DLN: 93493133011230 OMB No 1545-0047 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 Open to Public Department of the ► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 **C** Name of organization D Employer identification number B Check if applicable Barry University Inc ☐ Address change 59-0624364 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 11300 NE 2nd Avenue ☐ Application pending (305) 899-3050 City or town, state or province, country, and ZIP or foreign postal code Miami Shores, FL  $\,$  331616695  $\,$ G Gross receipts \$ 205,058,938 Name and address of principal officer H(a) Is this a group return for Sr Linda Bevilacqua OP □Yes ☑No subordinates? 11300 NE 2nd Avenue H(b) Are all subordinates Miami Shores, FL 331616695 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► http://www.barry.edu L Year of formation 1940 M State of legal domicile FL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Barry University is a Catholic institution grounded in the liberal arts tradition, fostering a scholarly community committed to maintaining the highest academic standards in undergraduate, graduate, and professional education Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 30 Number of independent voting members of the governing body (Part VI, line 1b) 2,591 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 190 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 26,908 b Net unrelated business taxable income from Form 990-T, line 34 7b -4.344 **Prior Year Current Year** 4,671,830 5,098,814 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 178,274,480 179,443,812 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,940,508 2,042,704 3,357,536 6,154,807 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 190,244,354 192,740,137 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 49,959,421 53,393,162 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 79,669,089 79,494,140 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶338,258 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 59,218,969 60,211,608 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 188,847,479 193,098,910 19 Revenue less expenses Subtract line 18 from line 12 . 1,396,875 -358,773 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 218,723,752 220,733,342 104,847,765 21 Total liabilities (Part X, line 26) . 96,212,218 115,885,577 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2020-05-12 Signature of officer Sign Here Susan Rosenthal VP for Business & Finance Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00721951 Paid self-employed Firm's EIN > 36-3990892 Preparer Use Only Firm's address > 1255 Lakes Parkway Suite 130 Phone no (678) 518-5301 Lawrenceville, GA 30043 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)						Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments			
	Check If Sche	edule O contains a resp	onse or note to	any line in this Part III			<b>✓</b>
1	Briefly describe the	organization's mission					
Barry Catho learn Unive	University is a schola blic intellectual life fait ing leads to knowledg eristy provides opporti	arly community commithing the strate of this tradition of a construction of the strate	ted to the highes A Barry educatior leads to informe r Catholic identit	t academic standards i i and university experie d action, and a commit y, Dominican heritage,	an Dominican Sisters Grounded n undergraduate, graduate and pence foster individual and commu ment to social justice leads to co and collegiate traditions Catholi our religious identity while remain	professional education inal transformation wh llaborative service Ba c beliefs and values a	in the nere arry re
2	-	, -		- ·	hich were not listed on		
	'	or 990-EZ?				☐ Yes ☑ N	lo
_	·	ese new services on So					
3	<u>-</u>	<u>.</u>	make significant	changes in how it cond	ucts, any program	□ves V	
	services?					∟ Yes ⊻	No
	If "Yes," describe the	ese changes on Schedu	ile O				
4	Section 501(c)(3) ar		ions are required	to report the amount of	largest program services, as me of grants and allocations to other		
	(Code	) (Expenses \$	124,290,972	including grants of \$	53,393,162 ) (Revenue \$	163,531,625 )	
	See Additional Data						
4b	(Code	) (Expenses \$	28,641,777	ıncludıng grants of \$	) (Revenue \$	20,512,140 )	
	See Additional Data						
4c	(Code	) (Expenses \$	6,502,271	including grants of \$	) (Revenue \$	44,298 )	
	See Additional Data						
4d	Other program servi	ices (Describe in Sched	lule O )				
	(Expenses \$	ınd	cluding grants of	\$	) (Revenue \$	)	
4e	Total program ser		159,435,0		-		

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Pa	tiV 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?	5		No
6	If "Yes," complete Schedule C, Part III	3		
7	If "Yes," complete Schedule D, Part I 2	6	Vaa	No
Q	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7	Yes	
	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, VIII, VIII, IX, or X as applicable			
	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		No
	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
	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 2	11d		No
е	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 2	12a		No
Ь	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	
	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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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	

ar Score Di the cooperation Di to See The Di to Cooperation Di to	Checklist of Required Schedules (continued)  Oid 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.  Oid 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  Oid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Oid the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  Oid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Oid the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  So 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?  Oid 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?  Oid 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	24a 24b 24c 24d 25a 25b	Yes Yes	No No No No
ar Score Di the cooperation Di to See The Di to Cooperation Di to	Indigenous officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete ichedule J.  Indigenous 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.  Indigenous the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Indigenous the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  Indigenous the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Indigenous the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  Indigenous 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.  If "Yes," complete Schedule L, Part I.  If "Yes," complete Schedule L, Part II.	24a 24b 24c 24d 25a 25b	Yes	No No No
ar Score Di the cooperation Di to See The Di to Cooperation Di to	Indigenous officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete ichedule J.  Indigenous 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.  Indigenous the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Indigenous the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  Indigenous the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Indigenous the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  Indigenous 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.  If "Yes," complete Schedule L, Part I.  If "Yes," complete Schedule L, Part II.	24a 24b 24c 24d 25a 25b		No No No
th co	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	24b 24c 24d 25a 25b	Yes	No No No
Di to Di Se Di co Is th If Di fo	old the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?	24c 24d 25a 25b		No No No
to Di Se Di co Is th If Di fo	defease any tax-exempt bonds?	24d 25a 25b		No No
Is th Di fo	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Old the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," omplete Schedule L, Part I	25a 25b		No
Is th If Di	ond the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," omplete Schedule L, Part I	25a 25b		
th <i>If</i> Di fo	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			No
fo	ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  f "Yes," complete Schedule L, Part II  old the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		1
		I		No
co	f any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Vas 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)			
	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an fficer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
Dı	old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🥻 🕏	29	Yes	
	old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule M	30		No
Dı	old the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  f "Yes," complete Schedule N, Part II	32		No
	old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
W	Vas 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	
l Di	old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	f 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity in the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
Se	rganization? If "Yes," complete Schedule R, Part V, line 2	36		No
Dı	old 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
Dı	old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> Ill Form 990 filers are required to complete Schedule O	38	Yes	
art V				
نکه	Check if Schedule O contains a response or note to any line in this Part V			
		Ī	Yes	_ No

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

**1**c

Yes

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

No

No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 30			
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		No
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
		40	Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		110
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124	103	
	conflicts?	12b	Yes	
13	Schedule O how this was done	12c	Yes Yes	
13 14		14	Yes	
15	Did the organization have a written document retention and destruction policy?	14	res	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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	- · · · · · · · · · · · · · · · · · · ·	l I		No
Ь	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		INO
	taxable entity during the year?  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	16a		
	taxable entity during the year?	16a 16b		
	taxable entity during the year?			NO
Se	taxable entity during the year?			NO
<b>S</b> e	taxable entity during the year?			No
<b>S</b> e	taxable entity during the year?			No
	taxable entity during the year?			NO

Part VII

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

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

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
  - f 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

• 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)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	ıs b	ne bo oth a	ox, u n off or/t	unless perso officer and a /trustee)			compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form <b>990</b> (2018)

6230 Stoneridge Mall Road Pleasanton, CA 94588

compensation from the organization ▶ 39

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

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	(A) Name and Title	(B) Average hours per week (list any hours	than c	(C) on (do not choone box, unlessorth an officer director/trust			ss pers	son	(D) Reports compens from to	able sation the on (W-	(E) Reportable compensation from related organizations (1	w-	Estima amount o compens from	ated f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-1	MISC)	2/1099-MISC	)	organizati relati organiza	ed
See A	Addıtıonal Data Table											$\dashv$		
												1		
												_		
11.5	ub-Total											$\perp$		
	ub-Total  .     .		 A	٠.			<b>▶</b>   <b>▶</b> [							
							<u> </u>		2,906	<u> </u>		0		470,135
2	Total number of individuals (including of reportable compensation from the			e iiste	ed a	DOV	e) wno	rece	eivea more	tnan \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e	mpl •	oyee,	or hi	ghest comp	ensated •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the		V	
5	Did any person listed on line 1a receive services rendered to the organization									n or ındı	ividual for	4		
Se	ction B. Independent Contract						icii pei	30//			<u> </u>	5		No
1	Complete this table for your five higher from the organization Report comper	est compensate										nper	nsation	
	· · · · · · · · · · · · · · · · · · ·	(A) nd business addre		year	Circ	9	WICH O	. ,,,,			(B)		(C Compen	
Compa	ass Group	na business addre	-33						Foo	od Servic	•			,620,604
	x 50196 geles, CA 900740196													
GCA	-								Cu	stodial, G	irounds Services		2,	,480,475
Clevel	Euclid Ave Suite 1500 and, OH 44115													
	Universal								Se	curity Sei	vices		2,	,113,458
Consh	ashington Street Suite 600 Ei ohocken, PA 19428 int Brands Inc								h.#	rkotus =				662 246
	ouglas Road La Puerta del Sol								l <sup>ivi</sup> a	rketing			1	,662,346
Coral	Gables, FL 33134 ay Inc								Sol	ftware Se	rvice		1,	,114,328

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

Part		Statement of	Revenue									Page 9
ıaıı	VII	<del></del>		a respo	onse or note to any	line in thi	ıs Part VIII					🗆
						(A Total re	<u>.)</u>	Rela ex fur	(B) ated or empt action	(C) Unrelat busine reveni	ted :ss	(D) Revenue excluded from ax under sections
	1	.a Federated campaigi	ns	1a				rev	/enue			512 - 514
nts		<b>b</b> Membership dues		1b								
Gra		c Fundraising events		1c	13,573							
fs, T		d Related organizatio	ns	1d								
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (co	ontributions)	1e	3,017,772							
ıns, Sir		f All other contributions,	gifts, grants,									
utio		and similar amounts no above	ot included	1f	2,067,469							
<b>E E</b>		g Noncash contribution in lines 1a - 1f \$	ons included	17	6,262							
Cont		h Total. Add lines 1a-			<b>&gt;</b>							
	H				Business		5,098,814			I		T
E E	2	a Tuition and Fees				900099	162,7	747,692	162,747	7,692		+
rev.	ı	<b>b</b> Auxilliary Enterprises				900099	12,9	994,690	12,994	1,690		
ı O <u>r</u>	١,	Student fees				900099	1,4	145,628	1,445	5,628		
r	١,	Podiatric Clinic				900099	1,1	130,393	1,130	0,393		
% ≃		Athletic facilities				532000	1,1	125,409	1,098	3,501	26,90	8
Program Service Revenue	١.	. All				332000						
ď		f All other program se			179,4	143,812						
	⊢	JTotal. Add lines 2a-2			enterest and other	1						
		Investment income (in similar amounts) .	· · · ·		Interest, and other		1,876,33	2				1,876,332
		Income from investme		-		<b>-</b>						
	5	Royalties	•	·								
	6	a Gross rents	(ı) Rea	<u>'</u>	(II) Fersonal	1						
			•	579,418 0		_						
		<b>b</b> Less rental expenses		U								
		c Rental income or (loss)	(	79,418		1						
		<b>d</b> Net rental income or	r (loss) .     .			-	679,41	8				679,418
			(ı) Securi	ties	(II) Other							
	78	a Gross amount from sales of	12,3	349,296	29,499	9						
		assets other than inventory			,							
		<b>b</b> Less cost or				+						
		other basis and sales expenses	12,2	(	0							
		C Gain or (loss)		L36,873	29,499	<u> </u>	466.07					466.070
		<b>d</b> Net gain or (loss) . <b>a</b> Gross income from fi			<b>•</b>		166,37	2			-	166,372
<u>a</u>		(not including \$	13,573									
듄		contributions reporte See Part IV, line 18		а	54,822							
Re		<b>b</b> Less direct expense:	s	ь	106,378	1						
Other Revenue		c Net income or (loss)		-	ents		-51,55	6				-51,556
ð	9	a Gross income from g See Part IV, line 19		ies								
				а	,							
		<b>b</b> Less direct expenses		Ь								
		<b>c</b> Net income or (loss) PaGross sales of invent		activit	les ▶	1						
		returns and allowance										
		<b>b</b> Less cost of goods s	ماط	a b		-						
		C Net income or (loss)										
		Miscellaneous		mvem	Business Code							
	1	<b>1a</b> Reimbursements			900099	9	1,998,55	5	1,998,555			
		<b>b</b> Gain on sale of nonc	on		900099	9	855,78	6				855,786
	'	c										
		d (1) -41					2 672 60	4	2 672 624			
		<b>d</b> All other revenue . <b>e Total.</b> Add lines 11a:					2,672,60		2,672,604			
		2 Total revenue. See					5,526,94	5				
		- Total Tevellue, 5ee	ansa actions	•	· · · •		192,740,13	7	184,088,063		26,908	3,526,352 Form <b>990</b> (2018)

For	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		<u> <math>\square</math></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Part IV, line 22	53,393,162	53,393,162		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,584,005	2,167,470	407,735	8,800
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	271,571	227,958	42,689	924
7	Other salaries and wages	63,468,446	53,392,789	9,858,994	216,663
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,717,466	1,405,820	303,728	7,918
9	Other employee benefits	6,873,260	5,550,332	1,306,796	16,132
10	Payroll taxes	4,579,392	3,879,186	683,743	16,463
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal	136,919	23,605	113,314	
	c Accounting	612,878		612,878	
	d Lobbying	59,450		59,450	_
	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees	104,309	57,959	46,350	
!	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,028,784	2,853,426	1,174,358	1,000
12	. Advertising and promotion	3,006,385	463,166	2,495,572	47,647
13	Office expenses	2,348,857	2,252,548	96,094	215
	Information technology	6,397,749	741,465	5,654,501	1,783
15	Royalties				
16	Occupancy	14,617,581	12,395,071	2,222,402	108
17	Travel	2,053,820	1,895,420	150,370	8,030
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	327,786	279,686	46,496	1,604
20	Interest	3,335,336	2,782,549	552,787	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,339,012	7,073,589	1,265,423	
	Insurance	3,517,718	395,135	3,122,583	
	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 Food Service	5,217,249	4,749,584	463,117	4,548
	b Bad Debt	1,659,700	957	1,658,743	
	c Library Resources	1,544,551	1,544,095	456	
	d Repairs & Maintenance	546,547	415,849	130,698	
	e All other expenses	2,356,977	1,494,199	856,355	6,423
25	Total functional expenses. Add lines 1 through 24e	193,098,910	159,435,020	33,325,632	338,258
26	Point 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)		_		

P	art X	Balance Sheet					<u> </u>		
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗹		
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			26,148,016	1	22,498,819		
	2	Savings and temporary cash investments .		(		2			
	3	Pledges and grants receivable, net			448,176	3	499,857		
	4	Accounts receivable, net			4,896,300	4	6,875,875		
its	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualit	nployees Complete		5				
	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6					
ssets	8	Inventories for sale or use				8			
A	9	Prepaid expenses and deferred charges			10,593,356	9	9,306,971		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	248,777,747					
	b	Less accumulated depreciation	<b>10</b> b	128,765,709	118,278,930	10c	120,012,038		
	11	Investments—publicly traded securities .		37,916,770	11	37,328,409			
	12	Investments—other securities See Part IV, line		6,590,811	12	6,708,904			
	13	Investments—program-related See Part IV, line	restments—program-related See Part IV, line 11						

Page **11** 

10.031.774 220.733.342

16.619.932

1.635.621

63,333,418

1,870,558

21.388.236

104.847.765

82.260.281

33.625.296

115,885,577

220,733,342

Form **990** (2018)

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6.666.153

218.723.752

14,179,307

1.293.703

66,146,098

1,968,317

12.624.793

96.212.218

90.048.173

32.463.361

122,511,534

218,723,752

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Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L.				
	Notes and loans receivable, net	• •		•	
	Inventories for sale or use				
	Prepaid expenses and deferred charges				
ı	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	248	,777,747	
	Less accumulated depreciation	<b>10</b> b	128	,765,709	
	Investments—publicly traded securities .				
	$Investments-other\ securities\ \ See\ Part\ IV,\ line$	11 .			
	Investments—program-related See Part IV, line	11 .			
	Intangible assets			. [	

3a

3b

Yes

Yes Form 990 (2018)

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

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 59-0624364

Name: Barry University Inc

Form 990 (2018)

### Form 990, Part III, Line 4a:

approximately 8,500 full and part-time students at multiple sites

Instructional services to graduate and undergraduate students Based on Barry University's promise to go beyond the degree and provide a truly transformational experience, through the Catholic liberal arts heritage, Barry provides over 100 degree programs from bachelors through Ph D 's The programs focus on arts and sciences, business, education, social work, communication, nursing, medical sciences, theology, or law In addition, resources that include personalized research and experiential learning opportunities provide off-campus resources to further diversify the educational experience. Students are also encouraged to enhance their professional experience with potential provided by the prospects of hands-on internships at some of the country's top organizations. Along with their breadth of partnering organizations, the campus has also physically expanded to more than 122 acres and 17 locations throughout Florida, including seven Schools and two Colleges with numerous liberal arts and professional

disciplines. The undergraduate, graduate, professional, and doctoral degree programs have been instrumental in providing these academic and professional resources to

Student services and auxiliary enterprises The Barry University student services provided by the student affairs division include career services, counseling and psychology, commuter student affairs, leadership and transition, intercultural center, student engagement and student activities, student union, volunteer services, and community outreach programs. The University's auxiliary enterprises include twelve student resident halls, the Roussell Dining Hall and a series of other dining halls, the Barry

Bookstore, Campus Ministry and Cor Jesu Chapel, and health and wellness services that include the newly renovated Landon Fitness Center available to students and staff

Form 990, Part III, Line 4b:

free of charge

#### Form 990, Part III, Line 4c:

The Barry University academic support services include services such as an innovative library system, computer, and learning centers support. The Monsignor William Barry Memorial Library provides a wide array of information resources and services in support of the university's educational mission, integrating print and electronic resources, and providing a comprehensive program of service which allows broad access to information in all formats. The Barry University Library provides services over 100 hours a

week, provides and maintains over 80 computer workstations and 12 laptops with wireless internet access, 14 group study rooms, and printing, copying, and scanning

services Barry University's mission and their dedication to the community are also clearly demonstrated by accolades and recognition, awarded to the school through its years of service In 2015, Barry University received the Community Engagement Classification from the Carnegie Foundation for the Advancement of Teaching, joining 239 other U.S. colleges and universities, including 82 other inaugural recipients, in receiving the distinction. The Carnegie Foundation's Community Engagement Classification is

an evidence-based recognition of an institution's commitment to community service Barry University is part of a national library network. It's also home to the Barry University Dwayne O Andreas School of Law, which houses an extensive collection of legal materials including Federal and State Statutes, case reporters and digests, monographs, treatises, secondary resources, legal periodicals, and newspapers, with a focus on Florida-specific legal resources. Reference librarians with law degrees are

available to assist with research and reference for students, faculty, and members of the Orlando legal community

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

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	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
John M Bussel Chairperson	1 00	×		х				0	0	0	
Gerald W Moore Esq Vice Chairperson	1 00	×		х				0	0	0	
Gregory Greene Vice Chairperson	1 00	Х		х				0	0	0	

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Gerald W Moore Esq	1 00
Vice Chairperson	
Gregory Greene	1 00
Vice Chairperson	
Michael O O'Neil Jr	1 00
Secretary	
Sr Androa 1 Balconic OP MD	1 00

and Independent Contractors

Sr Andrea J Balconis OP MD

Sister Mary Ann Caulfield OP

Sr Rosemary T Finnegan OP

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Daniel F Bird PhD

Tanya I Davis CPA

Edward Feenane

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

Monsignor Chanel Jeanty JCL

Keith B Kashuk DPM

Charles R Modica JD

William R O'Donnell PE SECB

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Phillis Oeters

Joyce Landry

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John D Fumagallı Trustee	1 00	×						0	0	0
Jorge A Gross CPA Trustee	1 00	х						0	0	0
Christopher J Gruchacz	1 00	х						0	0	0

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Jorge A Gross CPA	1 00	×			0	
Trustee		^				
Christopher J Gruchacz Trustee	1 00	×			0	
William J Heffernan Trustee	1 00	×			0	
Monoranor Chanol Joanty ICI	1 00					

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Eduardo A Otero MD Trustee	1 00	×						0	0	0
Aletha Player Trustee	1 00	х						0	0	0
John G Primeau Trustee	1 00	х						0	0	0
Heather J Rohan Trustee	1 00	×						0	0	0
Donald S Rosenberg Esq	1 00							_	_	_

Heather J Rohan
Trustee
Donald S Rosenberg Esq
Trustee
Luigi Salvaneschi PhD

Trustee

Trustee

Trustee

Trustee

Trustee

Joel H Sharp Jr Esq

Kevin W Shaughnessy Esq.

Sister Patricia Siemen OP JD

Sister Sharon Weber OP PhD

and Independent Contractors

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

any hours

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

and a director/trustee)

organization

206,679

186,723

173,329

184,519

269,120

152,413

organizations

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0

32,990

22,294

32,760

30,728

19,426

31,038

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	ally flours	anu	a uii	ecto	ון עו	ustee	,	Organization	organizations	I monitule .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Sr Linda Bevilacqua OP PhD President	40 00			x				0	0	82,940
Susan Rosenthal  VP for Business & Finance	40 00			х				232,190	0	32,167
David Dudgeon General Counsel	40 00			х				159,847	0	20,441
John Murray Provost	40 00			x				272,548	0	32,335
Leticia Diaz	40 00									

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General Counsel
John Murray
Provost
Leticia Diaz
Dean, Law

Scott Smith

VP for Student Services

VP for Mission & Inst Eff

Chief Information Officer/

Dean, Nursing & Health Sci

VP for University Administration

......

Christopher Starrat

Yvette Koottungal

John McFadden

Jennifer Pugh

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

286,732

192,219

21,013

29,844

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

and Independent Contractors

Dean, School of Podiatric

Professor, Anesthesiology

Ronald Dick

Thomas Merrill

Professor, Surgery

	any hours for related		l a dir	ecto	r/tr	ustee	)	organization (W- 2/1099-	organizations (W- 2/1099-	from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	 	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
James Losito	40 00					×		213,528	0	29,297
Professor, Podiatric Medic						^		213,326	0	29,297
Clan Pater Ablars	40 00									

James Losito	40 00					×		213,528	0	29,297
Professor, Podiatric Medic						^`		213,523		23,23,
Glen-Peter Ahlers	40 00							171.004	0	27.450
Professor, Law School						^		171,904	U	27,459
Albert Armstrong	40 00									
		l	l	l	l	X		205,208	0	25,403

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40 00

40.00

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efil	e GR	APHIC prii	nt - DO NO	FPROCESS	As Filed Data -			DLN: 9	3493133011230
	m 99	OULE A	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form	a section	2018		
		f the Treasury		► Go to	www.irs.gov/Form	•	Open to Public Inspection		
lam	e of tl	he organiza sity Inc	tion					Employer identific	ation number
Do	T	Boscon	for Dublic (	'haritu Etat	us (All organization	s must comple	to this part \ C	59-0624364	
	rt I organiz				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1		A church, c	onvention of o	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	<b>✓</b>	A school de	scribed in <b>se</b> c	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	ve hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	state, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7				mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
.0		from activit	ies related to income and u	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le complete Part III )	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more public	cly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) <b>You must com</b>				ated with, its
d		Type III n	on-function	ally integrate he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	Ization operated fy a distribution	ın connection wi requirement and	th its supported orgai	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	integrated supporting	organization			
g	Provi	de the follow	ing information	n about the su	upported organization(	(s)			_
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
ota	ı								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

Section C. Computation of Public Support Percentage

instructions

Page 2

•	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,921,501	6,389,392	5,334,701	4,671,830	5,098,814	27,416,238
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,921,501	6,389,392	5,334,701	4,671,830	5,098,814	27,416,238
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)						
5	Public support. Subtract line 5						27,416,238
	from line 4						
	Section B. Total Support	· ·			1		
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4	5,921,501	6,389,392	5,334,701	4,671,830	5,098,814	27,416,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,621,770	1,363,605	1,600,488	1,507,068	2,555,750	8,648,681
9	Net income from unrelated business						

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e)2018	(f)Total
7	Amounts from line 4	5,921,501	6,389,392	5,334,701	4,671,830	5,098,814	27,416,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,621,770	1,363,605	1,600,488	1,507,068	2,555,750	8,648,681
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	6,687,075	5,289,563	5,148,071	2,774,843	5,581,767	25,481,319
11	<b>Total support.</b> Add lines 7 through 10						61,546,238
12	Gross receipts from related activities,	etc (see instruction	ons)			12	914,340,127
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and <b>stop here</b>					▶	

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 44 550 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 45 380 % 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 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 ightharpoonsorganization h 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 gualifies 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

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.50.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year		I	I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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						
b	income from similar sources Unrelated business taxable income						
D	(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							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•			••	18	
	331/3% support tests—2018. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not
							► □
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the						
b	• •	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с 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 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 4b supervised by or in connection with its supported organizations

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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	<b>11</b> c		
S	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit organization of the supporting organization of the support of the sup			
	organization	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
				<u> </u>
	ection 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?		103	
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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.	2~		
	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? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	36		

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	<b>Distributable Amount.</b> 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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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 31 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.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 990 or 990-EZ) 2018 Page 8 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 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10. Fundraising - 2014 Amount \$ 37.150 2015 Amount \$ 443.832 2016 Amount \$ 129.869 2017 Explanation of Other Income Amount \$ 83,139 2018 Amount \$ 54,822 Other - 2014 Amount \$ 6,649.925 2015 Amount \$

4,845,731 2016 Amount \$5,018,202 2017 Amount \$2,691,704 2018 Amount \$5,526,945

990 Schedule A, Supplemental Information								
Return Reference	Explanation							
	The organization is a school as described under $170(b)(1)(A)(ii)$ and is not required to complete a public support schedule. Schedule A, Part II is completed to verify the School can qualify under public charity status section $170(b)(1)(A)(vi)$ and, therefore, qualifies to use the first listed special rule for Schedule B reporting							

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493133011230

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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.

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

Inspection

• 5	Section 527 organizations Comple			·	
• S • S If the	Section 501(c)(3) organizations the Section 501(c)(3) organizations the e organization answered "Yes" of e organization answered "Yes" of e organization answered "Yes" of the organization and the organization and the organization an	on Form 990, Part IV, Line 4, or Form 9 at have filed Form 5768 (election under 9 at have NOT filed Form 5768 (election un on Form 990, Part IV, Line 5 (Proxy Ta	section 501(h)) Co nder section 501(h	mplete Part II-A Do not co )) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	oxy Tax) (see separate instructio Section 501(c)(4), (5), or (6) organ				
Nar	me of the organization ry University Inc	•		Employer ider	ntification number
Daii				59-0624364	
Par	rt I-A Complete if the orga	anization is exempt under section	on 501(c) or is	a section 527 organi	zation.
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political car	npaign activities in	Part IV (see instructions f	for definition of
2	Political campaign activity exper	nditures (see instructions)		<b>&gt;</b>	\$
3		paign activities (see instructions)			
Par	rt I-B Complete if the orga	anization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise	tax incurred by the organization under s	ection 4955	<b>&gt;</b>	\$
2	·	tax incurred by organization managers u		<b>&gt;</b>	\$
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b				=04( )(0)	
		anization is exempt under section			
1	· ·	ded by the filing organization for section	· ·		\$
2	Enter the amount of the filing or function activities	ganization's funds contributed to other c	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditu	res Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file Fo	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of or each organization listed, enter the am d that were promptly and directly deliver tee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	( <b>b)</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					
For P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron 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	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Part II-B, Line 1

	Form 5768 (election under section 501(h)).				<u> </u>
For e. actıvı	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity	(a) Yes	No No	(b) Amou	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation,	$\rightarrow$	+		
_	including any attempt to influence public opinion on a legislative matter or referendum, through the use of		ı		
а	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		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
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?	Yes	·		59,45
j	Total Add lines 1c through 1i	$\Box$		-	59,45
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	. 1	, [		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	. 1	, [		
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)$	(5), or	rsection		
_				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		
	complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,			)(6)
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).		<del></del>		
а	Current year	2a	1		
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	ı		
P	art IV Supplemental Information				
	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-i	A, lines 1 a	and 2 (se	<u>——</u>
<u> </u>	Return Reference Explanation				

elected officials for support of Hispanic-serving institutions

Between July 1, 2018 through June 30, 2019, Barry University, advocated for government support at the local, state and federal levels, in-person, via email, telephone and U.S. mail. As a member of the Independent Colleges and Universities of Florida (ICUF), Barry University, advocated for legislation that would expand government support and funding for independent colleges and universities. Further, as a member of the Hispanic Association of Colleges and Universities (HACU), Barry University appealed to

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

(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 <u>www.irs.gov/Form990</u> for the latest information.

**DLN: 93493133011230**OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization			Employer identific	ation number
Bar	ry University Inc			59-0624364	
Pa	ort I Organizations Maintaining Donor Advi			r Accounts.	
	Complete if the organization answered "Ye			(1-)5	H
1	Total number at end of year	(a) Donor advi	sea runas	(b)Funds and o	ther accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
	,	L	ata baldun danas ad	hugad funda ara tha	
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		ets neid in donor ad	ivised runds are the	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				e Yes No
Pa	rt II Conservation Easements. Complete if th	ne organization answe	red "Yes" on Forr	n 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that ap	oply)		
	$\square$ Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important	land area
	✓ Protection of natural habitat		Preservation of a d	certified historic structi	ıre
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation co	ntribution in the for		End of the Year
а	Total number of conservation easements			2a	1
b	Total acreage restricted by conservation easements			2b	6 20
С	Number of conservation easements on a certified histori	ıc structure ıncluded ın (a	)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and n	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished	d, or terminated by	the organization during	g the
4	Number of states where property subject to conservation	on easement is located <b>&gt;</b>		1	
5	Does the organization have a written policy regarding the	- he periodic monitoring, in	spection, handling	of violations,	
	and enforcement of the conservation easements it hold	s?		<b>☑</b> Y	es 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspectors.  40 00	cting, handling of violatio	ns, and enforcing co	onservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$\bigs \text{2,000}\$	handling of violations, ar	nd enforcing conser	vation easements durir	ng the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(ii)$ ?	) above satisfy the require	ements of section 1	70(h)(4)(B)(ı)	es 🗆 No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiza		nse statement, and	es 🗀 No
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tr		er Similar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	L6 (ASC 958), not to repo public exhibition, educat	ort in its revenue sta		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(i	ii)Assets included in Form 990, Part X			<b>▶</b> \$	186,476
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				
а	Revenue included on Form 990, Part VIII, line 1	(		<b>&gt;</b> \$	
	Assets included in Form 990, Part X			<b>▶</b> \$	

Par	t IIII	Organizations Ma	intaining Coll	lections of	Art, Hist	orical T	reas	ures, or	Other:	Similar A	ssets (	contin	ued)	
3		the organization's acquictors (check all that apply)	ilsition, accession	n, and other re	ecords, che	ck any of	the fo	ollowing th	nat are a	significant	use of its	colle	ction	
a		Public exhibition				d	Loar	n or excha	nge prog	rams				
b		Scholarly research				e 🗌	Othe	er						
С	✓	Preservation for future	generations											
4	Provid Part X	de a description of the o KIII	organization's coll	lections and e	xplaın how	they furt	her th	ne organiza	ation's ex	empt purp	ose in			
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?									0				
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			on Form 9	990, Part	: IV,	line 9, or	reporte	d an amo	unt on F	-orm	990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other int	ermediary	for contr	bution	ns or othe	r assets i	not	☐ Ye	es	□ N	0
b	If "Ye	es," explain the arranger	ment ın Part XIII	and complete	the follow	ing table		Γ			Amount			_
С		ning balance		'		J			1c					_
d	Addıtı	ions during the year							1d					_
е	Distri	butions during the year							1e					_
f	Endın	g balance							1f					_
2a	Did th	ne organization include a	an amount on Fo	rm 990. Part )	X. line 21.	for escrov	v or c	ustodial ad	count lia	ıbılıtv?	.   Ye	<u>.</u>	□ N	_ 0
b		es," explain the arranger										-		_
Pa	rt V	Endowment Fund												
				(a)Current y		<b>b)</b> Prior yea		(c)Two ye		(d)Three ye		<b>(e)</b> Fo	ur year	s back
<b>1</b> a	Beginn	ing of year balance .		43,98	30,904	40,08	6,142	36	5,571,919	36	,195,517		34,	517,341
b	Contrib	outions		43	32,963	1,26	1,107		222,431		393,165		;	840,289
С	Net inv	estment earnings, gain	s, and losses	1,65	57,900	2,86	3,414		3,467,987		865,160		1,:	129,709
d	Grants	or scholarships		48	36,621	13	0,251							
е		expenditures for facilitie ograms	s	3	32,624									
f	Admını	strative expenses .		10	04,310	9	9,508		176,195		881,923		;	291,822
g	End of	year balance		45,44	18,212	43,98	0,904	40	0,086,142	36	,571,919		36,	195,517
2	Provid	de the estimated percen	tage of the curre	ent year end b	alance (lin	e 1g, colu	mn (a	a)) held as						
а	Board	d designated or quasi-er	ndowment 🟲	34 670 %										
b	Perma	anent endowment 🕨	65 330 %											
С	Temp	orarily restricted endow	ment ►											
	The p	ercentages on lines 2a,	2b, and 2c shoul	ld equal 100%	D									
3a		nere endowment funds r nization by	not in the posses:	sion of the org	ganızatıon <sup>.</sup>	that are h	eld ar	nd adminis	stered for	r the		Г	Yes	No
	_	nrelated organizations									3:	a(i)	res	No
	. ,											a(ii)		No
b		s" on 3a(II), are the rela		s listed as req	uired on S	chedule F	رې .				. 🗀	3b		
4	Descr	ribe in Part XIII the inter	nded uses of the	organization's	s endowme	nt funds								
Pai	rt VI	Land, Buildings, a												
	D	Complete if the org	anization answ (a) Cost or oth		on Form 9  b) Cost or of					m 990, Pa		ne 10. ( <b>d)</b> Boo		
	Descri	ption of property	(Investme		b) Cost of o	ulei basis (	otrier)	(E) Accu	imulated d	ергестаціон	,	( <b>u</b> ) Boo	K Valu	
	Land					7,9	21,889	9					7	,921,889
b	Buildin	gs				168,1	41,497	7		74,442,102			93	,699,395
С	Leaseh	old improvements												
d	Equipm	nent				64,2	06,072	2		54,323,607			9	,882,465
							08,289						8	3,508,289
Tota	II. Add	lines 1a through 1e <i>(Co</i>	lumn (d) must ed	qual Form 990	), Part X, co	olumn (B,	), line	10(c)).	. 1	<b>&gt;</b>		_	120	,012,038

	See Form 990, Part X, line 12.	,	wered "Yes" on Form 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
-	l derivatives		
<b>3)</b> Other	held equity interests	· ·	
۹)			
3)			
=)			
D)			
<del>:</del> )			
-)			
G)			
٦)			
	n (b) must equal Form 990, Part X, col (B) line 12 )	•	
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Part IV, lı	ine 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)			
1)			
5)			
5)			
7)			
3)			
9)			
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	
Part IX	Other Assets. Complete if the organization answered 'Yes  (a) Description	s' on Form 990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book valu
L)			
!)			
1)			
·)			
5)			
)			
')			
3)			
3) )) otal. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )		
3) )) otal. (Colu	<b>Other Liabilities.</b> Complete if the organization answ See Form 990, Part X, line 25.		orm 990, Part IV, line 11e or 11f.
otal. (Colu	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability		
otal. (Colu Part X ) Federal :	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.
ptal. (Colu Part X ) Federal I	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.
potal. (Colu Part X ) Federal I cudent Dep	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
potal. (Colu Part X ) Federal I uddent Dep ther )	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
potal. (Colu Part X ) Federal I cudent Dep	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
potal. (Colu Part X ) Federal I cudent Dep ther 3)	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
otal. (Colu Part X 1) Federal I tudent Dep ther 3)	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
otal. (Colu Part X  1) Federal I tudent Dep ther  3)  4)  5)	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401
Part X	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability ncome taxes		orm 990, Part IV, line 11e or 11f.  Book value  10,009,401

Part XI

2

а

b

C 5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

427,963

139,346,975

53,393,162

192,740,137

139,823,912

118,164

139,705,748

53,393,162

193.098.910

Schedule D (Form 990) 2018

-	rece anneanzed gams (1000cs) on mivediments	•	•	•	•	
b	Donated services and use of facilities					
c	Recoveries of prior year grants			•		
d	Other (Describe in Part XIII )					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line	12,	but	not	on lu	ne <b>1</b>

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses and losses per audited financial statements . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a

2b

2c 2d

4a

4b

2a

2b

2c

2d

4a 4b

Explanation

11.786 219.876 2e 3

4c

5

2e

3

4c

5

196,301

53,393,162

11,786

106,378

53.393.162

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: Software Version:

**EIN:** 59-0624364

Name: Barry University Inc

## Supplemental Information

ation

Return Reference Explanation

Part II, Line 9 The University records the easement in its statement of financial position as part of the cost of the land purchased for the University's law school in Orlando

upplemental Information	
Return Reference Explanation	
Part III, Line 4	The collection of books relates to theology, philosophy, religious studies, and supporting disciplines

Supplemental Information				
Return Reference	Explanation			
Part V, Line 4	The University's unrestricted endowments are restricted by the University's Board of Trust ees. The Board can appropriate as much of the net appropriation on board-designated endowm ents as is prudent considering the University's present and anticipated financial requirem ents, expected total return on investments, price level trends, and general economic conditions. The income derived from permanently restricted endowed funds is to be used for various programs sponsored by the University in accordance with the donor's wishes and is classified as unrestricted or net assets with donor restrictions, in accordance with the donor 's wishes Form 990, Schedule D, Part V, Lines 2a-2c. In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 6/30/2019. To date, Schedule D has not been updated to reflect changes made by this standard. Thus, we have reported the revised net a sset categories from the audited financial statements as follows on Form 990, Schedule D, Part V, Lines 2a-2c. Line 2a - Without donor restrictions Line 2b - With donor restriction.			

Return Reference	Explanation
Part X, Line 2	The University is exempt from federal and state income taxes under Section 501(a) of the I nternal Revenue Code (the Code) as an organization described in Section 501(c)(3) of the C ode Accordingly, the financial statements do not include an income tax provision, except for certain taxable transactions. The University complies with the provisions of Accounting g Standards Codification (ASC) 740(formerly Financial Accounting Standards Board Interpret ation (FASB) No. 48, Accounting for Uncertainty in Income Taxes - An Interpretation of FAS B Statement No. 109 ("FIN 48"). Under ASC 740, the University must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than -not that the position will be sustained. Management of the University does not believe there are any material uncertain tax positions and accordingly has not recognized any liability for unrecognized tax benefits. The University has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, the University has filed Internal Revenue Service Form 990 tax returns as required and all other applicable returns in those jurisdictions where it is required. The University believes that it is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2016. However, the University is still open to examinat ions by taxing authorities from fiscal year 2016 forward. For the years ended June 30, 201. 9 and 2018, there was no interest or penalties recorded or included in the consolidated statements of activities and changes in net assets. Earnings from unrelated business activities were not significant for the years ended June 30, 2019 and 2018. Accordingly, no provision for income taxes has been made in accompanying consolidated financial statements.

Supplemental Information

pplemental Information				
Return Reference	Explanation			
art XI, Line 2d - Other djustments	Change in cash surrender value 113,498 Special event expenses 106,378			

Su

upplemental Information				
Return Reference	Explanation			
Part XI, Line 4b - Other Adjustments	Scholarships netted with revenue 53,393,162			

S

upplemental Information			
Return Reference	Explanation		
Part XII, Line 2d - Other Adjustments	Special event expenses 106,378		

Sι

upplemental Information			
Return Reference	Explanation		
Part XII, Line 4b - Other Adjustments	Scholarships netted with revenue 53,393,162		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133011230 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Barry University Inc 59-0624364 Part I YES NO 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 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 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 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>
Part II Supplemental Information. Provide any other additional information (see inst	e the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide tructions)
Return Reference	Explanation
Schedule E, Part I, Line 3	The publicity requirements of Rev Proc 75-50, 1975-2 C B 587 is satisfied by complying with Section 4 02 as to statement of policy The University draws its students from local communities and follows a racially nondiscriminatory policy as to students. It currently enrolls students of racial minority groups in meaningful number. The policy is posted on the website.
Schedule E, Part I, Line 6	Barry University receives assistance from Title IV programs including PELL, SEOG, CWSP, ETC

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS					D	LN: 93493133011230
SCHEDULE F (Form 990)	State	ment of	Activities (	Outside the Un	ited States	OMB No 1545-0047
(1 01111 000)	► Compl	ete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 15, or 16.	2018
Department of the Treasury Internal Revenue Service	•	Go to www.irs	gov/Form990 for ı	nstructions and the latest ii	nformation.	Open to Public Inspection
Name of the organization Barry University Inc					<b>Employer</b> 59-062436	identification number 4
	<b>nformation</b> Part IV, line		s Outside the l	<b>Jnited States.</b> Comple	te if the organization	on answered "Yes" to
-	the grantees'	eligibility for t		substantiate the amount stance, and the selection	ū	☐ Yes ☐ No
outside the United	States	_	•	dures for monitoring the	_	d other assistance
3 Activites per Region (a) Region	T (The followin	(b) Number of offices in the region	<del>-</del>		(e) If activity listed in (d program service, descr specific type of service(s) in region	
Central America and Caribbean	the	(	0 22	Program Services	Graduate Social Work Education Teaching	and 373,392
3a Sub-total b Total from continuat Part I	ion sheets to		0 22			373,392 0
c Totals (add lines 3a	. and 3h)		0 22			373,392

Schedule F (Form 990) 2018 Page 3 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. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2018 Page					
Par	t IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No		
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)				
		☐ Yes	<b>✓</b> No		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)				
	Corporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> No		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	<b>✓</b> No		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)				
		☐ Yes	<b>✓</b> No		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form				
	5713, don't file with Form 990)	☐ Yes	<b>✓</b> No		

Schedule F (Form 990) 2018 Page <b>5</b>			
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		
Part I, line 3	The organization tracked expenditures in accordance with accrual basis of accounting		

DLN: 93493133011230 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Barry University Inc. 59-0624364 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

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

Total

	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)						
	11 Net income summary Subtract line 10 from line 3, column (d)						
Par	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000		
Revernie		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Direct Expenses	1 Gross revenue						
	6 Volunteer labor						
9 a b	a Is the organization licensed to conduct gaming activities in each of these states?						
10a b	Were any of the organization's gaming li	censes revoked, suspende	ed or terminated during the	e tax year?	☐ Yes ☐ No		
				Schedule G (I	Form 990 or 990-EZ) 2018		

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>	
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne		
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes			
3	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords				
	Name ►							
	Address ►							
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□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 ▶ \$							
С	If "Yes," enter name and address of the	e third party						
	Name ►							
	Address ▶							
6	Gaming manager information							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
7	Mandatory distributions							
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No		
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53			
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.	
_	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493133011230 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Barry University Inc 59-0624364 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>	
Part IIII Grants and Other A Part III can be duplic	ssistance to	Domestic Individuonal space is needed	als. Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or assis		(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	
(1) Student Scholarships/Award	ls	4365	53,393,162				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental	l Information	<b>on.</b> Provide the inf	formation required in f	Part I, line 2; Part III	I, column (b); and any other a	additional information.	
Return Reference	Explanation	Explanation					
Part I, Line 2	The University awards grants, scholarships & student loans based on various, predefined criteria. Students must qualify for the assistance. Student enrollment and continuing eligibility are verified on an ongoing basis. Any amounts in excess of \$600.00 are reported on Form 1098-T. No cash changes hands and funds are directly applied to student accounts.						

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	3011	230
Schedule J		Compensation Information o						0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
	Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							3
Department of the Treasury  ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.  Ope								
Intern	al Revenue Service		,			Insp	ectio	n
	ne of the organizary Ty University Inc	ation			Employer identificat	ion nu	ımber	
		<del></del>	_		59-0624364			
Pa	rt I Questi	ons Regarding Compensat	ion				Yes	N
<b>1</b> a				f the following to or for a person liste y relevant information regarding the			res	No_
	First-class	or charter travel	$\checkmark$	Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/E	Recutive Director	r, regarding the items checked in line	e Ia'			
3	organization's C	EO/Executive Director Check all	that apply Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	Compans:	ation committee	<b>~</b>	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	ition committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment?			4a		No
b		r receive payment from, a supple		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	1 <sup>?</sup>				5a	Yes	
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	تلداست فصبا كم	the eventuation provide and a section	4			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	a	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No. 5	50053T Schedule J	(Form	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (II) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Schedule J (Form 990) 2018							
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						
Part I, Line 1a	Pursuant to Internal Revenue Code Section 107, Sister Linda Bevilacqua, President of the University, receives a housing allowance as a qualifying ministerial						

employee This is not included in taxable compensation

Return Reference	Explanation
Part I, Line 5	Physicians in the School of Podiatry received a percent of gross receipts of the teaching clinics

(1)

(11)

(11)

(1)

(1)

(1)

(1)

(11)

(1)

(1)

Susan Rosenthal

VP for Business & Finance

Dean, Nursing & Health Sci

Professor, Podiatric Medic

Jennifer Pugh

VP for University Administration

Glen-Peter Ahlers

Albert Armstrong

Ronald Dick

Thomas Merrill

Professor, Surgery

Professor, Law School

Dean, School of Podiatric

Professor, Anesthesiology

(i) Base Compensation

232,190

152,413

213,528

171,904

205,208

286,732

192,219

Software ID: Software Version:

(ii)

Bonus & incentive

compensation

**EIN:** 59-0624364

Name: Barry University Inc

Other reportable

compensation

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

(C) Retirement and

(D) Nontaxable

			•	9		•	•	
David Dudgeon General Counsel	(1)	159,847 	0	0	6,542	14,251	180,640	0
	(11)	0	0	0	0	0	0	0
John Murray Provost	(1)	272,548 	0	0	11,037	21,816	305,401	0
	(11)	0	0	0	0	0	0	0
Leticia Diaz Dean, Law	(1)	206,679	0	0	8,670	24,750	240,099	0
	(11)	0	0	0	0	0	0	0
Scott Smith VP for Student Services	(1)	186,723	0	0	7,625	15,060	209,408	0
	(11)	0	0	0	0	0	0	0
Christopher Starrat VP for Mission & Inst Eff	(1)	173,329	0	0	7,144	25,991	206,464	0
	(11)	0	0	0	o	0	0	0
Yvette Koottungal Chief Information Officer/	(1)	184,519	0	0	7,725	23,399	215,643	0
	(11)	0	0	0	0	0	0	0
John McFadden	(1)	269,120	0	0	10,796	9,026	288,942	0

other deferred

compensation

9,632

6,502

6,664

7,221

8,428

11,501

7,986

benefits

23,001

24,886

22,926

20,583

17,396

9,821

22,164

(E) Total of columns

(B)(i)-(D)

264,823

183,801

243,118

199,708

231,032

308,054

222,369

0

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

DLN: 93493133011230 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Barry University Inc 59-0624364 Part I **Bond Issues** (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (q) Defeased (h) On (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No Pinellas County Education 59-6000800 723161FP5 10-24-2007 10,000,000 | See Part VI Х Χ Χ Facility Pinellas County Education 723161GE9 08-02-2011 38,929,920 | See Part VI Χ Х 59-6000800 Х Facility Pinellas County Education 32,695,767 | See Part VI 59-6000800 723161GX7 03-28-2012 Χ Facility Part  ${f II}$ **Proceeds** В C D Α 8,235,000 3.490,000 2 3 10,000,000 38,991,440 32,757,324 3,216,731 3,269,577 5 969,251 6 7 182.092 533.041 439,883 8 131,046 9 10 2,729,304 16,000,000 11 6,957,558 18,196,897 28,986,307 12 13 2008 2012 2012 Yes Yes No Yes No No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ Х 14 Were the bonds issued as part of an advance refunding issue? . . . . 15 Χ Х Х Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part Ⅲ Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property 1 Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2018 b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Х

C

Nο

Χ

0 %

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0 %

В

Yes

Χ

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Χ

Χ

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No

Χ

Χ

Χ

2000 0000000000 %

Χ

Α

Yes

Χ

Х

Х

Bank of America

Χ

Yes

Χ

Χ

X

Х

Χ

No

Χ

Χ

Χ

Χ

X

No

Χ

0 %

0 %

0 %

Χ

14 100 %

Yes

Х

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

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?

a section 501(c)(3) organization or a state or local government . . . . . . 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)

Does the bond issue meet the private security or payment test? . . .

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

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 3

Nο

Schedule K (Form 990) 2018

period?

Part V

Part VI

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

Date Rebate Computation Performed

		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×		X		

Х

Yes

Χ

Nο

Explanation

Issuer Name Pinellas County Education Facility Date the Rebate Computation was Performed 10/23/2018 Issuer Name Pinellas County Education Facility Date the

Rebate Computation was Performed 07/31/2018 Issuer Name Pinellas County Education Facility Date the Rebate Computation was Performed 03/27/2019

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Χ

Yes

Χ

No

Yes

Х

No

Yes

Return Reference	Explanation
Schedule K, Part I, Line a, Column (f)	Pinellas County Educational Facility - the purpose of the bond issue is to fund the construction of a building and the equipment for the Institute of Community Health & Minority Medicine, a graduate medical science building, which will provide office space for faculty, classroom space for students and house various health programs, and related improvements of the University, and refinance a loan dated May 7, 2004 from Bank of America, N A to the University in the original amount of \$7,300,000 and pay costs of issuing the series 2007 bonds

\_

Return Reference	Explanation
Schedule K, Part I, Line B, Column (f)	Pinellas County Educational Facility - the purpose of the bond issue is to refund the 11/29/2000 bond as well as finance and refinance the cost of acquisitions, construction, and equipping of certain educational facilities and other capital improvements to be owned and operated by the University and to reimburse advances made by the University to pay a portion of such costs, and fund a debt service reserve fund and pay costs of issuance of the Series 2011 Bonds

Return Reference	Explanation
ocnedule K, Part I, Line C,	Pinellas County Educational Facility - the purpose of the bond issue is to fully refund the Series 2000 Bonds, partially refund Series 1998 Bonds, fund a debt service reserve fund, and pay certain costs of issuance of the Series 2012 Bonds

efile GRAPHI	C print - DO	NOT PROCES	S As	Filed Data -					DL	N: 93	4931	.330	11230
Schedule L (Form 990 or 990	I-EZ) ► Com	Transactions with Interested Persons  mplete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 2					25b, 26		OMB No 1545-0047				
27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a ▶ Attach to Form 990 or Form 990-EZ.						10b.				2018			
		<b>⊳</b> Go t	o <u>www.</u>	irs.gov/Form990	for the late	st information	۱.						
Department of the Tre Internal Revenue Serv	<b>I</b>										Open Insp	co P pecti	
Name of the org Barry University In							Er	nplo	yer ide	entifica	ation r	numb	er
<u> </u>									4364				
				01(c)(3), section 5 on Form 990, Part 1						ne 40b			
	) Name of disq			(b) Relationship between disqualified person and				(c) Description o			(d	<b>)</b> Cor	rected?
				organization			transaction			on	Y	es	No
			+										
											·		
4958				anagers or disqual					_	\$ —— \$ ——			
Cor	nplete if the org	or From Interganization answe ton Form 990,	ered "Yes	" on Form 990-EZ,	Part V, line 3	38a, or Form 99	0, Pa	rt IV,	line 26	o, or if	the or <u>c</u>	ganıza	ntion
(a) Name of interested person		(c) Purpose of loan		an to or from the rganization?	(e)Original principal amount	(f)Balance due	(g) In (h) default? Approve board			ved by rd or	or		
			То	From			Yes No		committee?		Yes		No
 Total					<u> </u> • \$								
Total					<b>.</b>								
				erested Person		line 27							
(a) Name of Inter		(b) Relationship		"Yes" on Form 9		(d) Type o	of assi	stand	e l	<b>(e)</b> Pu	rpose o	of ass	ıstance
		interested person and				(-,,,,,							
									-				
For Paperwork Red	luction Act Notic	e, see the Instru	ctions for	· Form 990 or 990-E	<b>Z.</b> C	<u>I</u> at No 50056A		Scl	nedule I	L (Form	1 990 o	r 990-	EZ) 2018

Dusiness Hallsactions In	roiving filterested Fel	30113.			
Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Gerene Starratt	Family member of of VP, Christopher Starratt	84,154	W-2 Wages and Benefits		No
(2) Laura Alonso-Gallo	Family member of of	111,867	W-2 Wages and Benefits		No

VP, Christopher Starratt			
Family member of of Board member, John Bussel	111,867	W-2 Wages and Benefits	No
Family member of Provost, John Murray	75,551	W-2 Wages and Benefits	No

**Supplemental Information** 

Part V

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

**Return Reference Explanation** 

DLN: 93493133011230 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Barry University Inc 59-0624364 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles . Boats and planes . . Intellectual property . . Securities-Publicly traded . Χ 113,623 FMV 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 . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( 30.312 FMV Misc Χ 23,762 FMV 26 Other ▶ ( Food/Beverages ) 27 Other ▶ ( Χ 5.095 FMV Events/Hotel) Χ 3,470 FMV 28 Other ▶ ( Gift Cards ) Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 Nο 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 32a Nο 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 Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
I, column (b), the	<b>Information.</b> Ination required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part in number of contributions, the number of items received, or a combination of both. Also complete idditional information.
Return Reference	Explanation
Part I, Column (b)	The number of contributions represent the number of contributions received, not the number of items donated
	Schedule M (Form 990) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934931330			93493133011230			
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to prov Form 990 or	vide information for r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 990-EZ or responses to specific questions on vide any additional information. open to		OMB No 1545-0047  2018  Open to Public Inspection
<b>Name</b> l <b>&amp; the o</b> fg Barry University In					Employer identi 59-0624364	fication number
990 Schedul	e O, Sup	oplemental Information	1			
Return Reference				Explanation		
Form 990, Part VI, Section A, line 1	of the Bo Sponsor Prioress and Cha ("Board officio m power to Chairpee Scope o Executiva authority Actions	oard and not less than five (5 ring Congregation, which shats The Chairperson of the Boarrerson of each Committee Secretary"), who must be a number of the Executive Composition of the Board shall be enoughed the Committee's authority to Committee shall exercise as its limited by resolution of the by the Executive Committee,	other Trustees The libe the Prioress of the discrete also the Chairprof the Board will also be a mittee, as an ex office as a member of the powered to invite the When the Board is not all of the authority of the Board, and any such as described in this	e Board will have an Executive Committee will include the Sponsoring Congregation or a terson of the Executive Committee to be members of the Executive Committee to the Executive Committee to the Executive Committee for the Executive Committee for the pure a immediate past Chairperson to the Board in the management of the Action shall be submitted to the provision, shall be used sparingly a quorum for the transaction of the Executive Committee for the provision, shall be used sparingly and the Executive Committee for the Executi	de at least one (1) ra Board member de The Vice Chairpeommittee The Secunittee The Preside mittee the Preside rpose of determinites serve on the Execunent requires prothe Corporation exe Board at its next y and shall not be a	nember of the esignated by the ersons of the Board cretary of the Board nt shall be an ex nt will not have the g a quorum The utive Committee mpt action, the cept as such meeting for review

990 Schedule O, Supplemental Information

Return Explanation

Deference

Reference	
Form 990, Part VI,	The University's Sponsoring Congregation selects up to five Sisters to serve as Trustees, one of which shall be the Prioress of the Sponsoring Congregation
Section A, line 7a	

Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7b	The following matters require the approval of the Sponsoring Congregation's Prioress and General Council or their designee - any changes to the purposes and mission of the organization - the slate of nominees for appointment to the President of the organization - any amendments to the Articles or Bylaws of the organization that affect the powers or rights of the Sponsoring Congregation - the nominees to the Board and selecting those persons to be appointed as the Sponsoring Congregation Trustees - the purchase, sale, lease or mortgage of real property of the organization in an amount more than \$5,000,000 for purchases, sale, and mortgages and more than \$50,000 per month for leases - the merger or dissolution of the organization and upon approval of dissolution, the approval of the disposition of the assets of the organization as set forth in the Articles

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	Barry University uses the following process to review the Form 990 An external tax firm prepares the return with input from the
Part VI,	University's controller. The Vice President of Business and Finance reviews, approves, and signs the return. The external tax firm
Section B,	electronically files the return on or before the due date including extensions
line 11b	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	On an annual basis, under the conflict of interest policy, each covered person shall execu te an annual disclosure statement disclosing the facts related to any covered relationship. Ongoing a covered person shall disclose the existence and nature of any covered relation ship and all material facts prior to the consideration of a proposed transaction or arran gement by the board (for a trustee or the president) or the ECA (executive committee of the administration) (for covered persons not trustees). In the event that a potential conflict of interest arises at a board meeting for a trustee or the president, then the covered person having such a covered relationship in any matter shall disclose any material facts as to such covered relationship to the board in the event that a potential conflict of interest arises outside a board meeting and/or for a covered person not a trustee, then the covered person having such a covered relationship in any matter shall disclose any material facts as to such covered relationship to the ECA After disclosure by a trustee or the president to the board of a covered relationship and all material facts, and after any discussion with the covered person, he/she shall leave the board meeting while the determination of a conflict of interest is discussed and voted upon After disclosure by anyone other than a trustee to the ECA of a covered relationship and all material facts, and after any discussion with the covered person, the ECA will discuss and vote upon the determination of a conflict of interest. A covered person that is a trustee or the president may make a p resentation to the board, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the financial transaction or arrangement that cause is a conflict of interest. The chairperson of the board, if appropriate in his/her discretion, may appoint a disinterested person or committee to investigate alternatives to the pro posed financial transaction or arrangement. After exercising d

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	the vote on, the financial transaction or arrangement that causes a conflict of interest. The ECA, if appropriate in its discretion, may appoint a disinterested person or committee to investigate alternatives to the proposed financial transaction or arrangement. After exercising due diligence, the ECA shall determine whether the university can obtain a more advantageous financial transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest. If a more advantageous financial transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the ECA shall determine by a majority vote of the disinterested ECA members whether the financial transaction or arrangement is in the univ ersity's best interest and for its own benefit and whether the financial transaction is fa ir and reasonable to the university and shall make its decision as to whether to enter into the financial transaction or arrangement in conformity with such determination. If a majority vote cannot be attained by the ECA then the conflict of interest will be decided by the board if the board has reasonable cause to believe that a trustee or president has failed to disclose one or more covered relationships, it shall inform the trustee or president of the basis for such belief and afford the trustee or president an opportunity to expl ain the alleged failure to disclose if, after hearing the response of the trustee or president and making such further investigation as may be warranted in the circumstances, the board determines that the trustee or president has in fact knowingly failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action as it deems proper in its sole discretion. The violation of this policy is a serious matter and may result in the removal of the trustee from the board or the termination of the president's contractual relationship with the universi

Doturn

Reference	Explanation
,	sed or otherwise were found to have covered relationships in connection with an actual or possible conflict of interest, the nature of the covered relationship, any action taken to determine whether a conflict of interest was present, and the board's or ECA's
'	decision a s to whether a conflict of interest in fact existed. The names of persons who were present for discussions and votes
line 12c	relating to the financial transaction or arrangement, the conte nt of the discussion, including any alternative to the proposed
	financial transaction or a rrangement, and a record of any votes taken in connection therewith

Evolunation

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI,	Line 15a The President/CEO's compensation is reviewed annually, comparable data/information is reviewed. The compensation is in keeping with the University's guidelines. The Chairperson and the Executive Committee of the Board conduct the annual.
Section B, line 15	evaluation of the President The discussions and decisions form part of the minutes to the board of trustees meeting. Line 15b Compensation for all other officers and key employees is approved through HR in collaboration with the President, VP, or Provost responsible for the area. HR uses compensation benchmark data for all University positions and documents the approval process in an HR file.

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990,	The University makes its governing documents, conflict of interest policy, and audited financial statements available to the public
Part VI,	upon request The 990 return of organization exempt from tax is public information
Section C,	
line 19	

Return Explanation

Reference	p
Form 990, Part VII	Sr Linda Bevilacqua's compensation is paid directly to the Adrian Dominican Congregation

Return

Reference	
Form 990,	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its
Part X, Lines	audited financial statements for the period ended 6/30/2019 The 2018 Form 990 and its associated schedules have not been
27-29	updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the audited
	financial statements as follows on Form 990, Part X, Lines 27-29 Line 27 - Net assets without donor restrictions \$82,260,281 Line

29 - Net assets with donor restrictions 33.625.296 Total net assets \$115.885.577

Explanation

Return Explanation
Reference

Form 990, Adjust to cash surrender value 113,498 Change in net assets from sale of noncontrolling interest -625,502 Part XI, line

990 Schedule O, Supplemental Information

Return Explanation

Reference	'
Form 990,	The organization has a committee that assumes responsibility for oversight of the audit of its finanical statements and selection of
Part VII, Line	its independent accountant. This process has not changed since the prior year

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	133011	230		
SCHEDULE R (Form 990) Department of the Treasury	Form 990)  Complete if the organization of the Treasury  Form 990					ganizations and Unrelated Partnerships ation answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. rs.gov/Form990 for instructions and the latest information.										
Internal Revenue Service  Name of the organization Barry University Inc  59-06										Inspection mployer identification number						
Part I Identification	of Disregarded E	ntities Complete if	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		024304						
Name, address, and	(a) EIN (if applicable) of disre	garded entity		( <b>b)</b> Primary a			c) nicile (state n country)	( <b>d)</b> Total inc	ome	<b>(e)</b> End-of-year as	sets	<b>(1</b> Direct co ent	ntrolling			
Part II Identification of related tax-exen	of Related Tax-Exe opt organizations du		ı <b>s</b> Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more			
Name, address, and	(a) d EIN of related organization	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status nn 501(c)(3))	Dir	<b>(f)</b> rect controlling entity	(g Section (13) cor enti Yes	512(b) ntrolled		
_																
For Paperwork Reduction Ac	t Notice, see the Ins	tructions for Form 9	90.		Ca	it No 5013	 				Sche	edule R (Form	990) 20	18		

(a)  Name, address, and EIN of related organization  6484 Indian Creek Drive LTD		<b>(b)</b> Primary activity			ted, total inco i, om r		Disprop	<b>h)</b> ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	j) eral or aging ner?	(k) Percentag ownershi	
		Real Estate	FL	Barry	Excluded	33,2	45	Yes	No No		Yes	No No	51 540
00 NE 2nd Avenue mi Shores, FL 33161 0669854		Treat Estate		University	Excluded	33,1						110	31 340
art IV Identification of Related Org	nanizations Tavable as a	Corporatio	n or Tri	ıst Comple	te if the or	ganization	answered "Y	es" on	Form	990, Part I'	V, lın	e 34	
										,			
because it had one or more rela (a)  Name, address, and EIN of related organization		as a corporat		rust during Dire			(f) Share of tot	$\top$	(g) are of end year assets	d-of- Perc	(h) centage nership		(I) Section 51 (13) contro entity?
because it had one or more rela (a)  Name, address, and EIN of related organization	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes
because it had one or more related  (a)  Name, address, and EIN of related organization  )6484 Indian Creek Drive Inc  300 NE 2nd Avenue ami Shores, FL 33161	ated organizations treated (b)	as a corporat	(c) Legal lomicile or foreign	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	(f) Share of tot	al Sha	(g) are of end year	d-of- Perc owi	entage	)	(i) Section 51 (13) contro entity?
because it had one or more related  (a)  Name, address, and EIN of related organization  )6484 Indian Creek Drive Inc  300 NE 2nd Avenue ami Shores, FL 33161	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes
because it had one or more related  (a)  Name, address, and EIN of related organization  )6484 Indian Creek Drive Inc  300 NE 2nd Avenue ami Shores, FL 33161	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes
because it had one or more related  (a)  Name, address, and EIN of related organization  )6484 Indian Creek Drive Inc  300 NE 2nd Avenue ami Shores, FL 33161	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes
because it had one or more related (a)  Name, address, and EIN of related organization  )6484 Indian Creek Drive Inc  300 NE 2nd Avenue ami Shores, FL 33161	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes
because it had one or more rela (a)  Name, address, and EIN of	ated organizations treated (b) Primary activity	as a corporat	(c) Legal lomicile e or foreign ountry)	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S cor	Share of tot income	al Sha	(g) are of end year	d-of- Perc owi	entag nership	)	(ı) Section 51 (13) contro entity? Yes

(2)6484 Indian Creek Drive Inc

edule R (Form 990) 2018		Pa	age <b>3</b>
art 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
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?			
Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
Gift, grant, or capital contribution to related organization(s)			No
Gift, grant, or capital contribution from related organization(s)			No
<b>i</b> Loans or loan guarantees to or for related organization(s)			No
e Loans or loan guarantees by related organization(s)			No
Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<u>1g</u>		No
n Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	1i		No
Lease of facilities, equipment, or other assets to related organization(s)	. <u>1j</u>		No
C Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n Performance of services or membership or fundraising solicitations by related organization(s)			No
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			No
Sharing of paid employees with related organization(s)			No

<b>h</b> 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)	 11	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)	 10	No
p Reimbursement paid to related organization(s) for expenses	 <b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses	 <b>1</b> q	No

S

Schedule R (Form 990) 2018

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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018

