efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195036120

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☑ Amended return
☐ Application pending

C Name of organization
Bryant University

% MR BARRY F MORRISON CPA

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1150 Douglas Pike | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Smithfield, RI 029171284

D Employer identification number 05-0258810

E Telephone number (401) 232-6005

G Gross receipts $ 274,100,766

F Name and address of principal officer
RONALD K MACHTLEY
1150 DOUGLAS PIKE
SMITHFIELD, RI 029171284

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BRYANT EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1863 **M** State of legal domicile RI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
BRYANT UNIVERSITY'S MISSION IS TO EDUCATE AND INSPIRE STUDENTS TO DISCOVER THEIR PASSION AND BECOME INNOVATIVE LEADERS WITH CHARACTER AROUND THE WORLD

2 Check this box ▶ ☐ 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	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,077
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	728,101
b	Net unrelated business taxable income from Form 990-T, line 34	7b	63,366

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,791,639	8,292,858
	9	Program service revenue (Part VIII, line 2g)	201,499,102	210,932,616
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,334,968	14,326,394
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,711,942	2,115,043
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,337,651	235,666,911
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,763,717	65,297,444
	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)	84,108,676	85,487,755
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,665	111,016
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,367,315		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	66,549,347	65,593,161
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	212,456,405	216,489,376
	19	Revenue less expenses Subtract line 18 from line 12	15,881,246	19,177,535
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	499,899,835	505,943,499
	21	Total liabilities (Part X, line 26)	161,317,954	158,362,317
	22	Net assets or fund balances Subtract line 21 from line 20	338,581,881	347,581,182

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

****** 2020-07-10
Signature of officer Date

BARRY F MORRISON VP BUS AFF/TREAS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-07-09		P01244578

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 or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

BRYANT UNIVERSITY'S MISSION IS TO EDUCATE AND INSPIRE STUDENTS TO DISCOVER THEIR PASSION AND BECOME INNOVATIVE LEADERS WITH CHARACTER AROUND THE WORLD

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 $ 173,215,592 including grants of $ 65,297,444) (Revenue $ 166,185,205)

See Additional Data

4b (Code) (Expenses $ 15,273,034 including grants of $) (Revenue $ 45,869,543)

See Additional Data

4c (Code) (Expenses $ 2,585,578 including grants of $) (Revenue $ 236,516)

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 191,074,204

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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	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? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	615			
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	2,077		
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" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CH , HK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring 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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O .			16		No

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 or note to any line 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	32		
	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	32		
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▶ AK , CA , CO , MD , MA , MI , NH , NJ , NY , OH , OK , OR , PA , SC , VA , WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
▶MR BARRY F MORRISON CPA 1150 DOUGLAS PIKE SMITHFIELD, RI 029171284 (401) 232-6017

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	5,548,812	0	1,228,431

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 ▶ 163

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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
SODEXO, 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064	FOOD SERVICE	9,826,490
AHLBORG CONSTRUCTION CORPORATION, 21 COLLEGE HILL ROAD SECOND FLOOR WARWICK, RI 02886	CONSTRUCTION	2,938,332
AZ CORPORATION, PO BOX 370 NORTH STONINGTON, CT 06359	CONSTRUCTION	2,913,810
NEW ENGLAND CONSTRUCTION CO INC, 293 BOURNE AVENUE RUMFORD, RI 02916	CONSTRUCTION	1,781,342
BOND BROS INC, 10 CABOT ROAD SUITE 301 MEDFORM, MA 021555713	CONSTRUCTION	1,745,200

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 ▶ 40

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns . .	1a					
b Membership dues . .	1b					
c Fundraising events . .	1c	100,070				
d Related organizations	1d					
e Government grants (contributions)	1e	2,043,354				
f All other contributions, gifts, grants, and similar amounts not included above	1f	6,149,434				
g Noncash contributions included in lines 1a - 1f $ 187,175						
h **Total.** Add lines 1a-1f . . . . ▶			8,292,858			
Program Service Revenue	Business Code					
2a TUITION AND FEES	900099		162,418,587	162,418,587		
b AUXILIARY ENTERPRISES	721310		45,869,543	44,412,415	417,599	1,039,529
c STUDENT SERVICES REVENUES	900099		2,407,970	2,395,220	12,750	
d PUBLIC SERVICE PROGRAMS	900099		236,516	236,516		
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f . . . . ▶			210,932,616			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶			1,641,657		128,028	1,513,629
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties . . . . ▶			366,777			366,777
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)	0	0				
d Net rental income or (loss) . . . . . . ▶			0			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	50,823,608	184,920				
b Less cost or other basis and sales expenses	37,976,355	347,436				
c Gain or (loss)	12,847,253	-162,516				
d Net gain or (loss) . . . . . ▶			12,684,737		169,724	12,515,013
8a Gross income from fundraising events (not including $ 100,070 of contributions reported on line 1c) See Part IV, line 18	a	77,307				
b Less direct expenses . . .	b	105,984				
c Net income or (loss) from fundraising events . . ▶			-28,677			-28,677
9a Gross income from gaming activities See Part IV, line 19 . . .	a	34,392				
b Less direct expenses . . .	b	4,080				
c Net income or (loss) from gaming activities . . ▶			30,312			30,312
10a Gross sales of inventory, less returns and allowances . .	a	0				
b Less cost of goods sold . .	b	0				
c Net income or (loss) from sales of inventory . . ▶			0			
Miscellaneous Revenue	Business Code					
11a SOPHOMORE INTERNATIONAL EXPERIENCE	900099		783,000	783,000		
b LAPTOP PROGRAM	900099		65,570	65,570		
c CHINA PROGRAM	900099		151,740			151,740
d All other revenue			746,321	510,078		236,243
e **Total.** Add lines 11a–11d . . . . ▶			1,746,631			
12 **Total revenue.** See Instructions . . . . . . ▶			235,666,911	210,821,386	728,101	15,824,566

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 or note to any line 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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,266	7,266		
2 Grants and other assistance to domestic individuals See Part IV, line 22	61,439,425	61,439,425		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,850,753	3,850,753		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,593,701	1,295,843	3,095,286	202,572
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	144,476	144,476		
7 Other salaries and wages	61,096,463	52,109,319	7,216,983	1,770,161
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,523,380	4,075,401	319,623	128,356
9 Other employee benefits	10,898,506	9,565,667	998,916	333,923
10 Payroll taxes	4,231,229	3,608,826	499,811	122,592
11 Fees for services (non-employees)				
a Management	0			
b Legal	264,807		264,089	718
c Accounting	249,710		249,710	
d Lobbying	20,000		20,000	
e Professional fundraising services See Part IV, line 17	111,016			111,016
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,993,760	2,761,830	1,231,825	105
12 Advertising and promotion	2,581,183	1,167,290	1,204,129	209,764
13 Office expenses	1,697,401	1,513,277	75,311	108,813
14 Information technology	3,660,644	2,291,632	1,288,848	80,164
15 Royalties . .	0			
16 Occupancy	3,870,053	1,837,114	2,032,939	
17 Travel	4,382,239	4,050,512	231,391	100,336
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	678,099	578,245	84,499	15,355
20 Interest	4,382,812	4,135,884	246,928	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	16,297,109	15,378,930	918,179	
23 Insurance . . .	1,524,141	522,030	1,001,129	982
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	11,066,124	10,658,568	325,884	81,672
b FACILITY REPAIRS	2,336,036	2,298,533	37,503	
c ACTIVITIES EXPENSE	1,174,180	1,135,722	30,008	8,450
d STUDY ABROAD TUITION EXPENSES	2,380,678	2,380,678		
e All other expenses	5,034,185	4,266,983	674,866	92,336
25 **Total functional expenses.** Add lines 1 through 24e	216,489,376	191,074,204	22,047,857	3,367,315
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,125	1	39,569
	2	Savings and temporary cash investments		62,427,400	2	70,513,323
	3	Pledges and grants receivable, net		6,306,264	3	5,118,322
	4	Accounts receivable, net		3,652,769	4	3,518,068
	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		5,771,943	7	4,888,740
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		3,728,072	9	4,850,410
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 441,342,252			
	b	Less accumulated depreciation	10b 223,681,455	211,995,614	10c	217,660,797
	11	Investments—publicly traded securities		124,373,398	11	110,740,074
	12	Investments—other securities See Part IV, line 11		80,196,759	12	87,077,366
	13	Investments—program-related See Part IV, line 11		1,285,486	13	1,378,072
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		147,005	15	158,758
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		499,899,835	16	505,943,499
Liabilities	17	Accounts payable and accrued expenses		24,711,363	17	23,431,408
	18	Grants payable		0	18	0
	19	Deferred revenue		9,965,655	19	9,274,000
	20	Tax-exempt bond liabilities		111,043,312	20	107,367,661
	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		15,597,624	25	18,289,248
	26	**Total liabilities.** Add lines 17 through 25		161,317,954	26	158,362,317
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		295,348,586	27	301,275,825
	28	Temporarily restricted net assets		22,036,023	28	22,209,220
	29	Permanently restricted net assets		21,197,272	29	24,096,137
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		338,581,881	33	347,581,182
	34	Total liabilities and net assets/fund balances		499,899,835	34	505,943,499

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,666,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,489,376
3	Revenue less expenses Subtract line 2 from line 1	3	19,177,535
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	338,581,881
5	Net unrealized gains (losses) on investments	5	-7,481,753
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,696,481
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	347,581,182

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? 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	3b	Yes	

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

AUXILIARY SERVICES - DINING AND HOUSING SEE SCHEDULE O

Form 990, Part III, Line 4c:

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

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
WILLIAM J CONATY CHAIR OF THE BOARD	5 0 0 0	X						0	0	0
ROBERT MEAD VICE-CHAIR OF THE BOARD	5 0 0 0	X						0	0	0
M ANNE SZOSTAK VICE-CHAIR OF THE BOARD	5 0 0 0	X						0	0	0
DAVID C WEINSTEIN VICE-CHAIR OF THE BOARD	5 0 2 0	X						0	0	0
CHERYL MERCHANT SECRETARY TO THE BOARD	5 0 0 0	X						0	0	0
TIM BARTON TRUSTEE	5 0 0 0	X						0	0	0
DAVID M BEIRNE TRUSTEE	5 0 0 0	X						0	0	0
GEORGE E BELLO TRUSTEE	5 0 0 0	X						0	0	0
JAMES P BERGERON TRUSTEE	5 0 0 0	X						0	0	0
ROBERT P BROWN TRUSTEE	5 0 0 0	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT J CALABRO TRUSTEE	5 0 0 0	X						0	0	0
TODD G CAREY TRUSTEE	5 0 0 0	X						0	0	0
LISA G CHURCHVILLE TRUSTEE	5 0 0 0	X						0	0	0
NANCY DEVINEY TRUSTEE	5 0 0 0	X						0	0	0
SCOTT C DONNELLY TRUSTEE	5 0 0 0	X						0	0	0
C CORRELL DURLING TRUSTEE	5 0 0 0	X						0	0	0
JEFFREY W GARDNER TRUSTEE	5 0 0 0	X						0	0	0
SHRUTI KANSARA TRUSTEE AS OF 7/1/18	5 0 0 0	X						0	0	0
DIANE KAZARIAN TRUSTEE	5 0 0 0	X						0	0	0
MORGAN LABARBERA TRUSTEE	5 0 0 0	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
F KURT LAST TRUSTEE	5 0 0 0	X						0	0	0
KRISTIAN P MOOR TRUSTEE	5 0 0 0	X						0	0	0
PATRICIA O'BRIEN TRUSTEE	5 0 0 0	X						0	0	0
LOUIS PAGE TRUSTEE	5 0 0 0	X						0	0	0
JOSEPH PAPARELLI TRUSTEE	5 0 0 0	X						0	0	0
JOSEPH F PUISHYS TRUSTEE	5 0 0 0	X						0	0	0
GORDON P RIBLET TRUSTEE	5 0 0 0	X						0	0	0
JAMES V ROSATI TRUSTEE	5 0 0 0	X						0	0	0
EDWIN J SANTOS TRUSTEE	5 0 0 0	X						0	0	0
DANIEL F SCHMITT TRUSTEE	5 0 0 0	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MARGARET M VAN BREE TRUSTEE	5 0 0 0	X						0	0	0
RITA WILLIAMS-BOGAR TRUSTEE	5 0 0 0	X						0	0	0
RONALD K MACHTLEY PRESIDENT/TRUSTEE	42 0 10 0			X				991,963	0	140,324
BARRY F MORRISON VP-BUSINESS AFFAIRS/TREASURER	50 0 0 0			X				419,965	0	92,286
CHARLES F LOCURTO VP-INFORMATION SERVICES/CIO	50 0 0 0			X				343,802	0	74,781
DAVID C WEGRZYN VP - UNIVERSITY ADVANCEMENT	50 0 0 0			X				295,945	0	110,099
GLENN SULMASY PROVOST	45 0 5 0			X				322,561	0	77,247
JOHN R SADDLEMIRE VP OF STUDENT AFFAIRS	50 0 0 0			X				262,357	0	69,743
ROGER L ANDERSON EXECUTIVE ASST TO PRESIDENT	50 0 0 0			X				230,890	0	74,155
MICHELLE L CLOUTIER VP OF ENROLLMENT MANAGEMENT	50 0 0 0			X				214,293	0	51,139

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
TIMOTHY T PAIGE VP HUMAN RESOURCES	50 0 0 0				X			297,009	0	29,036
MADAN G ANNAVARJULA DEAN, COLLEGE OF BUSINESS	50 0 0 0				X			254,080	0	56,305
BRADFORD D MARTIN DEAN,COLLEGE OF ARTS & SCIENCE	50 0 0 0				X			185,720	0	61,490
WILLIAM SMITH DIRECTOR OF ATHLETICS	50 0 0 0					X		288,733	0	118,304
MICHAEL J PRESSLER HEAD MEN'S LACROSS COACH	50 0 0 0					X		280,523	0	80,451
TIMOTHY J O'SHEA MEN'S BASKETBALL COACH	50 0 0 0					X		323,228	0	17,252
HONG YANG VP INTERNATIONAL AFFAIRS	45 0 5 0					X		273,110	0	50,056
PETER J NIGRO PROFESSOR SARKISIAN CHAIR	50 0 0 0					X		258,101	0	48,590
VK UNNI FORMER KEY/PROFESSOR	50 0 0 0						X	180,865	0	42,855
WENDY SAMTER FMR/DEAN,COLLEGE OF ARTS & SCI	50 0 0 0						X	125,667	0	34,318

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2018**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	7,252,715	7,497,028	10,201,407	11,770,227	8,292,858	45,014,235
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	7,252,715	7,497,028	10,201,407	11,770,227	8,292,858	45,014,235
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)						3,316,589
6 **Public support.** Subtract line 5 from line 4						41,697,646

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	7,252,715	7,497,028	10,201,407	11,770,227	8,292,858	45,014,235
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,035,440	3,537,635	3,628,785	4,232,143	1,880,406	17,314,409
9 Net income from unrelated business activities, whether or not the business is regularly carried on	33,739					33,739
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support.** Add lines 7 through 10						62,362,383

12 Gross receipts from related activities, etc (see instructions)	12	976,668,992

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	66 863 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	61 329 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** 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—2017.** 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 **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
Bryant University	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **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-
1					
2					
3					
4					
5					
6					

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		

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

		(a)	(b)
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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		20,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			20,000
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**

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
LOBBYING ACTIVITIES	THE UNIVERSITY ENTERED INTO A ONE-MONTH CONTRACT WITH THE RHODE ISLAND ACADEMY OF PHYSICIAN ASSISTANTS TO ASSIST IT WITH A STUDY OF PHYSICIAN ASSISTANT (PA) USE, INCREASED AWARENESS OF PAS, AND MARKETING THE PA PROFESSION THE CONTRACTED SERVICES TO BE PROVIDED BY THE CONTRACTOR INCLUDED ACQUIRING THE SERVICES OF A LOBBYIST TO ASSIST WITH PASSAGE OF LEGISLATION FAVORABLE TO THE PRACTICE OF PAS IN THE STATE OF RI, COLLECTING DATA FROM LICENSED PAS, DETERMINING FACTORS OR BARRIERS TO HIRING PAS, AND PROVIDING MARKETING FOR PAS IN RI IN ADDITION, THE UNIVERSITY AND SOME OF ITS EMPLOYEES ARE MEMBERS 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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ 13,596

(ii) Assets included in Form 990, Part X ▶ $ 709,714

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 Revenue included on 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	183,755,806	174,207,413	158,599,584	170,101,208	172,809,343
b Contributions	3,860,385	2,884,395	5,525,510	2,753,492	3,003,914
c Net investment earnings, gains, and losses	4,757,576	16,947,391	20,365,606	-4,158,815	4,596,564
d Grants or scholarships	2,482,703	2,397,449	2,312,534	2,222,341	1,994,626
e Other expenditures for facilities and programs	5,855,198	5,808,051	5,843,266	5,631,859	5,437,075
f Administrative expenses		2,077,893	2,127,487	2,242,101	2,876,912
g End of year balance	184,035,866	183,755,806	174,207,413	158,599,584	170,101,208

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

a Board designated or quasi-endowment ▶ 82 000 %

b Permanent endowment ▶ 18 000 %

c Temporarily restricted endowment ▶

The percentages on 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 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.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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	0	3,289,054		3,289,054
b Buildings	0	350,962,387	168,335,767	182,626,620
c Leasehold improvements				
d Equipment	0	51,124,700	40,186,902	10,937,798
e Other	0	35,966,111	15,158,786	20,807,325
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				217,660,797

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	56,533,301	F
(B) PRIVATE PLACEMENT PROGRAMS	30,544,065	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	87,077,366	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SWAP DERIVATIVES	9,631,713
ASSET RETIREMENT OBLIGATION	2,102,144
REFUNDABLE ADVANCES - US GOVER	6,555,391
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	18,289,248

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	162,931,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,481,753		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-65,363,921		
e	Add lines **2a** through **2d**			2e	-72,845,674
3	Subtract line **2e** from line **1**			3	235,776,976
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	-110,065		
c	Add lines **4a** and **4b**			4c	-110,065
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	235,666,911

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	153,979,250
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	2,779,674		
e	Add lines **2a** through **2d**			2e	2,779,674
3	Subtract line **2e** from line **1**			3	151,199,576
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			
b	Other (Describe in Part XIII)	4b	65,289,800		
c	Add lines **4a** and **4b**			4c	65,289,800
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	216,489,376

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
ORGANIZATION'S COLLECTIONS	PART III, LINE 4 THE UNIVERSITY'S ART COLLECTIONS CONSIST OF MANY DIFFERENT TYPES OF ART I NCLUDING PAINTINGS, PHOTOGRAPHS, BOOK COLLECTIONS, SPORTS MEMORABILIA, SCULPTURES, FIGURIN ES, ANTIQUES AND ARTIFACTS THE COLLECTIONS ENHANCE AND FURTHER THE PURPOSE OF THE UNIVERS ITY 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 M AKING INFORMED JUDGMENTS ABOUT CULTURAL PRODUCTS AND ISSUES

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS	PART V LINE 2 THE UNIVERSITY HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL S TATEMENTS OR NOT-FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STA TEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSES OF PART V, LINE 2, THE UNIVERSITY HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT PART V, LINE 4 The purpose of the Universitys Endowment Fund is to support the educational mission of the University by prov iding 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 fa cilities and program services

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2 THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSU ANT TO SECTION 501(A) OF THE CODE BRU LLC IS A WHOLLY OWNED SINGLE-MEMBER LLC, A DISREGAR DED ENTITY FOR TAX PURPOSES BRYANT CHINA (H K) LIMITED, and ZHUHAI BRYANT EDUCATIONAL CO NSULTING COMPANY are foreign corporations for tax purposes Any Tax liability of BRU LLC, Bryant China (H K) Limited, or Zhuhai Bryant Educational consulting company is REPORTED B Y THE UNIVERSITY THE UNIVERSITY BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITI ONS

Supplemental Information

Return Reference	Explanation
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XI, LINE 2D SCHOLARSHIPS AND GRANTS $ (65,289,800) ACCRUAL OF LIABILITY FOR ASSET REM EDIATION $ (103,115) ACCRUAL OF OTHER NONOPERATING LIABILITY $ (321) CHANGE IN SPLIT INTER EST AGREEMENT $ (85,042) CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS $ (2,508,003) BRYANT CHINA (H K) REVNUES $ 2,622,359 ZHUHAI BRYANT REVENUES $ 1 -------------- TOTAL $ (65,36 3,921)

Supplemental Information

Return Reference	Explanation
OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B FUNDRAISING EXPENSE $ (105,984) RAFFLE EXPENSES $ (4,080) ---------- TOTAL $ (110,065)

Supplemental Information

Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XII, LINE 2D FUNDRAISING EXPENSE $ 105,984 RAFFLE EXPENSES $ 4,080 BRYANT CHINA (H K) EXPENSES $ 2,662,109 ZHUHAI BRYANT EXPENSE $ 7,501 -------------- TOTAL $ 2,779,674

Supplemental Information

Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B SCHOLARSHIPS AND GRANTS $ 65,289,800

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990EZ* for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	**1**	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	**2**	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	**3**	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**4a**	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**4b**	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**4c**	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**4d**	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	**5a**		No
b	Admissions policies?	**5b**		No
c	Employment of faculty or administrative staff?	**5c**		No
d	Scholarships or other financial assistance?	**5d**		No
e	Educational policies?	**5e**		No
f	Use of facilities?	**5f**		No
g	Athletic programs?	**5g**		No
h	Other extracurricular activities?	**5h**		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	**6a**	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	**6b**		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	**7**	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E QUESTION 3	BRYANT UNIVERSITY DOES NOT CURRENTLY PUBLICIZE ITS NONDISCRIMINATORY POLICY THROUGH NEWSPAPER AND BROADCAST MEDIA HOWEVER, WITHIN THE "CAMPUS AND COMMUNITY" SECTION OF BRYANT UNIVERSITY'S WEBPAGE THERE IS AN ENTIRE PAGE TITLED "CULTURE OF RESPECT AND INCLUSION" THAT IS DEVOTED TO BRYANT'S COMMITMENT OF "PROVIDING AN INCLUSIVE AND WELCOMING EDUCATIONAL AND WORKING ENVIRONMENT FOR ALL MEMBERS OF ITS CAMPUS COMMUNITY " THIS PAGE IS ACCESSIBLE TO ALL WHO VISIT BRYANT'S WEBSITE INCLUDING PROSPECTIVE STUDENTS AND THEIR PARENTS IN ADDITION, AT THE BOTTOM OF THE UNIVERSITY'S HOMEPAGE THE NONDISCRIMINATION POLICY IS CLEARLY DESCRIBED
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 In addition, Bryant received funds from the Veterans Administration and various state 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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

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 its grants and other 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 its grants and other assistance outside the United States

3 Activities 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					7,362,090
b Total from continuation sheets to Part I					29,089,968
c Totals (add lines 3a and 3b)		1			36,452,058

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)
See Add'l Data							

Part IV Foreign Forms

		Yes	No
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)*	☑	☐
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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, don't file with Form 990)*	☐	☑
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)*	☑	☐
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑	☐
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)*	☑	☐
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☑	☐

Part V **Supplemental Information**

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).

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
ACCOUNTING METHOD	PART I, LINE 3, COLUMN (F) THE UNIVERSITY USED THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES IN EACH REGION INVESTMENTS ARE MEASURED AT FAIR MARKET VALUE EMPLOYEES IN THE REGION PART I, LINE 3(8) (PAGE 3) The Dean located in East Asia is an employee of Bryant University His salary is an expense of Bryant China (H K)

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
Central America and the Caribbean			Grantmaking		173,000
East Asia and the Pacific			Grantmaking		1,097,540

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)			Grantmaking		691,273
Middle East and North Africa			Grantmaking		95,180

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
North America			Grantmaking		602,794
Russia and the Newly Independent States			Grantmaking		20,000

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
South America			Grantmaking		263,610
South Asia			Grantmaking		680,975

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			Grantmaking		226,381
Central America and the Caribbean			Fundraising		520

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)			Fundraising		6,170
North America			Fundraising		232

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			Fundraising		366
East Asia and the Pacific			Program Services	STUDY ABROAD	734,853

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)			Program Services	STUDY ABROAD	2,390,374
North America			Program Services	STUDY ABROAD	1,878

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 America			Program Services	STUDY ABROAD	376,944
Central America and the Caribbean			Program Services	STUDENT RECRUITING	10,338

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			Program Services	STUDENT RECRUITING	1,421
Europe (Including Iceland and Greenland)			Program Services	STUDENT RECRUITING	8,660

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
North America			Program Services	STUDENT RECRUITING	968
South America			Program Services	STUDENT RECRUITING	5,727

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			Program Services	STUDENT RECRUITING	3,619
Sub-Saharan Africa			Program Services	STUDENT RECRUITING	7,892

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			Program Services	MAINT & BLD RELATIONS	81,881
Europe (Including Iceland and Greenland)			Program Services	MAINT & BLD RELATIONS	4,935

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 America			Program Services	MAINT & BLD RELATIONS	1,599
Europe (Including Iceland and Greenland)			Program Services	EXPORT ASSISTANCE	10,454

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 America			Program Services	EXPORT ASSISTANCE	9,946
East Asia and the Pacific			Program Services	INT'L LEARNING	18,803

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)			Program Services	INT'L LEARNING	16,026
North America			Program Services	INT'L LEARNING	4,247

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 America			Program Services	INT'L LEARNING	1,159
Central America and the Caribbean			Investments		26,794,665

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)			Investments		2,046,991
Central America and the Caribbean			Send agents to seminar		957

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			Send agents to seminar		11,295
Europe (Including Iceland and Greenland)			Send agents to seminar		33,124

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			Send agents to seminar		2,740
North America			Send agents to seminar		9,597

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			Send agents to seminar		2,924
East Asia and the Pacific		1	Program Services	DEAN	

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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	Central America and the Caribbean	14	173,000	STUDENT ACCT			
SCHOLARSHIPS	East Asia and the Pacific	82	1,097,540	STUDENT ACCT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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	Europe (Including Iceland and Greenland)	39	691,273	STUDENT ACCT			
SCHOLARSHIPS	Middle East and North Africa	5	95,180	STUDENT ACCT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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	North America	32	602,794	STUDENT ACCT			
SCHOLARSHIPS	Russia and the Newly Independent States	1	20,000	STUDENT ACCT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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	South America	18	263,610	STUDENT ACCT			
SCHOLARSHIPS	South Asia	50	680,975	STUDENT ACCT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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	Sub-Saharan Africa	17	226,381	STUDENT ACCT			

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www irs gov/Form990* for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☑ Mail solicitations
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? Yes	No	**(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
MARIA LAWRENCE 651A COOPER HILL ROAD MAPLEVILLE, RI 02839	FUNDRAISING CONSULTING		No		49,514	
DANIEL ALLENBY AGN PO BOX 201 MEDFIELD, MA 02052	ANNUAL GIVING		No		31,945	
WORKING PHILANTHROPY 3425 BANNERMAN RD SUITE 105-175 TALLAHASSEE, FL 32312	PROSPECT RESEARCH		No		15,300	
PATRICIA VIENS 47 BERM DRIVE CUMBERLAND, RI 02864	CAMPAIGN WRITER		No		5,963	
Total ▶					102,722	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	177,377			177,377
	2 Less Contributions	100,070			100,070
	3 Gross income (line 1 minus line 2)	77,307			77,307
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,900			1,900
	6 Rent/facility costs	33,552			33,552
	7 Food and beverages	15,077			15,077
	8 Entertainment				
	9 Other direct expenses	55,455			55,455
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				105,984
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-28,677

Part III **Gaming.** Complete if the organization answered "Yes" on 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			34,392	34,392
Direct Expenses	2 Cash prizes			3,500	3,500
	3 Noncash prizes			407	407
	4 Rent/facility costs				
	5 Other direct expenses			173	173
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 95 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,080
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				30,312

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

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

b If "No," explain
APPLICATIONS TO CONDUCT THE RAFFLES WERE FILED WITH THE RI STATE POLICE - LICENSES WERE 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

11 Does the organization conduct 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 conducted 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 ▶ Jerry Cummiskey

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 ▶ Jerry Cummiskey

Gaming manager compensation ▶ $ 0

Description of services provided ▶ Organized raffle, fund collection,& winner payment

☐ 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.** 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 provide any additional information. See instructions.

Return Reference	Explanation
GAMING	PART III, LINE 2 & 3 MEN'S AND WOMEN'S SWIMMING CONDUCTED A RAFFLE TO MEET THEIR FUNDRAISING GOALS FIRST PRIZE WAS $2,500 AND SECOND PRIZE WAS AN APPLE WATCH THAT WAS PURCHASED AT TARGET FOR $299 99 SOFTBALL HELD A RAFFLE TO SUPPORT THEIR FUNDRAISING GOALS THE MAJORITY OF PRIZES WERE DONATED WITH THE EXCEPTION OF TICKETS TO A BASEBALL GAME THE COST OF THE TICKETS WAS $107 AND THE DONATED PRIZES WERE OF NOMINAL VALUE MEN'S SOCCER HELD A RAFFLE TO HELP SUPPORT FUNDRAISING GOALS THE PRIZE WAS $1,000 PART III, LINE 14 SEAMUS PURCELL AND BRIANNA CHIUSANO PART III, LINE 16 SEAMUS PURCELL AND BRIANNA CHIUSANO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195036120

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I **General Information on Grants and Assistance**

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

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 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 noncash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PROCEDURES TO MONITOR THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2 ALL FEDERAL TITLE IV FUNDS RECEIVED BY BRYANT UNIVERSITY ARE MANAGED IN STRICT COMPLIANCE WITH ALL REQUIREMENTS SET FORTH IN THE PROGRAM PARTICIPATION AGREEMENT, A FORMAL 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 THREE (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 THE UNIVERSITY PROVIDES ASSISTANCE FOR COMMUNITY SUPPORT TO VARIOUS ORGANIZATIONS THROUGH THEIR FUNDRAISING EVENTS IN THE CURRENT YEAR, NO ORGANIZATION RECEIVED OVER $5,000 FROM THE UNIVERSITY IN THIS CAPACITY

Additional Data

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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/NEED-BASED SCHOLARSHIPS	3541	48,616,165			
ANNUAL GIFTS	94	428,495			
ATHLETIC AWARDS	444	7,845,191			
DIVERSITY AWARDS	49	1,061,500			
ENDOWED SCHOLARSHIPS	258	1,439,790			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
SPECIAL PROGRAMS	271	1,141,246			
ADVANTAGE SCHOLARSHIPS	34	113,754			
STATE & INSTITUTION	94	360,082			
SEOG PROGRAM	475	395,963			
FWS COMMUNITY SERVICE	32	37,239			

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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Bryant University	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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☑ 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 directors, trustees, officers, including 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 ☑ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
BENEFITS	PART I, LINE 1A RONALD MACHTLEY, PRESIDENT OF THE UNIVERSITY AND MEMBER OF THE BOARD OF TRUSTEES, TRAVELLED ON THREE TRIPS WITH HIS SPOUSE, KATI MACHTLEY, ON UNIVERSITY RELATED BUSINESS THESE EXPENSES ARE NOT CONSIDERED COMPENSATION FOR PRESIDENT MACHTLEY SINCE THE TRIP WAS BUSINESS RELATED AND MRS MACHTLEY IS ALSO AN EMPLOYEE OF THE UNIVERSITY ACCORDING TO THE UNIVERSITY'S POLICY, TRAVEL FOR THE PRESIDENT'S COMPANION SHALL ONLY BE REIMBURSED WHEN INCURRED WHILE CONDUCTING BUSINESS FOR THE UNIVERSITY The University paid for club memberships and associated fees for President Machtley, Barry Morrison (VP for Business Affairs), David Wegrzyn (VP for University Advancement), William Smith (Director of Athletics), and Michael Pressler (Head Men's Lacrosse Coach) These memberships were obtained for business purposes, and are included as non-taxable benefits in Part II Personal, non-business related usage expenses are paid for by the employee, not the University AS A CONDITION OF THEIR EMPLOYMENT, THE UNIVERSITY PROVIDED ON-CAMPUS HOUSING FOR PRESIDENT MACHTLEY, GLENN SULMASY, PROVOST, JOHN SADDLEMIRE, VICE PRESIDENT FOR STUDENT AFFAIRS, AND WILLIAM SMITH, DIRECTOR OF ATHLETICS THE UNIVERSITY PROVIDES CUSTODIAL SERVICES TO MAINTAIN THE HOUSING THESE AMOUNTS ARE INCLUDED AS NON-TAXABLE BENEFITS IN PART II DURING THE TWO-YEAR WAITING PERIOD FOR ELIGIBILITY TO PARTICIPATE IN THE UNIVERSITY'S CONTRIBUTIONS TO ITS RETIREMENT PLAN, TIMOTHY PAIGE, VICE PRESIDENT OF HUMAN RESOURCES, WAS PROVIDED WITH A PAYMENT MADE ON A MONTHLY BASIS THAT IS EQUIVALENT TO THE UNIVERSITY'S ANNUAL CONTRIBUTION TO THE RETIREMENT PLAN PLUS TAXES THIS IS TREATED AS TAXABLE COMPENSATION and is included in Schedule J, Part II, Column B(iii) WILLIAM SMITH, DIRECTOR OF ATHLETICS, RECEIVES A FIXED AMOUNT OF ADDITIONAL COMPENSATION PLUS TAXES MONTHLY THIS IS TREATED AS TAXABLE COMPENSATION and is included in Schedule J, Part II, Column B(iii)

Return Reference	Explanation
SEVERANCE PAYMENTS	PART I, LINE 4A ON MARCH 1, 2018, THE UNIVERSITY ENTERED INTO A SEPARATION AGREEMENT WITH TIMOTHY O'SHEA, MEN'S HEAD BASKETBALL COACH FOR THE PERIOD OF MARCH 1, 2018 THROUGH MAY 31, 2019, T O'SHEA'S SEVERANCE IS EQUAL TO 100% BASE SALARY CONTINUATION AND CONTRACTUAL OVERLOAD PAYMENTS FOR THE PERIOD OF JUNE 1, 2019 THROUGH JUNE 30, 2020, T O'SHEA'S SEVERANCE IS EQUAL TO 50% BASE SALARY CONTINUATION AND CONTRACTUAL OVERLOAD PAYMENTS FOR 2018, T O'SHEA RECEIVED $248,271 IN SEVERANCE

Return Reference	Explanation
NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN	PART I, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR WHICH CONTRIBUTIONS WERE MADE IN 2018 RELATED TO EARNINGS FOR CALENDAR YEAR 2018 BARRY MORRISON (VP OF BUSINESS AFFAIRS), CHARLES LOCURTO (VP OF INFORMATION SERVICES/CIO), AND ROGER ANDERSON (EXECUTIVE ASSISTANT TO THE PRESIDENT) NO DISTRIBUTIONS WERE MADE IN 2018

Return Reference	Explanation
AT-RISK COMPENSATION	PART I, LINE 7 AT RISK COMPENSATION (ARS) AWARD IS BASED ON THE ACHIEVEMENT OF AN OBJECTIVE AND QUANTITATIVE SET OF MEASURABLE GOALS WHICH ARE MUTUALLY ESTABLISHED BETWEEN THE PRESIDENT AND ELIGIBLE PARTICIPANTS AT THE BEGINNING OF EACH FISCAL YEAR THE PRESIDENT MAKES HIS ASSESSMENT OF EACH PARTICIPANT'S ACHIEVEMENT OF SPECIFIC GOALS, AND PRESENTS HIS "AT RISK AWARD" RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL REVIEW AND APPROVAL

Return Reference	Explanation
OTHER COMPENSATION DETAILS	PART II, COLUMN B (III) INCLUDES PAYMENTS FOR GROUP TERM LIFE PREMIUMS AND PERSONAL USE OF AUTO IN 2003, AFTER RONALD K MACHTLEY ("MACHTLEY") SERVED AS BRYANT'S PRESIDENT FOR SEVEN YEARS, BRYANT'S BOARD DESIRED TO RETAIN MACHTLEY'S PROVEN LEADERSHIP FOR A LONGER PERIOD OF TIME FOLLOWING A MARKET ANALYSIS, THE BOARD'S COMPENSATION COMMITTEE ESTABLISHED A LONG-TERM DEFERRED COMPENSATION PLAN FOR MACHTLEY THAT LASTED APPROXIMATELY FIFTEEN ADDITIONAL YEARS CONSISTENT WITH BRYANT'S LONG-TERM RETENTION STRATEGY, THE PLAN PROVIDED THAT MACHTLEY WOULD FORFEIT ALL PLAN PAYMENTS IF, BEFORE 2018, MACHTLEY VOLUNTARILY DECIDED TO LEAVE BRYANT OR WAS TERMINATED FOR CAUSE IN DECEMBER 2017, MACHTLEY AND THE BOARD'S COMPENSATION COMMITTEE AGREED TO WAIVE THE PLAN'S FORFEITURE PROVISIONS WITH RESPECT TO APPROXIMATELY 96% OF PLAN BENEFITS THIS ACTION CAUSED MACHTLEY TO RECOGNIZE SUCH AMOUNT AS TAXABLE INCOME FOR 2017 THE FORFEITURE PROVISIONS APPLICABLE TO THE REMAINING 4% OF TOTAL PLAN BENEFITS WERE NOT WAIVED IN CALENDAR 2017 AND WAS RECOGNIZED AS TAXABLE INCOME TOTALLING $223,198 IN 2018 FROM THIS AMOUNT, BRYANT WITHHELD FEDERAL AND STATE INCOME TAXES TOTALING $67,718 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, MOVING EXPENSES, AS WELL AS THE VALUE OF ON-CAMPUS HOUSING PROVIDED TO CERTAIN KEY EMPLOYEES UNDER THE REQUIREMENTS OF THEIR EMPLOYMENT CONTRACTS

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
RONALD K MACHTLEY PRESIDENT/TRUSTEE	(i)	687,335		304,628	31,200	109,124	1,132,287	
	(ii)							
BARRY F MORRISON VP-BUSINESS AFFAIRS/TREASURER	(i)	361,814	36,572	21,579	51,200	41,086	512,251	0
	(ii)	0	0	0	0	0	0	0
CHARLES F LOCURTO VP-INFORMATION SERVICES/CIO	(i)	295,596	38,384	9,822	51,200	23,581	418,583	0
	(ii)	0	0	0	0	0	0	0
DAVID C WEGRZYN VP - UNIVERSITY ADVANCEMENT	(i)	255,695	34,226	6,024	29,875	80,224	406,044	0
	(ii)	0	0	0	0	0	0	0
GLENN SULMASY PROVOST	(i)	282,094	33,683	6,784	31,200	46,047	399,808	0
	(ii)	0	0	0	0	0	0	0
JOHN R SADDLEMIRE VP OF STUDENT AFFAIRS	(i)	224,245	34,944	3,168	25,170	44,573	332,100	0
	(ii)	0	0	0	0	0	0	0
ROGER L ANDERSON EXECUTIVE ASST TO PRESIDENT	(i)	179,605	20,000	31,285	50,658	23,497	305,045	0
	(ii)	0	0	0	0	0	0	0
MICHELLE L CLOUTIER VP OF ENROLLMENT MANAGEMENT	(i)	180,326	33,540	427	21,257	29,882	265,432	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY T PAIGE VP HUMAN RESOURCES	(i)	234,490	35,230	27,289	0	29,036	326,045	0
	(ii)	0	0	0	0	0	0	0
MADAN G ANNAVARJULA DEAN, COLLEGE OF BUSINESS	(i)	250,822	1,000	2,258	29,386	26,919	310,385	0
	(ii)	0	0	0	0	0	0	0
BRADFORD D MARTIN DEAN,COLLEGE OF ARTS & SCIENCE	(i)	180,331	4,500	889	20,525	40,965	247,210	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SMITH DIRECTOR OF ATHLETICS	(i)	199,007	31,772	57,954	27,818	90,486	407,037	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J PRESSLER HEAD MEN'S LACROSS COACH	(i)	197,204		83,319	21,865	58,586	360,974	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY J O'SHEA MEN'S BASKETBALL COACH	(i)	60,435		262,793	5,667	11,585	340,480	0
	(ii)	0	0	0	0	0	0	0
HONG YANG VP INTERNATIONAL AFFAIRS	(i)	212,625	34,723	25,762	26,297	23,759	323,166	0
	(ii)	0	0	0	0	0	0	0
PETER J NIGRO PROFESSOR SARKISIAN CHAIR	(i)	256,631	500	970	22,242	26,348	306,691	
	(ii)							
VK UNNI FORMER KEY/PROFESSOR	(i)	180,865			19,767	23,088	223,720	0
	(ii)	0	0	0	0	0	0	0
WENDY SAMTER FMR/DEAN,COLLEGE OF ARTS & SCI	(i)	123,919		1,748	13,055	21,263	159,985	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047
2018
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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	RI Health and Educational Bldng Corp SERIES 2008	52-1300173	762197CE9	04-24-2008	50,420,000	Refunding 12/8/05 Bonds & 6/21/07		X		X		X
B	RI Health and Educational Bldng Corp SERIES 2011	52-1300173	762197HQ7	11-29-2011	24,160,304	Refunding 1/24/01 Bonds		X		X		X
C	RI Health and Educational Bldng Corp SERIES 2014	52-1300173	762197RA1	06-04-2014	49,462,785	CONSTRUCT/EQUIP VARIOUS FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,265,000	6,040,000	4,090,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	50,420,000	24,160,304	49,686,153	
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	432,419	
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	49,253,734	
11	Other spent proceeds	50,000,000	23,897,575	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2008	2002	2016	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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				X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X				X			

Part III **Private Business Use** (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X				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				X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 500 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 300 %							
6	Total of lines 4 and 5	0 800 %							
7	Does the bond issue meet the private security or payment test?		X				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				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				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				X			

Part IV **Arbitrage**

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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	WELL FARGOBARLAYS		0		0			
c	Term of hedge	2650 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, COLUMN C, LINE 3	THE DIFFERENCE OF $223,368 BETWEEN PART I LINE C COLUMN (E) AND PART II LINE 3 COLUMN (C) IS THE INVESTMENT EARNINGS

Return Reference	Explanation
PART IV, COLUMN A, LINE 2C	Arbitrage calculation prepared on April 24, 2018

Return Reference	Explanation
PART IV, COLUMN B, LINE 2C	Arbitrage calculation prepared on NOVEMBER 29, 2016

Return Reference	Explanation
PART IV, COLUMN C, LINE 2C	Arbitrage calculation prepared on June 4, 2019

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.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting 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	10,769	TUITION	TUITION REMISSION/EXCHANG
(2) NA	N/A	18,000	TUITION	TUITION REMISSION/EXCHANG

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) KATI MACHTLEY	SPOUSE OF RONALD MACHTLEY	87,084	SALARY & BENEFITS PAID BY UNIV		No
(2) MARIE SADDLEMIRE	SPOUSE OF JOHN SADDLEMIRE	57,392	SALARY & BENEFITS PAID BY UNIV		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195036120

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.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

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	X	2	13,500	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	16,294	AVERAGE OF HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLF TOURNAMENTS)	X	59	22,809	FMV
26 Other ▶ (MISCELLANEOUS)	X	15	134,572	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

			Yes	No
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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				

Part II **Supplemental Information.**

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.

Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	PART I, COLUMN B THE AMOUNT REPORTED IN THIS COLUMN DENOTES THE NUMBER OF CONTRIBUTIONS RECORDED DURING THE FISCAL YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195036120

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICES	Part III, Line 1 STRATEGIC VISION 2020 BRYANT TODAY IS THE CULMINATION OF 150 YEARS OF CON TINUOUS GROWTH AND INNOVATION THROUGHOUT THE UNIVERSITY'S HISTORY, OUR RIGOROUS AND INNOV ATIVE ACADEMIC PROGRAMS HAVE INTEGRATED THEORY AND PRACTICE IN RELEVANT AND MEANINGFUL WAY S THAT EMPOWER OUR STUDENTS AND ARE HIGHLY VALUED IN THE MARKET PLACE BUILDING ON THE GRO WTH AND MOMENTUM OF THE PAST 15 YEARS, VISION 2020 WILL GUIDE US ON A PATH TO AN EVEN STRO NGER, ENDURING FUTURE STRATEGIC PILLARS - INTEGRATION OF ACADEMIC AND STUDENT LIFE - GLOB AL PERSPECTIVE - INNOVATION AND CREATIVITY - CHARACTER AND LEADERSHIP BRYANT COLLEGE WAS F OUNDED IN 1863 IN RESPONSE TO AN EARLY DEMAND FOR SPECIALIZED TRAINING IN COMMERCE AND FIN ANCE BRYANT COLLEGE CHANGED ITS NAME TO BRYANT UNIVERSITY IN AUGUST 2005 THE UNIVERSITY IS SITUATED ON APPROXIMATELY 430 ACRES IN SMITHFIELD, RHODE ISLAND BRYANT UNIVERSITY OFFE RS 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 AC HIEVED THE PRESTIGIOUS ACCREDITATION FROM AACSB INTERNATIONAL - THE ASSOCIATION TO ADVANCE COLLEGIATE SCHOOLS OF BUSINESS, AND IS THUS ONE OF ONLY THREE RHODE ISLAND UNIVERSITIES A ND ONE OF ONLY THREE BUSINESS-SPECIALTY SCHOOLS IN NEW ENGLAND TO HAVE ACHIEVED THIS NATIO NAL ACCREDITATION BRYANT IS ALSO ACCREDITED BY THE NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES (NEASC) PART III, LINES 4A-4b LINE 4A *UNDERGRADUATE, GRADUATE AND CERTIFICATE PROGRAMS - INCLUDING ACADEMIC SUPPORT AND STUDENT SERVICES* Bryant University offers under graduate and graduate degrees, graduate certificates, and executive education programs Th e FTE for the undergraduate program in Smithfield, RI was 3,471 and the graduate program w as 247 Within the undergraduate program, there are two schools, The College of Arts and S ciences and the College of Business The College of Arts and Sciences offers a wide range of studies in the humanities, social sciences, mathematics, and the natural sciences The College of Business's impressive array of business specialties offers students the depth a nd 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 AAC SB International - The Association to Advance Collegiate Schools of Business The Graduate School of Health Sciences offers a Physician Assistant Studies Program offering exception al medical education and hands-on training In addition Bryant also offers additional educ ational 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, an d growth-focused corporations

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICES	LINE 4B *AUXILIARY SERVICES - DINING AND HOUSING* Approximately 76% of our Smithfield stu dents reside on campus in our residence halls and townhouses Living options at Bryant Uni versity are designed to foster a gradual increase of independent lifestyle and individual responsibility First-year students have the opportunity to establish relationships with l arge numbers of classmates in a more traditional setting Sophomores and Juniors experimen t with small-group living while eating in common areas with all resident students Most se niors live independently in townhouse units with full responsibility for their cooking, cl eaning, 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 m eal plan Bryant offers a number of plans to provide students flexible options for on-camp us dining at the several locations available on campus

990 Schedule O, Supplemental Information

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 AS DIRECTORS OF BRYANT CHINA (HK) LIMITED RONALD MACHTLEY, HONG YANG AND DAVID WEINSTEIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, QUESTION 11B 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 VOITNG BOARD MEMBER PRIOR TO FILING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION POLICY	PART VI, SECTION B, QUESTION 15A & 15B THE BOARD OF TRUSTEES, THROUGH ITS EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE"), UTILIZES AN EXECUTIVE COMPENSATION PHILOSOPHY, AMENDED AND RATIFIED BY THE BOARD OF TRUSTEES IN OCTOBER 2007, TO ESTABLISH COMPENSATION FOR ALL UNIVERSITY OFFICERS AND KEY EXECUTIVES THE UNIVERSITY PREPARES AN ANNUAL REPORT, THE "EXECUTIVE COMPENSATION REPORT, DISCUSSION REPORT FOR THE EXECUTIVE COMPENSATION COMMITTEE" THE REPORT SUMMARIZES ANNUAL PERFORMANCE AGAINST INSTITUTIONAL BENCHMARKS, ANNUAL STRATEGIC GOALS AND DIVISIONAL OPERATIONAL OBJECTIVES, AND PROVIDES MARKET COMPARABILITY DATA FOR THE DESIGNATED POSITIONS THE PRESIDENT ALSO PROVIDES A COVER MEMO TO THE COMMITTEE THAT ANALYZES AND RECOMMENDS TARGET ACHIEVEMENTS SET BY THE PERFORMANCE BONUS PLAN, BASE SALARY AND MAXIMUM PERFORMANCE BONUS FOR EACH EXECUTIVE BASED ON THIS INFORMATION, THE COMMITTEE MAKES A DETERMINATION RELATIVE TO COMPENSATION FOR THE PRESIDENT AND REVIEWS AND AUTHORIZES THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR THE EXECUTIVE TEAM IN ADDITION, IN 2015 THE UNIVERSITY ENGAGED AN OUTSIDE CONSULTING COMPANY TO PERFORM A HIGH LEVEL AUDIT AND PROVIDE RECOMMENDATIONS ON CHANGES TO SPECIFIC ELEMENTS IN THE EXECUTIVE COMPENSATION PROGRAM THE CONSULTING COMPANY BELIEVES THE ELEMENTS WERE WELL DOCUMENTED AND COMPREHENSIVE 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 DETERMINATION

990 Schedule O, Supplemental Information

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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CHANGE IN PRESENTATION OF NET ASSETS	FORM 990, PART X, LINES 27, 28, AND 29 THE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSES OF FORM 990, PART X, LINES 27, 28, AND 29, THE COLLEGE HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS PERMANENTLY RESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET ASSETS, RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP $ (2,508,003) ACCRUAL OF OTHER NONOPERATING LIABILITY $ (321) CHANGE IN SPLIT INTEREST AGREEMENT $ (85,042) ACCRUAL OF LIABILITY FOR ASSET REMEDIATION $ (103,115) ------------- TOTAL $ (2,696,481)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bryant University

Employer identification number
05-0258810

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

(a) Name, address, and EIN (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		624,773	BRYANT UNIV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER UNITRUST(1)	CHARITABLE TR	RI	BRYANT U	TRUST				Yes	
(2)BRYANT CHINA (HK) LIMITED 11/F ONE PACIFIC PL 88 QUEENSWAY HONG KONG HK	PROV OF PROG SERV	HK	BRYANT U	CORPORATION	2,622,359	464,784	100 000 %	Yes	
(3) Zhuhai Bryant Educational Consulting Co 6 Baohua Road Room 105-11319 Zhuhai 519000 CH	PROV OF PROG SERV	CH	BRYANT CHINA HK	CORPORATION	1	0	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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

			Yes	No
1	During the tax year, did the orgranization 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	**1a**		No
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**		No
d	Loans or loan guarantees to or for related organization(s)	**1d**		No
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Dividends from related organization(s)	**1f**		No
g	Sale of assets to related organization(s)	**1g**		No
h	Purchase of assets from related organization(s)	**1h**		No
i	Exchange of assets with related organization(s)	**1i**		No
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		No
o	Sharing of paid employees with related organization(s)	**1o**		No
p	Reimbursement paid to related organization(s) for expenses	**1p**	Yes	
q	Reimbursement paid by related organization(s) for expenses	**1q**	Yes	
r	Other transfer of cash or property to related organization(s)	**1r**	Yes	
s	Other transfer of cash or property from related organization(s)	**1s**		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 related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) BRYANT CHINA (HK) LIMITED	P	2,606,804	FMV
(2) BRYANT CHINA (HK) LIMITED	Q	2,401,573	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation