILITY \$ (380,731) CHANGE IN SPLIT INTEREST AGREEMENT \$ (35,076) FUNDRAISING EXPENSE \$ 190,452 RAFFLE EXPENSES \$ 5,962 CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS \$ 5,040,057 TOTAL \$ (37,534,538)
OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B	CAPITAL CAMPAIGN EXPENDITURES \$ 266,312
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XII, LINE 2D	FUNDRAISING EXPENSE \$ 190,452 RAFFLE EXPENSES \$ 5,962 TOTAL \$ 196,414
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B	SCHOLARSHIPS AND GRANTS \$ 41,977,284 ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ 377,918 CAPITAL CAMPAIGN EXPENDITURES \$ 266,312 TOTAL \$ 42,621,514

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

2012

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	
<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.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			3,312,988
b Total from continuation sheets to Part I	0	0			22,064,281
c Totals (add lines 3a and 3b)	0	0			25,377,269

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated 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 and the Pacific	24	217,300	STUDENT ACCT			
SCHOLARSHIPS	Europe (Including Iceland and Greenland)	82	670,990	STUDENT ACCT			
SCHOLARSHIPS	South America	5	38,750	STUDENT ACCT			
SCHOLARSHIPS	Sub-Saharan Africa	3	22,000	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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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
Europe (Including Iceland and Greenland)	0	0	Fundraising	ALUMNI TRAVEL	1,867
South America	0	0	Fundraising	ALUMNI TRAVEL	426
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	771,944

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
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	109,979
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	2,164,224
South America	0	0	Program Services	STUDY ABROAD	73,567

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
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	44,690
North America	0	0	Program Services	STUDY ABROAD	3,369
South Asia	0	0	Program Services	STUDY ABROAD	17,000

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
Central America and the Caribbean	0	0	Program Services	STUDENT RECRUITING	3,615
East Asia and the Pacific	0	0	Program Services	STUDENT RECRUITING	5,339
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDENT RECRUITING	11,114

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
Middle East and North Africa	0	0	Program Services	STUDENT RECRUITING	3,017
North America	0	0	Program Services	STUDENT RECRUITING	3,606
South America	0	0	Program Services	STUDENT RECRUITING	3,576

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
South Asia	0	0	Program Services	STUDENT RECRUITING	4,817
East Asia and the Pacific	0	0	Program Services	MAINT/BLD REL W CHINA	90,838
North America	0	0	Program Services	MAINT/BLD REL W CHINA	479

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	Grantmaking	STUDY ABROAD	217,300
Europe (Including Iceland and Greenland)	0	0	Grantmaking	STUDY ABROAD	670,990
South America	0	0	Grantmaking	STUDY ABROAD	38,750

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
Sub-Saharan Africa	0	0	Grantmaking	STUDY ABROAD	22,000
Central America and the Caribbean	0	0	Investments		21,114,762

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization Bryant University	Employer identification number 05-0258810
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events

2a

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

(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			
HARRIS CONNECT	PHONATHON SERVICES		No	110,024	110,799	3,074
GRENZBACH GLIER ASSOCIATES	FUNDRAISING CONSULTING		No		85,738	-85,738
Total ▶				110,024	196,537	-82,664

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	GOLF TOURNAMENT (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	108,372	203,820	312,192
	2	Less Contributions . .	22,216	126,780	148,996
	3	Gross income (line 1 minus line 2)	86,156	77,040	163,196
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	1,400	2,500	3,900
	6	Rent/facility costs . .	53,493	55,831	109,324
	7	Food and beverages .	10,980	11,936	22,916
	8	Entertainment			
	9	Other direct expenses .	14,185	40,127	54,312
	10	Direct expense summary Add lines 4 through 9 in column (d)			(190,452)
	11	Net income summary Combine line 3, column (d), and line 10			-27,256

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		16,802	16,802
	2	Cash prizes		5,000	5,000
Direct Expenses	3	Non-cash prizes		962	962
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			5,962
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			10,840

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

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

b If "No," explain APPLICATION TO CONDUCT THE RAFFLE WAS FILED WITH THE RHODE ISLAND STATE POLICE THE LICENSE WAS GRANTED AND APPROVED

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

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12

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

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

ANDREW DIGIACOMO

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 of the third party

Name

Address

16

Gaming manager information

Name

ANDREW DIGIACOMO

Gaming manager compensation

\$ 0

Description of services provided

ORGANIZED/COLLECTION OF FUNDS & PMT OF THE WINNER

☐ 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

Supplemental Information.

Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
HARRIS CONNECT	PART I, LINE 2B, COLUMN (V)	OF THE \$110,799 TOTAL, \$107,064 IS FOR PROFESSIONAL FUNDRAISING FEES, \$1,135 IS FOR POSTAGE, AND \$2,600 IS FOR BULLETINS
EVENT #1	PART II(A)	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 YEAR 2012 AUDIT, THE CHARITABLE CONTRIBUTION PORTION OF THE PLAYERS' FEES WERE RECOGNIZED IN FISCAL YEAR 2012, SINCE THE FUNDS WERE ACTUALLY RECEIVED IN THAT YEAR THE PORTION OF THE PLAYERS' 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 PLAYERS' FEES ATTRIBUTABLE TO THE QUID PRO QUO PORTION OF THE GROSS RECEIPTS, AS THE TOURNAMENT WAS HELD IN SEPTEMBER 2012 THIS IS CONSISTENT WITH FINANCIAL STATEMENT REPORTING
GAMING	PART III LINES 2 & 3	MEN'S AND WOMEN'S SWIMMING CONDUCTED A RAFFLE TO MEET THEIR FUNDRAISING GOALS FIRST PRIZE WAS \$5000, OTHER PRIZES INCLUDED 2 PLANE TICKETS (WHICH WERE DONATED) AND AN IPAD2 (WHICH WAS PURCHASED)

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

2012

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. Part II can be duplicated 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.
Part III can be duplicated 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, Part III, column (b), 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 ON ITS GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U S
GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U S	PART III	ALL FEDERAL TITLE IV FUNDS RECEIVED BY BRYANT UNIVERSITY ARE MANAGED IN STRICT COMPLIANCE WITH ALL REQUIREMENTS SET FORTH IN THE PROGRAM PARTICIPATION AGREEMENT, A FORMAL AGREEMENT BETWEEN BRYANT UNIVERSITY AND THE U S DEPARTMENT OF EDUCATION THE PROGRAM PARTICIPATION AGREEMENT IS PERSONALLY ENDORSED BY BOTH THE CHIEF EXECUTIVE OFFICER OF BRYANT UNIVERSITY AND THE SECRETARY OF THE U S DEPARTMENT OF EDUCATION COMPLIANCE WITH ALL TITLE IV REQUIREMENTS IS MONITORED BY THE DIRECTOR OF FINANCIAL AID WITH THE ASSISTANCE OF FOUR (EXEMPT) PROFESSIONAL FINANCIAL AID ADMINISTRATORS AND FOUR (NON-EXEMPT) SUPPORT STAFF MEMBERS COMPLIANCE CAPABILITY IS GREATLY ENHANCED THROUGH THE USE OF THE BANNER INTEGRATED 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
ACADEMIC SCHOLARSHIPS	1171	14,521,011			
ANNUAL GIFTS	136	520,584			
ATHLETIC AWARDS	322	5,810,324			
DIVERSITY AWARDS	153	3,638,770			
ENDOWED SCHOLARSHIPS	163	950,162			
NEED-BASED GRANTS	1467	15,051,477			
SPECIAL PROGRAMS	81	173,569			
SEOG PROGRAM	512	335,749			
FWS COMMUNITY SERVICE	17	26,598			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<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	Yes	
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
BENEFITS	PART I, LINE 1A	THE LACROSSE TEAM HAD ONE CHARTER FLIGHT DURING THE YEAR, PAID FOR BY A DONOR, ON WHICH MICHAEL PRESSLER AND HIS WIFE ACCOMPANIED THE TEAM. THE COST OF THE FLIGHT WAS \$96,500. RONALD MACHTLEY, PRESIDENT OF THE UNIVERSITY AND MEMBER OF THE BOARD OF TRUSTEES, TRAVELLED ON THREE TRIPS WITH HIS SPOUSE, KATI MACHTLEY, ON UNIVERSITY RELATED BUSINESS. 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 TRIPS WAS APPROXIMATELY \$4,200. 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 \$486. THE UNIVERSITY ALSO PAID \$2,900 FOR PRESIDENT MACHTLEY'S MEMBERSHIPS AND ASSOCIATED FEES FOR TWO SEPARATE SOCIAL CLUBS AND \$2,500 WAS PAID FOR MICHAEL PRESSLER'S (MEN'S LACROSSE 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.
SEVERANCE AGREEMENT	PART I, LINE 4A	LORNA HUNTER, VICE PRESIDENT FOR ENROLLMENT MANAGEMENT (PARTIAL YEAR) RECEIVED \$141,350 IN SEVERANCE FROM 2012. THIS PAYMENT WAS MADE IN ACCORDANCE WITH THE TERMS OF HER RESIGNATION AGREEMENT WITH THE UNIVERSITY.
NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN	PART I, LINE 4B	BARRY MORRISON PARTICIPATES IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN. \$15,000 WAS CONTRIBUTED TO THE PLAN IN 2012 RELATED TO CALENDAR YEAR 2011. MR. MORRISON ALSO RECEIVED A PAYMENT FROM THE PLAN IN 2012 OF APPROXIMATELY \$65,256.
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)	501,560 0	99,456 0	53,885 0	28,280 0	82,361 0	765,542 0	0 0
BARRY F MORRISON	(i) (ii)	288,259 0	24,242 0	83,488 0	43,280 0	23,129 0	462,398 0	65,000 0
JOSE-MARIE GRIFFITHS	(i) (ii)	258,407 0	25,670 0	6,234 0	28,280 0	66,004 0	384,595 0	0 0
CHARLES F LOCURTO	(i) (ii)	202,304 0	23,500 0	38,946 0	0 0	17,664 0	282,414 0	0 0
LORNA J HUNTER	(i) (ii)	87,164 0	20,000 0	147,712 0	9,603 0	21,160 0	285,639 0	0 0
JAMES L DAMRON	(i) (ii)	211,732 0	24,100 0	15,606 0	36,357 0	20,717 0	308,512 0	0 0
MICHAEL R COOPER	(i) (ii)	215,327 0	0 0	29,982 0	25,562 0	20,515 0	291,386 0	0 0
LINDA S LULLI	(i) (ii)	189,168 0	20,550 0	17,851 0	22,859 0	2,507 0	252,935 0	0 0
ROGER L ANDERSON	(i) (ii)	165,718 0	20,250 0	36,298 0	18,684 0	14,910 0	255,860 0	0 0
J THOMAS EAKIN	(i) (ii)	168,123 0	24,214 0	22,117 0	21,398 0	49,757 0	285,609 0	0 0
DAVID A LOUTON	(i) (ii)	213,072 0	0 0	879 0	20,381 0	23,546 0	257,878 0	0 0
MICHAEL J PRESSLER	(i) (ii)	200,111 0	0 0	13,408 0	15,769 0	53,505 0	282,793 0	0 0
TIMOTHY J O'SHEA	(i) (ii)	148,315 0	0 0	60,912 0	16,969 0	22,260 0	248,456 0	0 0
DENNIS M BLINE	(i) (ii)	204,009 0	0 0	1,485 0	18,511 0	29,672 0	253,677 0	0 0
HONG YANG	(i) (ii)	167,066 0	20,000 0	17,734 0	17,218 0	20,236 0	242,254 0	0 0
HAKAN SARA OGLU	(i) (ii)	194,842 0	0 0	584 0	20,732 0	18,787 0	234,945 0	0 0
VK UNNI	(i) (ii)	180,732 0	0 0	2,612 0	20,517 0	18,871 0	222,732 0	0 0
DAVID S LUX	(i) (ii)	161,234 0	0 0	4,282 0	18,123 0	38,631 0	222,270 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Bryant University

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
C	Rhode Island Health and Educational Bldng Corp	52-1300173		02-19-2013	7,825,000	Refunding 5/15/02 Bonds		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	50,420,000		24,160,304		7,825,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	395,680		262,729		120,000			
8	Credit enhancement from proceeds	24,320		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	50,000,000		23,897,575		7,705,000			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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 of bond-financed property?		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%		0 00000%		0 00000%		%	
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	0%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0%		0 00000%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	WELLS FARGO BARCLAYS		0		0			
c	Term of hedge	265							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI

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

Identifier	Return Reference	Explanation
ARBITRAGE CALCULATION	PART IV, COLUMN A, LINE 2C	ARBITRAGE CALCULATION PREPARED ON APRIL 24, 2013
PROCEDURES	PART V	THE UNIVERSITY IS WORKING TO ESTABLISH WRITTEN PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NA	N/A	1,100	TUITION REMISSION	EMPLOYEE BENEFIT

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	25,588	SALARY & BENEFITS PAID BY UNIV		No
(2) KATI MACHTLEY	WIFE OF RONALD MACHTLEY	88,327	SALARY & BENEFITS PAID BY UNIV		No
(3) AFFILIATED FM INSURANCE COMPANY	TRUSTEE SUBRAMANIAM - CEO	128,671	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
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	PART VI, LINE 3	THE UNIVERSITY PAYS AFFILIATED FM INSURANCE COMPANY, A WHOLLY-OWNED SUBSIDIARY OF FM GLOBAL, OF WHICH TRSUTEE SHIVAN SUBRAMANIAM IS THE CEO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	605,586	AVERAGE OF HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2	30,745	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
GOLF				
25 Other ► (<u>TOURNAMENTS</u>)	X	103	52,657	FMV
LIFE				
INSURANCE				
26 Other ► (<u>POLICIES</u>)	X	2	29,295	CSV
27 Other ► (<u>SOFTWARE</u>)	X	1	1,260	FMV
28 Other ► (<u>MISCELLANEOUS</u>)	X	2	105	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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

2012**Open to Public
Inspection**Name of the organization
Bryant University**Employer identification number**

05-0258810

Identifier	Return Reference	Explanation
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-4b	<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 3,311 AND THE GRADUATE PROGRAM WAS 186 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 THOSE IN 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</p>

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	PART IV, LINE 4	IN ADDITION TO ACTIVITIES REPORTED ON SCHEDULE C, 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 CHERYL SNEAD AND 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 THEY HAVE A CONFLICT OF INTEREST WITH. 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 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. THE UNIVERSITY COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53.4958-6: (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATIONS.</p>

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, QUESTION 19	THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY SENDING IT FREE OF CHARGE UPON REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ON FILE IN THE PRESIDENT'S OFFICE AND THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE CONTROLLER'S OFFICE

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$5,040,057 ACCRUAL OF OTHER NONOPERATING LIABILITY (\$ 380,731) CHANGE IN SPLIT INTEREST AGREEMENT (\$ 35,076) ----- TOTAL \$4,624,250

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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	842,926	BRYANT UNIV

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproporionate 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST (1)	CHARITABLE TRUST	RI	BRYANT U	TRUST				Yes	

Part V

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

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

1s

No

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-s)	(c) Amount involved	(d) Method of determining amount involved

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]

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

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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