DLN: 93493131029131

OMB No. 1545-0047

2019

Form **990**

Department of the

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

		nue Service							
A F	or the	e 2019 ca l	alendar year, or tax year beging C Name of organization	nning 07-01-2019 , and ending	06-30-20	20			
		pplicable:	Barry University Inc				D Employ	er identii	fication number
	aress (me ch	change ange					59-062	4364	
	tial ret	-	Doing business as						
		n/terminated					E Telephor	ne numbei	
		l return	Number and street (or P.O. box if n 11300 NE 2nd Avenue	nail is not delivered to street address) R	oom/suite		·		
⊔ Ар	plicatio	on pending	City or town, state or province, sou	ntry, and ZIP or foreign postal code			(305) 8	99-3050	,
			Miami Shores, FL 331616695	nd y, and 21P or loreigh postal code			6 C	i-t- # 3	01.2 4E0 004
			F Name and address of principa	al officer:	1.11	N =			213,458,804
			Dr Michael Allen	ar officer.	"(a group re	turn for	□Yes ☑ No
			11300 NE 2nd Avenue Miami Shores, FL 331616695		H		dinates? I subordinat	tes	
r Ta	r-exen	npt status:	·		`	ínclud	ed?		☐ Yes ☐No
			№ 501(c)(3)	(insert no.) 4947(a)(1) or	l l		•	•	instructions)
) W	ebsit	e:▶ http	o://www.barry.edu		'''	c) Group	exemption	number	№ 0928
<i>1</i>			Corporation Trust Asse	- sizking D Oktobro S	L Ye	ar of forma	tion: 1940	M State	of legal domicile: FL
₹ Forr	n or or	ganization:	: 🖭 Corporation 🗀 Trust 🗀 Assi	ociation					J
Pa	ırt I	Sum	mary						
			scribe the organization's mission o						
യ				unded in the liberal arts tradition, f te, graduate, and professional educ		scholarly o	community	commite	d to maintaining the
<u>ိ</u>	-		aderine otaridar ao mi anaer gradae	ne, gradace, and professional educ	546.6111				
Ē	-								
Activities & Governance	-								
5				scontinued its operations or disposeng body (Part VI, line 1a)			or its net a	ssets.	30
ත් ග	l			f the governing body (Part VI, line 1				4	28
<u> </u>	l		•	alendar year 2019 (Part V, line 2a)	•		- -	5	2,589
	l		• •	cessary)			•	6	125
¥	l		·	t VIII, column (C), line 12			-	7a	
	l			m Form 990-T, line 39				7b	-1,871
						Pri	or Year	1	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h		-		5,098,	814	8,894,24
Ravenue	l		- ')	-		179,443,	_	184,785,77
ōΛċ	l	_	· · · · · · · · · · · · · · · · · · ·	lines 3, 4, and 7d)			2,042,		4,046,128
α	l		renue (Part VIII, column (A), lines	, , ,			6,154,	807	3,590,95
	l			ust equal Part VIII, column (A), line	12)		192,740,	137	201,317,10
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)			53,393,	162	60,918,44
	14	Benefits p	paid to or for members (Part IX, c	olumn (A), line 4)	.			0	-
ς.	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-	-10)		79,494,	140	82,173,110
Expenses	16a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)				0	-
ē	b	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶346,091					
Щ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)	_		60,211,	608	56,595,860
	18	Total exp	enses. Add lines 13-17 (must eq	ual Part IX, column (A), line 25)			193,098,	910	199,687,41
	19	Revenue	less expenses. Subtract line 18 fr	rom line 12			-358,	773	1,629,68
S & &					E	Beginning	of Current Y	'ear	End of Year
Net Assets or Fund Balances									
Bal	l		ets (Part X, line 16)		·		220,733,		218,103,857
<u> </u>	l		ilities (Part X, line 26)		·		104,847,		101,257,753
			s or fund balances. Subtract line	21 from line 20			115,885,	577	116,846,099
	rt II		ature Block	nined this return, including accompa	nvina scho	dulos and	statement	s and to	the best of my
				e. Declaration of preparer (other tha					
any k	nowle	edge.							
		*****	*			202	1-05-11		
Sign		Signati	ure of officer			Date			
Here		Susan	Rosenthal VP for Business & Finance						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	Ch-		PTIN	
Paid	ı	L					employed	P0072195	1
	oare	er 🗐	irm's name			Firm	n's EIN 🟲 36-	3990892	
	On	ь. <u>⊢</u>	irm's address ► 1255 Lakes Parkway S	uite 105		Pho	ne no. (505)	502-2746	,
		· [Lawrenceville, GA 300				(303)		
				wn above? (see instructions)					Yes 🗆 No

Form	990 (2019)					Page 2
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission:	:	•		
					nican Sisters. With a liberal arts graduate and professional educal	
2	-	, -		<u> </u>	hich were not listed on	
	the prior Form 990 or					☐ Yes 🗹 No
	If "Yes," describe the					
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					☐ Yes 🗹 No
	If "Yes," describe the	se changes on Schedi	ule O.			
4		d 501(c)(4) organizat	ions are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code:) (Expenses \$	130,322,601	including grants of \$	60,918,447) (Revenue \$	169,004,512)
	See Additional Data	, (,	J	, , , , , , , , , , , , , , , , , , , ,	,,
	(Code:) (Expenses \$	28,130,567	including grants of \$) (Revenue \$	18,765,985)
70	See Additional Data	/ (Expenses y	20,130,307	mercaning grants or \$	/ (Nevende \$	10,703,303)
4c	(Code:) (Expenses \$	6,710,398	including grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	dule O.)			_
	(Expenses \$	ind	cluding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ►	165,163,5	66		
		•	. ,			Form 990 (2

Par	tiV Checklist of Required Schedules			rage 3
1	The Checkinst 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 2	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 2	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? <i>If "Yes," complete Schedule C, Part III</i> 3	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
	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 2	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 2	11c		No
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
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		Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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

Vest No	orm	990 (2019)			Page 4
22 Ves Column (A), the 21th Yes, complete Schedule (A) Parts 1 and III Parts	Par	Checklist of Required Schedules (continued)			
column (A.), line 27 if 1"vss." complete Schedule J. Parts J and JII. 2 bid the organization answer "vs" to Part IVI, Section A, line 3.4, or S about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 1"vss." complete Schedule IVI No." go to fine 25 d. 24a bit the organization wave a tax-exempt bond issue with an outstancing principal amount of more than \$100,000 as of the last day for the year, that was issued after December 31, 2002; 1"vss." answer fines 240 through 24d and complete Schedule IVI No." go to fine 25 d. 24b No. 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organization section of the organization and an animal and an escone account other than a refunding section at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dic the organization and a dispulsation between person uning the year? If "vss." complete Schedule IVI Part II. 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dic the organization report and any attraction with a dispulsation between person uning they year? If "vss." complete Schedule IVI Part II. 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations price forms 90 of 990-827? If "vss." complete Schedule IVI Part II. 25c Did the organization record any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, unstable and they or family member of any of these persons II" Test." complete Schedule IVI Part III. 25c Did the organization and price or other assistance to any current or former officer, director, trustee, key any or the separation of the section of the secti				Yes	No
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the lated sty of the year, that was issued aften December 31, 2002 If "Yes," answer hins \$24 brough \$24 and complete Schedule K. If "No." go to line \$25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25a Section \$0.1(C)(3), \$0.1(C)(4), and \$0.1(C)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity the year? 25a Section \$0.1(C)(3), \$0.1(C)(4), and \$0.1(C)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on unity the year? 25a Section \$0.1(C)(3), \$0.1(C)(4), and \$0.1(C)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was negation and year. If we see that the transaction with a disqualified person in a prior year, and that the transaction was negation or year. If we see that the transaction was negation or year in the provide and year to offer a seistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity or family member of any of these persons? If "ves," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "ves," complete Schedule L, Part IV. A family member of any individual described in line 28a? If "yes," complete Schedule R, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If	22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. I "No." of to the 25b to defease any time during the year to defease any tax-exempt bonds? Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and as a an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior forms 950 or 990-227 if "Yes," complete Schedule I., Part II "Yes, camplete Schedule I., Part II" "Yes, camplete Schedule II" "Y	23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Yes	
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bords? A Did the organization access an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware and "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization anapage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did 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 organizations from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II" Did the organization provide any experimental contributor, or employee thereof, a grant selection committee member, or to a 35% controlled durity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): Was the organization process through the part of the part of the organization process through the part of the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions of any third through the party individual described in line 28a? If "Yes," complete Schedule L, Part IV instructions of any third through the organization selection of one or more individuals and/or organizations described in line 28a organizations. Did the orga	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a	Yes	
to defease any tax-exempt bonds? 24d No Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule t, Part I 25a No Did 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 prior forms 990 or 990-527 if "Yes," complete Schedule L, Part I 25b No Schedule L, Part I 26 Did the organization pracer that are cases the entire of founder, substantial contributor, or 33% controlled entity or family 27 Pold the organization pracer as a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 29 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 30 No A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 30 Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule N, Part II in the organization receive any individual described in line 28a? If "Yes," complete Schedule N, Part II in No 30 Did the organization receive anner than 325,000 in non-cash contributions? If "Yes," complete Schedule N, Part II in No 31 Did the organization receive anner than 325,000 in non-cash c	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	С		24c		No
b is the organization ware that it engaged in an excess benefit transaction with a diagnalified person in a prior ware that it engaged in an excess benefit transaction with a diagnalified person in a prior ware that it engaged in an excess benefit transaction with a diagnalified person in a prior ware that it engaged in an excess benefit transaction with a diagnalified person in a prior ware that that the transaction has not been reported on any of these organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Pes, 'complete Schedule L, Part II' 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or agant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Pes, 'complete Schedule L, Part IV' 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV' 28 was the organization at the party to a business transaction with one of the following parties (see Schedule L, Part IV' 28 Ves the organization at the party to a business transaction with one of the following parties (see Schedule L, Part IV' 28 Ves the organization at party to a business transaction with one of the following parties (see Schedule L, Part IV' 28 Ves the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part IV' 29 Did the organization receive contributions of art, historical treasures, or other similar assets) or qualified conservation contributions? If "Yes," complete Schedule R, Part IV' 31 No 32 Did the organization or party	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I	25a		25a		No
officer, director, trustee, key employee, creator or founder, substantial contributor, or \$5% controlled entity or family member of any of these persons? If "res," complete Schedule L, Part II "	b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		No
employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . 28b Yes c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 32 No 33 Unity of the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 . 35 Section 501(c)(3) organizations of the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 . 36 No 37 Di	26	officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family	26		No
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b Yes c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c No 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Yes 10 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 30 No 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 No 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 No 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 34 No 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers	27	employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete</i>	27		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b Yes c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c No can be described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c No can be described in lines 28a or 28b? If "Yes," can lines 28a or 2	28				
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	а		28a		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	С		28c		No
230 No 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 No 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 No 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 1 No 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 Did the organization Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 50 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 51 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
32 No 32 No 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30		30		No
Schedule N, Part II 32 No 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		32		No
Part V, line 1	33		33		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	34		34		No
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
organization? If "Yes," complete Schedule R, Part V, line 2	b		35b		_
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 No 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	36		36		No
All Form 990 filers are required to complete Schedule O	37		37		No
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38		38	Yes	
Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Pa	Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9,372 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V	• ;		<u> </u>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 1a 9 372		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
			1c	Yes	

				Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: CJ	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

-01111	990 (2019)			Page
Par	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	" resp	onse to	lines V
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 30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	Yes	
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?	7 b	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	
b	Each committee with authority to act on behalf of the governing body?	8 b	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
C		16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	<u>FL </u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website \square Another's website $ ewline \overline{\mathbb{V}}\text{ Upon request } \square \text{Other (explain in Schedule O)}$			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Judith Penate 11300 NE 2nd Avenue Miami Shores, FL 331616695 (305) 899-4042			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
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■ 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 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	t VII Section A. Officers, Direct	ors, Trustees		Emp ^l	loye	ees	and	Hig!	nest Compen	sated E	nployees	(cont	tinued)	Page 8
	(A) Name and title	Name and title Average hours per week (list any hours for related or related for related hours per than one box, unless person week (list any hours for related or related hours per than one box, unless person week (list any hours for related or ganization or ganizati				(F) Estima amount o compens from organizati	ated f other sation the							
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)		MISC)		relati organiza	ed
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сТ	otal from continuation sheets to Parotal (add lines 1b and 1c)	art VII, Section		 . <u>.</u>	•		▶	_	3,171,057	7		0		468,656
2	Total number of individuals (including of reportable compensation from the	but not limited	l to thos				e) who	o rec	eived more than	n \$100,0	00	•		
3	Did the organization list any former of	officer director	or truct	k		l	lavee	ar hi	short compens	atad amr	lavae on		Yes	No
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•		•			•	3		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	\$150,000	0? <i>If</i>	"Yes	s," c	comple	ete Sc	chedule J for su	ch		4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									individu	al for	5		No No
Se	ction B. Independent Contract	ors			—			—						
1	Complete this table for your five higher from the organization. Report comper	est compensate										mpen		
	Name a	(A) and business addre	≘ss								B) n of services		(C Compen	
	and Associates LLC N Andrews Ave									uction Serv			-	,396,318
Ft Lau	derdale, FL 33311 ass Group								Food Se	ervices			4	,877,841
	O Box 50196 os Angeles, CA 900740196 Custodial, Grounds Services 2,547,927													
1350	350 Euclid Ave Suite 1500 leveland, OH 44115													
	Universal /ashington Street Suite 600 Ei								Securit	y Services			2,	,240,802
	ohocken, PA 19428 ant Brands Inc								Market	ing			1,	,698,584
Coral	ouglas Road La Puerta del Sol Gables, FL 33134									-				
2 T	otal number of independent contractor ompensation from the organization F	s (including but 32	: not lim	ited t	:o th	ose	listed	abov	/e) who receive	d more t	han \$100,00	00 of		

		(2019)	- f F	20110						Page 9	
Part	VII				resno	inse or note to any	line in this Part VIII			\sqcap	
		SHEEK II SCHEU			. 2370		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
10	1	a Federated campa	igns	s	1 a		l	revenue		512 - 514	
Gifts, Grants illar Amounts		b Membership dues	5.	. [1 b						
رس و س		c Fundraising even	ts .	· • L	1c	28,555					
ifts, ar A		d Related organizat	tions		1d						
s, G m∷		e Government grants		Ļ	1e	5,459,162					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	s not	included	1f	3,406,527					
tig E		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1,099,968					
Contand		h Total. Add lines 1	1a-1	f		•	8,894,244				
						Business Code					
	2a	Tuition and Fees				900099	168,224,208	168,224,208			
Program Service Revenue	b	Auxilliary Enterprises				900099	13,248,229	13,248,229			
ice Re	c	Student fees				900099	1,636,610	1,636,610			
n Serv	d	Podiatric Clinic				900099	938,814	938,814			
rograr	e	Athletic facilities				532000	737,916	711,857	26,059		
4	f	All other program	serv	rice revenue.							
	g	Total. Add lines 2	2a-2	f	>	184,785,777					
	3	Investment income similar amounts) .	(inc	luding divide	nds, i	nterest, and other	2,815,084	4		2,815,084	
		Income from invest				ond proceeds	81,199	9		81,199	
	5	Royalties					•				
				(i) Real		(ii) Personal	_				
	6a	Gross rents	6a	6	13,745	;					
	b	Less: rental expenses	6b		0	,					
	С	Rental income	6с		12.745						
	,	or (loss) Net rental income			13,745	l .	613,74!	5		613,745	
		(i) Securities			(ii) Other						
	7 <i>a</i>	Gross amount from sales of assets other than inventory	7a	11,9	99,306	1,187,28	6				
	b	Less: cost or other basis and sales expenses	7b	11,7	55,205	281,54	2				
	С	Gain or (loss)	7c	24	44,101	905,74	4				
	(l Net gain or (loss)	•				1,149,84	5		1,149,845	
Other Revenue	8a	Gross income from fu (not including \$_ contributions reported See Part IV, line 18	d on	28,555 of line 1c).							
Rev		Less: direct expen			8a 8b	71,384 104,956					
er		Net income or (los						2		-33,572	
	_					·					
	9a	Gross income from See Part IV, line 19			9a						
	ŀ	Less: direct expen	ses		9b						
	•	Net income or (los	s) fr	om gaming a	ctiviti	es >	7				
	10	aGross sales of inve	ento	ry, less							
		returns and allowa			10a		_				
		Less: cost of good:			10b	om/ 🏲					
	_	Net income or (los Miscellaneo			nvent	ory ► Business Code					
	11	L a Reimbursements				90009	9 1,410,373	1,410,373	3		
	i	·									
	(•						
								5 1,600,406			
		All other revenue					1,600,400	5			
		Total. Add lines 1				•	3,010,779	9			
	12	Total revenue. Se	ee ir	istructions .	•	• • • •	201,317,10	187,770,49	7 26,059	4,626,301 Form 990 (2019)	

	art IX Statement of Functional Expenses				Page 10
P	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an				🗆
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	60,918,447	60,918,447		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,577,742	2,152,071	416,630	9,041
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	182,555	152,419	29,496	640
7	Other salaries and wages	65,815,412	54,985,315	10,604,697	225,400
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,748,280	1,426,677	314,058	7,545
9	Other employee benefits	7,116,636	5,946,847	1,146,204	23,585
10	Payroll taxes	4,732,485	3,954,558	761,010	16,917
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	117,244	29,927	87,317	
c	Accounting	693,655	18,183	675,472	
c	Lobbying	91,766		91,766	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	107,467	57,834	49,633	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,993,999	4,201,855	1,753,538	38,606
12	Advertising and promotion	3,017,125	440,258	2,565,274	11,593
13	Office expenses	1,957,894	1,712,288	245,450	156
14	Information technology	6,211,929	857,278	5,349,534	5,117
15	Royalties				
16	Occupancy	8,210,434	7,051,289	1,159,145	
17	Travel	1,500,017	1,358,845	136,710	4,462
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	259,250	221,064	36,216	1,970
	Interest	3,217,881	2,683,989	533,892	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,702,801	7,377,655	1,325,146	
23	Insurance	3,691,510	378,526	3,312,984	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Food Service	4,534,944	4,159,709	375,068	167
	b Repairs & Maintenance	2,139,159	1,680,695	458,464	
	c Bad Debt	1,692,727	9,833	1,682,894	
	d Library Resources	1,649,515	1,647,633	1,882	
	e All other expenses	2,806,543	1,740,371	1,065,280	892
25	Total functional expenses. Add lines 1 through 24e	199,687,417	165,163,566	34,177,760	346,091
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

27

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31

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Assets 30 15,183,649

3,538,956

513,886

8,165,259

10,712,100

118,717,828

39,590,576

6.786.397

8,076,484

6,818,717

12,470,124

1,055,852

60.395.738

2,453,268

24,882,771

81,176,368

35,669,731

116,846,099

218,103,852

Form 990 (2019)

218,103,852

(B) End of year

Beginning of year

22,498,819

499.857

6,875,875

9,306,971

120,012,038

37,328,409

6.708.904

7,470,695

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

238,196,754

119,478,926

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Check if Schedule O contains a response or note to any line in this Part IX				
		В	eain	(,

Cash-non-interest-bearing 2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges .

10a

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D Investments—publicly traded securities . Intangible assets .

10b b Less: accumulated depreciation 11 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11 . 14 15 Other assets. See Part IV, line 11 . . .

16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses .

18 Grants payable . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . .

Liabilities 22 23 24

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).

25 Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Fund Balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here <a> \square and

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

101.257.753

3a

3b

Yes

Yes (2019)

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 (2019)

Form 990, Part III, Line 4a:

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 approximately 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 elearning 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

with potential provided by the prospects of hands-on internships at some of the country's top organizations. Along with their breadth or 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 approximately 8,900 full and part-time students at multiple sites. In response to the COVID-19 pandemic, the campus has adopted a hybrid, flexible-learning platform that will be used in most in-person classes. The approach will allow both faculty and students to teach and learn either in-person or remote. Using government (i.e., CARES Act) funding, Barry purchased enhanced classroom computer technology to allow for a flexible, high-quality pedagogical experience. In some classes, where needed, we are using classroom facilitators (graduate assistants or undergraduate technical assistants) to assist faculty with teaching. Over the summer and throughout the academic year, Barry instituted a rigorous professional development program to support the faculty with this approach.

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 renovated Landon Fitness Center available to students and staff free of

Form 990, Part III, Line 4b:

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

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

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

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

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

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

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	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
Dr Michael Allen President	40.00	X		x				245,686	0	92,974
Ronald Dick Professor, Anesthesiology	40.00					х		295,019	0	20,167
John Murray Provost	40.00			х				276,177	0	33,700
James Losito Professor, Podiatric Medicine	40.00					х		270,381	0	32,248
John McFadden	40.00				Х			275,270	0	20,120

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229,590

214,504

203,585

196,045

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Vice President for Enrollment & Digital Strategies

Associate Professor, Podiatric Medicine

Dean, Nursing & Health Sciences

VP for Business & Finance

Susan Rosenthal

Leticia Diaz

Dean, Law

......

Yvette Koottungal

Thomas Merrill

Jacqueline Brill

Professor, Surgery

and Independent Contractors

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

	for related			 			(W- 2/1099-	(14/- 2/1000-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
Charles Southerland Professor, Podiatric Medicine	40.00				×		197,260	0	25,184
Jennifer Pugh VP for University Administration	40.00			х			180,522	0	33,166
Scott Smith VP for Mission & Student Engagement	40.00			х			189,575	0	23,258
David Dudgeon	40.00								

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Scott Smith
VP for Mission & Student Engagement
David Dudgeon
General Counsel
John M Bussel

Trustee/Chairperson

Gerald W Moore Esa

Vice Chairperson

Gregory Greene

Vice Chairperson

Secretary

Trustee

Michael O O'Neil Jr

Tanya I Davis CPA

Vice Chairperson

Sr Andrea J Balconis OP MD

and Independent Contractors

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

and Independent Contractors

Jorge A Gross CPA

Christopher J Gruchacz

Monsignor Chanel Jeanty JCL

William J Heffernan

Keith B Kashuk DPM

Trustee

Trustee

Trustee

Trustee

	l for rolated						(1 / 1 / 1 / 1 / 1 / 1 / 1	(1) 2/1000	avanniantian and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Daniel F Bird PhD Trustee	1.00	Х					0	0	0
Sister Mary Ann Caulfield OP Trustee	1.00	Х					0	0	0
Edward Feenane Trustee	1.00	Х					0	0	0

Trustee						
Edward Feenane	1.00				0	
Trustee		Λ.				
Sr Rosemary T Finnegan OP	1.00				0	
Trustee		.,				
John D Fumagalli	1.00					

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Trustee		Х			0	0	
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	any nours	anu	a uii	ecu	31/LI	ustee,	,	organization	organizations	from the	
	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	
Joyce Landry Trustee	1.00	Х						0	0	0	
Charles R Modica JD Trustee	1.00	х						0	0	0	
William R O'Donnell PE SECB Trustee	1.00	Х						0	0	0	
Phillis Oeters Trustee	1.00	Х						0	0	0	
Eduardo A Otero MD MBA	1.00							_	_		

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Trustee
Phillis Oeters
Trustee
Eduardo A Otero MD MBA

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Aletha Player

John G Primeau

Heather J Rohan FACHE

Donald S Rosenberg Esq

Joel H Sharp Jr Esq

and Independent Contractors

and Independent Contractors (A) Name and Title

Kevin W Shaughnessy Esq.

Sister Patricia Siemen OP JD

Sister Sharon Weber OP PhD

Trustee

Trustee

Trustee

any hours for related organizations below dotted line)
1.00
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1.00
 •••••

(B)

Average

hours per week (list

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

Institutiona

(C)

Position (do not check more than one box, unless person is both an office and a director/trustee) ey employee

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Forme	
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(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

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efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -	a - DLN: 93493131029							
SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019				
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nue Service ne organiza	tion				Employer identific					
ваггу	Univers	sity Inc					59-0624364					
	rt I		for Public Charity Stati				See instructions.					
	rganiz		a private foundation because	•	•							
1		•	onvention of churches, or as									
2	✓	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital o	or a cooperative hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-		, ,		ped in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).					
7		_	ation that normally receives at (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in				
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. So					ege or university or a				
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a					
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo								
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar								
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-							
g	Provi	de the follow	ing information about the su	pported organization(s).							
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document?					(v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)						
					Yes No							
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9					

	merade any anabadi granti / i						
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	6,389,392	5,334,701	4,671,830	5,098,814	8,894,244	30,388,981
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						238,763
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						20.150.210
	from line 4.						30,150,218
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	· ` ´	` '	` ,	` ,	(0) 2013	
7	Amounts from line 4	6,389,392	5,334,701	4,671,830	5,098,814	8,894,244	30,388,981
8	Gross income from interest,						
	dividends, payments received on	1,363,605	1,600,488	1,507,068	2,555,750	3,510,028	10,536,939
	securities loans, rents, royalties and	1,505,005	1,000,400	1,507,000	2,333,730	3,310,020	10,550,555
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on .						
10	Other income. Do not include gain	F 200 F62	E 4 40 074	2 774 042	F F04 767	2 002 462	24 076 407
	or loss from the sale of capital	5,289,563	5,148,071	2,774,843	5,581,767	3,082,163	21,876,407
١	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						62,802,327
	= = =					1	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	902,390,506
13	First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization,
4	•	=	•	•	•	`````	_

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

15 Public support percentage for 2018 Schedule A, Part II, line 14

14

15

Schedule A (Form 990 or 990-EZ) 2019

48.010 %

44.550 %

Р	art III Support Schedule for									
	(Complete only if you cl						er Part II. If			
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	Investment income percentage for 201			line 13 column (f	:))	17				
17 10										
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖			

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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.

3a 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.

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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

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

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

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," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019 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 - 2015 Amount: \$ 443.832, 2016 Amount: \$ 129.869, 2017 Amount: \$ 83,139, 2018 Explanation of Other Income: Amount: \$ 54,822. 2019 Amount: \$ 71,384. Other - 2015 Amount: \$ 4,845,731. 2016 Amount: \$

5,018,202. 2017 Amount: \$ 2,691,704. 2018 Amount: \$ 5,526,945. 2019 Amount: \$ 3,010,779.

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Schedule A, Part II:	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.					

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493131029131

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶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 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Barry University Inc 59-0624364 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and funds. If none, enter

			-0	separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see the	e instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Return Reference

Part II-B, Line 1:

che	dule C (Form 990 or 990-EZ) 2019				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	ed			
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
ctiv		Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
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?	Yes			45,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			46,766
j	Total. Add lines 1c through 1i				91,766
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r secti	on	
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	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	
Par	t III-B 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 is answered "Yes."				c)(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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	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			
	art IV Supplemental Information	1	l		
Pro	vide 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); Fart tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	·A, lines	1 and 2 (see

elected officials for support of Hispanic-serving institutions.

Between July 1, 2019 through June 30, 2020, 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

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131029131

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization ry University Inc			Emp	loyer identification number
Dai	Ty Offiversity Inc			59-0	624364
Pä	ert I Organizations Maintaining Donor Advi			r Acc	ounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin			(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised ful	nus		(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor	re in writing that the assets hel	ld in donor ad	viced	funds are the
5	organization's property, subject to the organization's ex				Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any ot	her purpose c		
Pa	rt II Conservation Easements.	o" on Form 000 Part IV lin	20.7		
1	Complete if the organization answered "Yes Purpose(s) of conservation easements held by the organization answered "Yes		ie 7.		
-	Preservation of land for public use (e.g., recreation	`	mustian of an	histor	ically important land avec
	, , , , , , , , , , , , , , , , , , ,	,			ically important land area
	✓ Protection of natural habitat	∟ Prese	ervation of a c	ertifie	d historic structure
	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 contribut	tion in the for	m of a	conservation Held at the End of the Year
а	Total number of conservation easements			2a	1
b	Total acreage restricted by conservation easements			2b	6.20
c	Number of conservation easements on a certified histori			2c	
d	Number of conservation easements included in (c) acqu	` '		2d	
,	structure listed in the National Register	مقايم المصامات بمساقين المصموامين الم	المنا المنطقة مناسسة	<u> </u>	anainakina duwina kha
3	Number of conservation easements modified, transferre tax year ►	a, released, extinguished, or te	erminated by i	tne or	ganization during the
4	Number of states where property subject to conservation	on easement is located >			1
5	Does the organization have a written policy regarding the	ne periodic monitoring, inspecti	on, handling o	of viola	etions,
	and enforcement of the conservation easements it hold				☑ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting 40.00	cting, handling of violations, and	d enforcing co	nserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ 2,000	handling of violations, and enfo	orcing conserv	/ation	easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements	s of section 17	70(h)(
9	In Part XIII, describe how the organization reports cons	ervation easements in its rever	nue and exper		
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	ts.			
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye			er Siı	milar Assets.
1 a	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	public exhibition, education, or	research in f		
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 ${f 1}$				▶ \$
(ii)Assets included in Form 990, Part X				. ▶ \$ 186,476
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar a	ssets for finar		
а	Revenue included on Form 990, Part VIII, line 1				. ▶\$
b	Assets included in Form 990, Part X				. ▶\$

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sch	edule D (Form 990) 2019					Page 2		
Pa	rt III Organizations Maintaining Co	llections of Art, I	listorical Treas	sures, or Other	Similar Assets (continued)		
3	Using the organization's acquisition, accessic items (check all that apply):	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
а	Public exhibition		d Loa	an or exchange prog	ırams			
b	Scholarly research		e 🗌 Oth	ner				
С	Preservation for future generations							
4	Provide a description of the organization's co Part XIII.	ollections and explain	how they further t	:he organization's ex	kempt purpose in			
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t					es ☑ No		
Pa	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		m 990, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part		
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes " explain the arrangement in Part XII	I and complete the fo	allowing table:		Amount			
c	, , <u>.</u>	If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance						
d				4.1				
e	- · ·							
f	Ending balance			45				
2a	Did the organization include an amount on F				ability?	es 🗆 No		
b						es 🗀 NO		
	art V Endowment Funds.	1. Check here if the e	xpianation has bee	en provided in Part /	⊔			
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV,	line 10.				
	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back		
1 a	Beginning of year balance	45,448,212	43,980,904	· · · · ·	36,571,919	36,195,517		
b	Contributions	745,043	432,963	' '	222,431	393,165		
	Net investment earnings, gains, and losses	422,990	1,553,590	, ,	3,467,987	865,160		
	Grants or scholarships	428,749	486,621	. 130,251				
е	Other expenditures for facilities and programs	194,297	32,624	ı				
f	Administrative expenses			99,508	176,195	881,923		
g	End of year balance	45,993,199	45,448,212	43,980,904	40,086,142	36,571,919		
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment >	33.740 %						
b	Permanent endowment ► 66.260 %							
c	Temporarily restricted endowment ▶	******************						
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No							
	(i) unrelated organizations			a(i) No				
h	(ii) related organizations		on Schodulo P2	• •		a(ii) No		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?								
	irt VI Land, Buildings, and Equipme		icht fallas.					
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property (a) Cost or of (investm	ther basis (b) Cost	or other basis (other			(d) Book value		
	(investm	ienc)						
1 a	Land		7,803,61	12		7,803,612		
b	Buildings		177,571,01	10	79,965,855	97,605,155		
	Leasehold improvements							

48,887,758

3,934,374

9,374,687

3,934,374

118,717,828

39,513,071

	Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV, li	<u>ne 11</u> b.S	<u>ee Form 9</u> 90, I	Part X, line 12	2
	(a) Description of security or category (including name of security)	(b) Book value			d of valuation:	
	I derivatives	value				
A)						
В)						
C)						
D)						
E)						
F)						
G)						
H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ne 11c. S	See Form 990,	Part X, line 1	3.
	(a) Description of investment		((b) Book value	Cost or end-	of valuation: of-year market alue
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
(9)						
Part IX	Other Assets.	t. T\ (1:	•	- 000 P	1 7 1 45	
	Complete if the organization answered 'Yes' on Form 990, Pa	ait IV, iii	ie IIu. S	ee Form 990, Pai		Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
7)						
(8)						
(9)						
Fotal. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV, lin	<u>ne 11e or</u>	11f.See Form	990, Part X, (b) Book	line 25.
1. (1) Federal	income taxes				value	
(2) Student Deposits				10,373,634		
3) Other 4)					14,509,137	
5)						
6)						
7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>	24,882,771	
	or uncertain tax positions. In Part XIII. provide the text of the footpot	e to the or	rganization			orts the organizat

Add lines 4a and 4b .

Other losses

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . .

Part XI

2

а

b

3

4

b

C

Part XII

5

1

2

b

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-537,605

140,398,654

60,918,447

Recoveries of prior year grants c d Other (Describe in Part XIII.) Add lines 2a through 2d e

Total expenses and losses per audited financial statements

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

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.

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

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

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 . . .

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

Supplemental Information

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

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . . .

Prior year adjustments

Donated services and use of facilities . . .

2c

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

2d

4a

4b

Explanation

2a

2b

60,918,447

-677.056

26,600

112,851

2e 3 40

2	
ırı	1.

revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	201,317,101
Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			Returr	1.
expenses and losses per audited financial statements			1	138,900,526
nts included on line 1 but not on Form 990, Part IX, line 25:				_
ed services and use of facilities	2a	26,600		
ear adjustments	2b			
losses	2c			
(Describe in Part XIII.)	2d	104,956		
nes 2a through 2d			2e	131,556
act line 2e from line 1			3	138,768,970
nts included on Form 990, Part IX, line 25, but not on line 1:				
ment expenses not included on Form 990, Part VIII, line 7b	4a			
(Describe in Part XIII.)	4b	60,918,447		
nes 4a and 4b			4c	60,918,447
expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				199,687,417

Schedule D (Form 990) 2019

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 59-0624364

Name: Barry University Inc

Supplemental Information

on _____

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 restricted or net assets with donor restrictions, in accordance with the principles of F ASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 6/30/2020. To date, Schedule D has not been up dated 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, Schedule D, Part V, Lines 2a-2c: Line 2a - Without donor restrictions Line 2b - With donor restrictions			

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 Accountin 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 benef it 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 liabil ity 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 2017. However, the University is still open to examinat ions by taxing authorities from fiscal year 2017 forward. For the years ended June 30, 202 0 and 2019, there was no interest or penalties recorded or included in the consolidated st atements of activities and changes in net assets. Earnings from unrelated business activit ies were not significant for the years ended June 30, 2020 and 2019. Accordingly, no provision for income taxes has been made in accompanying consolidated financial statements.

Supplemental Information

upplemental Information			
Return Reference	Explanation		
Part XI, Line 2d - Other Adjustments:	Change in cash surrender value 7,895. Special event expenses 104,956.		

Sι

upplemental Information				
Return Reference	Explanation			
Part XI, Line 4b - Other Adjustments:	Scholarships netted with revenue 60,918,447.			

Sι

upplemental Information				
Return Reference	Explanation			
Part XII, Line 2d - Other Adjustments:	Special event expenses 104,956.			

upplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Scholarships netted with revenue 60,918,447.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131029131 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **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, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2			
Part II Supplemental Information. Provide the expla any other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide		
Return Reference	Explanation		
Schedule E, Part I, Line 3	The organization currently enrolls students of racial minority groups in meaningful numbers consistent with the publicity exception found in Rev. Proc. 75-50 section 4.03(2)(c). The organizatoin has updated its homepage to post the policy as of April 2021.		
Schedule E, Part I, Line 6	Barry University receives assistance from Title IV programs including Federal Pell Grant Program, Federal Supplemental Education Opportunity Grant, Federal Work-Study Program, Higher Education Emergency Relief Fund, etc.		

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131029131 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Barry University Inc. 59-0624364 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 50 1.559.533 3a Sub-total . b Total from continuation sheets to Part I . . . 50 1,559,533 c Totals (add lines 3a and 3b)

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	Schedule F (Form 990) 2019			
Par	Toreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	✓ No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign			
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships			
	(see Instructions for Form 8865)	☐Yes	✓ No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form			
	5713; don't file with Form 990)	☐Yes	✓ No	

Schedule F (Form 990)	2019 Page 5
Provide amount method any add	mental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting; and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide tional information. See instructions. **Applemental Information**
Return Reference	Explanation
Part I, line 3:	The organization tracked expenditures in accordance with accrual basis of accounting.

990 Schedule F, Supplemental Information

Return Reference Explanation

Part III Accounting Method:

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 59-0624364

Name: Barry University Inc

1,437,519

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the	0	50	1 2	Graduate Social Work and	122,014

INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131029131 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 10 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1 Alumni Awards Lunch (event type)	(b) Event #2 Golf Tournament (event type)	(c)Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Keverkie					
	1 Gross receipts	43,200	38,189	18,550	99,93
	2 Less: Contributions	15,750	12,805		28,55
	3 Gross income (line 1 minus line 2)	27,450	25,384	18,550	71,38
	4 Cash prizes				
s l	5 Noncash prizes		7,218		7,21
5	6 Rent/facility costs	519		4,184	4,70
្	7 Food and beverages	2,181	17,376	14,865	34,42
3	8 Entertainment		10,000	7,239	17,23
- I	9 Other direct expenses	21,068	3,595	16,711	41,37
- 1	10 Direct expense summary. Add lines 4 t	through Q in column (d)			10105
	·				104,95
	11 Net income summary. Subtract line 10	from line 3, column (d)			-33,57
	11 Net income summary. Subtract line 10 TIII Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d)	s" on Form 990, Part I	V, line 19, or reported	-33,57
Par	Gaming. Complete if the organization	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		-33,57 more than \$15,000 (d) Total gaming (add
Par	Gaming. Complete if the organization on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
Pari Heveline	Gaming. Complete if the organization	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
Pari Heveline	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
Expenses Keverine pa	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
Par englace Keveline	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
State Expenses Keverkie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	
Par englace Keveline	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-33,57 more than \$15,000 (d) Total gaming (add
Circle Cyberraes Keverne	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	rom line 3, column (d) anization answered "Ye (a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo — Yes	(c) Other gaming	-33,57 more than \$15,000 (d) Total gaming (add
Dilect Expenses Keverine	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-33,57 more than \$15,000 (d) Total gaming (add
Par Secueda Delo	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-33,57 more than \$15,000 (d) Total gaming (add
ar annana sasiady said	Gaming. Complete if the organization in Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-33,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Parises Keverne	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-33,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493131029131

Open to Public Inspection

Internal Revenue Service		. 55 15			••••		
Name of the organization Barry University Inc						Employer identific	ation number
<u> </u>						59-0624364	
		and Assistance					
Does the organization main the selection criteria used	ntain records to sub: to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	☑ Yes ☐ No
2 Describe in Part IV the org							⊻ fes ∟ No
Part II Grants and Other	Assistance to Dom	estic Organizations a	nd Domestic Governme	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(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
organization or government	(B) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other		-					

(Form 990)

Department of the

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(3)

(1) Student Scholarships/Awards 4378 58,463,372 (2) HEERF Grants 4184 2,455,075 (2)

(4)

(5)

(6)

(7)

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

Part IV

Explanation

Return Reference The University awards grants, scholarships & student loans based on various, predefined criteria. Students must gualify for the assistance. Student enrollment and

Part I, Line 2: continuing eligibility are verified on an ongoing basis. No cash changes hands and funds are directly applied to student accounts. In April 2020, the U.S. Department of Education awarded 2.5 million to Barry University to support direct emergency payments to students affected by the COVID-19 pandemic. As of 6/30/20, the University lawarded \$2,455,075 in emergency financial assistance to students. The balance of \$58,624 was awarded over summer 2020.

Page 2

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	1029	131	
Sch	nedule J	Coi	mpensati	on Information	ОМ	B No.	1545-0	0047	
(For	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest								
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV, line	23.	2019			
▶ Attach to Form 990.								olic	
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	101111990			Insp	ectio	n	
	me of the organizary University Inc	ation		Emp	loyer identificati	ion nu	ımber		
				59-0	624364				
Pa	rt I Questi	ons Regarding Compensati	on				1		
1 a				the following to or for a person listed on by relevant information regarding these ite			Yes	No_	
		s or charter travel		Housing allowance or residence for perso					
		companions		Payments for business use of personal re					
		nification and gross-up payments		Health or social club dues or initiation fee					
	Discretion	ary spending account	✓	Personal services (e.g., maid, chauffeur,	chef)				
b	If any of the ho	xes on Line 1a are checked did th	e organization	follow a written policy regarding payment	or				
b				ve? If "No," complete Part III to explain	OI .	1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Line 1a	,	2	Yes		
	unectors, truste	es, officers, including the CEO/EX	ecutive Director	, regarding the items checked on line 1a					
3		if any, of the following the filing o EO/Executive Director. Check all t		d to establish the compensation of the					
				CEO/Executive Director, but explain in Par	t III.				
	Compens	ation committee	✓	Written employment contract					
		ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensation of	committee				
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filing o	organization or a				
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a		No	
b	Participate in, o	r receive payment from, a suppler	nental nonqual	fied retirement plan?		4b		No	
C		. , , , , , , , , , , , , , , , , , , ,		nsation arrangement?		4c		No	
	If "Yes" to any o	or lines 4a-c, list the persons and [provide the app	licable amounts for each item in Part III.					
	Only 501(c)(3), 501 (c)(4), and 501 (c)(29) c	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a	Yes		
b		anization? . 5a or 5b, describe in Part III.				5 b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any					
а	The organization	1?				6a		No	
b						6b		No	
_	· ·	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed rt III		7		No	
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describ · · · · · · · · · · · · · · · · · · ·		8		No	
9				presumption procedure described in Regu		9		INU	
For F	Panerwork Redu	iction Act Notice, see the Instr	uctions for Fo	rm 990. Cat. No. 50053	T Schedule J	(Form	9901	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Page 3					
Part III Supplemental Information					
Provide the information, explanation, or	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				
·	Housing Allowance: As a condition of employment, and as a convenience to the University, the President is provided a home on University grounds. The University also provides grounds care and housekeeping for the home since the President hosts functions for the University at his home. The home is provided as a nontaxable benefit to the President because it is required in his contract and he resides there for the convenience of the University.				
Part I, Line 5	Physicians in the School of Podiatry received a percent of gross receipts of the teaching clinics.				

Schedule 1 (Form 990) 2019

Software ID:

Software Version:

EIN: 59-0624364

Name: Barry University Inc Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 1Dr Michael Allen 239,086 (i) 6,600 8,470 84,811 338,967 President (ii) 1Ronald Dick (i) 135,530 159,489 9,986 10,587 315.592 Professor, Anesthesiology (ii) 2John Murray (i) 276,177 11,220 23,199 310,596 Provost 3James Losito 265,490 (i) 4,891 8,388 24,249 303,018 Professor, Podiatric Medicine (ii) 4John McFadden (i) 195,525 79,745 11,049 9,607 295,926 Dean, Nursing & Health Sciences (ii) 5Susan Rosenthal (i) 235,194 9,792 24,788 269,774 VP for Business & Finance 6Leticia Diaz (i) 229,590 9,607 26,27 265,474 Dean, Law 7Yvette Koottungal (i) 214,504 8,950 24,904 248,358 Vice President for Enrollment & Digi (ii) 8Thomas Merrill (i) 128,598 30,965 44,022 8,460 23,227 235,272 Professor, Surgery 9Jacqueline Brill (i) 84,117 111,928 8,236 24,887 229,168 Associate Professor, Podiatric Medic (ii) 10Charles Southerland (i) 125,171 72,089 8,097 17,478 222,835 Professor, Podiatric Medicine 11Jennifer Pugh (i) 180,497 25 7,628 26,063 214,213 VP for University Administration (ii) 12Scott Smith (i) 189,575 7,752 213,364 16,037 VP for Mission & Student Engagement 13David Dudgeon (i) 162,249 6,650 15,124 184,023 General Counsel

DLN: 93493131029131

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

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

2019

OMB No. 1545-0047

Schedule K

(Form 990)

explanations, and any additional information in Part VI.

▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Barry University Inc 59-0624364 **Bond Issues** Part I (c) CUSIP # (d) Date issued (i) Pool (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing issuer Yes No No Yes Yes No 723161FP5 10-24-2007 10,000,000 | See Part VI Χ Pinellas County Education 59-6000800 Facility Pinellas County Education 59-6000800 723161GE9 08-02-2011 38,929,920 | See Part VI Χ Facility Pinellas County Education 59-6000800 723161GX7 03-28-2012 32,695,767 | See Part VI Χ Χ Facility Part II **Proceeds** C Α 3,490,000 8,235,000 3 32,797,878 10,000,000 39,032,085 3,366,419 3,419,978 5 969,251 7 182,092 553,041 439,883 8 131,046 9 10 2,729,304 16,000,000 11 6,957,558 18.190.897 28.986.307 12 13 2008 2012 2012 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ 16 Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part 🏻 Α D Yes Nο Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

Χ

Χ

Χ

Χ

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

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

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

hedge with respect to the bond issue?

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?

Was the hedge terminated?

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

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

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

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page 2

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х Χ Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Х

Χ

Χ

Νo

Χ

Χ

Χ

2000 0000000000 %

Χ

0 %

0 %

0 %

Χ

No

Х

Х

Χ

Χ

Х

C

Χ

14.100 %

Yes

Χ

0 %

0 %

0 %

D

Schedule K (Form 990) 2019

No

Yes

Χ

Χ

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ Χ Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ Χ d

Α

Yes

Χ

Χ

Х

Bank of America

Χ

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?

Page 3

D

Nο

Yes

		res	NO	res	NO	res	NO	res	NO
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		

Yes

Χ

No

Explanation

Issuer Name: Pinellas County Education Facility Date the Rebate Computation was Performed: 10/23/2019 Issuer Name: Pinellas County Education Facility Date the

Rebate Computation was Performed: 07/31/2019 Issuer Name: Pinellas County Education Facility Date the Rebate Computation was Performed: 03/27/2020

Χ

Yes

No

Yes

Χ

Nο

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

Schedule K (Form 990) 2019

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

requirements of section 148? . . .

Return Reference

Date Rebate Computation Performed

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
	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.

Return Reference	Explanation						
Schedule K, Part II, Line 3, Column (B):	Difference proceeds from issue price are Investment Earnings						

Return Reference	Explanation
chedule K, Part II, Line 3, olumn (C):	Difference proceeds from issue price are Investment Earnings

Sch Col

efile GRAPHIC	print - DO N	OT PROCES	S As I	iled Data -					DL	.N: 93	4931	3102	9131	
Schedule L Transac				tions with Interested Persons							OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Pa					90, Part IV, li	t IV, lines 25a, 25b, 26,				2019				
		27, 28a,		8c, or Form 99 ich to Form 99			40Ь.				4 U	' L	7	
Department of the Treas		Go to <u>www.i</u>	rs.gov/Fo	<u>rm990</u> for inst	ructions and	the latest inf	forma	tion.		9	Open t			
Internal Revenue Servic Name of the orga							Er	nplo	ver ide	ntifica	Insp ation n			
Barry University Inc								59-0624364						
Part I Exces	s Benefit Tra	nsactions (section 50	1(c)(3), section	501(c)(4), and	d section 501(c				s only	١.			
Comple	te if the organiza	ation answere	d "Yes" on	Form 990, Part	IV, line 25a oi	r 25b, or Form	990-E	Z, Pa	rt V, lii	ne 40b	. ,			
1 (a)	Name of disqual	e of disqualified person		(b) Relationship between disqualified person and organization			nd	(c) Description of transaction				(d) Corrected? Yes No		
				organization			+	- transaction			Y •	es	No	
							\perp							
							-							
2 Enter the am	ount of tax incur	red by the ord	nanization	managers or dis	gualified perso	ons during the	vear i	ınder	section	n				
4958						_	•			\$				
3 Enter the am	ount of tax, if ar	iy, on line 2, a	above, rein	nbursed by the c	organization .		•			\$				
Com	ns to and/or plete if the organ ted an amount of	ization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	anizat	ion	
(a) Name of	(b) Relationship	(c) Purpose	(d) Loar	Loan to or from the (e) Original				(g) In (h)			(i) Written			
interested person with	with organization	of loan	org	anization?	principal amount	due	b		Appro boa	vea by rd or	agreement?			
									committee?		<u> </u>			
			То	From			Yes	No	Yes	No	Yes	r	No	
											\vdash			
											\vdash			
					+						\vdash			
Total .				<u> </u>	<u> </u>				<u> </u>	I				
Part III Gran	its or Assista	nce Benefit	ing Inte	rested Perso	ns.									
	olete if the org			_		1								
(a) Name of interested person (b) Relationship betw interested person and					of assi	assistance (e) Purp				f assis	stance			
		organizat												

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Laura Alonso-Gallo	Family member of of Board Chairperson, John Bussel		W-2 Wages and Benefits		No
(2) Rebecca Murray	Family member of Provost, John Murray	62,632	W-2 Wages and Benefits		No

Explanation

Schedule L (Form 990 or 990-EZ) 2019

Return Reference

Supplemental Information

Part V

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131029131 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 Part I **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 5 Clothing and household 27,341 Resale Value Χ goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 1,016,132 Selling Price 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (Food/Beverages) Χ 13 24,464 Cost 26 Other ▶ (Merchandise) Χ 14 23,096 Cost Χ 1 5,000 Cost 27 Other ► (Equipment) Χ 15 3,935 Cost 28 Other ▶ (Gift Cards) Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 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. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional 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) (2019)

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SCHEDULE O (Form 990 or 990- EZ) Supplement Complete to prov Form 990 o		provide information for 0 or 990-EZ or to provi ► Attach to Form	n to Form 990 or 90 responses to specific questic de any additional information 990 or 990-EZ.	ons on	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherong				Employer identi	fication number
Barry University In				59-0624364	
Return Reference			Explanation		
Form 990, Part III, Line 1, Description of Organization Mission:	ience foster individual and communal transformation where learning leads to knowledge and truth, reflection leads to informed action, and a commitment to social justice leads to co llaborative service. Barry University provides opportunities for affirming our Catholic id				

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	Composition of the Executive Committee of the Board: The Board will have an Executive Committee consisting of the Chairperson of the Board and not less than five (5) other Trustees. The Executive Committee will include at least one (1) member of the Sponsoring Congregat ion, which shall be the Prioress of the Sponsoring Congregation or a Board member designat ed by the Prioress. The Chairperson of the Board is also the Chairperson of the Executive Committee. The Vice Chairpersons of the Board and Chairperson of each Committee of the Board will also be members of the Executive Committee. The Secretary of the Board ("Board Secretary"), who must be a Trustee, will also be a member of the Executive Committee. The President shall be an ex officio member of the Executive Committee; as an ex officio member of the Executive Committee the President will not have the power to vote and will not be counted as a member of the Executive Committee for the purpose of determining a quorum. The Chairperson of the Board shall be empowered to invite the immediate past Chairperson to serve on the Executive Committee. Scope of the Committee's authority: When the Board is not in session and prudent management requires prompt action, the Executive Committee shall exercise all of the authority of the Board in the management of the Corporation except as such authority is limited by resolution of the Board, and any such action shall be submitted to the Board at its next meeting for review. Actions by the Executive Committee, as described in this provision, shall be used sparingly and shall not be abused. A majority of the members of the Executive Committee shall constitute a quorum for the transaction of busin ess.

Return Explanation
Reference

le III, Sec. 2B)

line 4

Form 990,	1. The President of the University was given Board voting rights on matters for which ther
Part VI,	e is no conflict of interest. (Article III, Sec. 2D) 2. The maximum number of board seats
Section A	available to members of the Sponsoring Congregation was reduced from five to three (Artic

Return Explanation
Reference

Form 990,
Part VI,
Section A,
line 7a

The University's Sponsoring Congregation selects up to three Sisters to serve as Trustees,
one of which shall be the Prioress of the Sponsoring Congregation.

Return

Reference	
Form 990, Part VI, Section A, line 7b	The following matters require the approval of the Sponsoring Congregation's Prioress and G eneral Council or their designee: - any changes to the purposes and mission of the organiz ation - the slate of nominees for appointment to the President of the organization - any a mendments to the Articles or Bylaws of the organization that affect the powers or rights o f the Sponsoring Congregation - the nominees to the Board and selecting those persons to b e appointed as the Sponsoring Congregation Trustees - the purchase, sale, lease or mortgag
	e of real property of the organization in an amount more than \$5,000,000 for purchases, sa le, and mortgages and more than \$50,000 per month for leases - the merger or dissolution o

f the organization and upon approval of dissolution, the approval of the disposition of th

e assets of the organization as set forth in the Articles

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
orm 990,	Barry University uses the following process to review the Form 990. An external tax firm p

Part VI,
Section B,
line 11b
repares the return with input from the University's controller. The Vice President of Busi
ness and Finance reviews, approves, and signs the return. A public inspection copy of the
reviewed Form 990 is then provided to the Board of Trustees prior to filing with the IRS.
The external tax firm electronically files the return on or before the due date including
extensions.

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 relationship 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 e 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 int erest 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 presentation 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 a conflict of interest. The board of trustee or the ECA will then deliberate to independ ently determine if possible conflict of interest identified will be approved by the appropriate body to ensure adherence to the conflict of interest po

n HR file.

Return Reference	Explanation
Form 990,	Line 15a: The President's compensation is reviewed annually; comparable data/information i

Part VI,
Section B,
line 15

s reviewed. The compensation is in keeping with the University's guidelines. The Chairpers
on and the Executive Committee of the Board conduct the annual 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 compen
sation benchmark data for all University positions and documents the approval process in a

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Iline 19

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part XI, line Adjust to cash surrender value 7,894.