Form 990

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BARRY UNIVERSITY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
11300 NE 2ND AVENUE

City or town, state or country, and ZIP + 4
MIAMI SHORES, FL 331616695

**D Employer identification number**
59-0624364

**E Telephone number**
(305) 899-3050

**G Gross receipts** $ 146,212,772

F Name and address of Principal Officer

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

H(b) **Are all affiliates included?** ☐ Yes ☐ No
(If "No," attach a list See instructions )

H(c) Group Exemption Number ▶

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

**J Web site:** ▶ HTTP //WWW BARRY EDU

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1940

M State of legal domicile FL

## Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 30 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 3,265 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 110 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 68,571 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 8,603,492 | 6,631,885 |
| | 9 | Program service revenue (Part VIII, line 2g) | 123,262,378 | 131,184,492 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,415,356 | 1,395,466 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,020,767 | 3,549,183 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 137,301,993 | 142,761,026 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 69,441,610 | 78,011,960 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | (Total fundraising expenses, Part IX, column (D), line 25 2,119,145 ) | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 56,978,570 | 53,026,727 |
| | 18 | Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) | 126,420,180 | 131,038,687 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 10,881,813 | 11,722,339 |

| | | | Beginning of Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 133,416,882 | 145,363,390 |
| | 21 | Total liabilities (Part X, line 26) | 74,559,633 | 74,669,701 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 58,857,249 | 70,693,689 |

## Part II Signature Block

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

**Please Sign Here**

▶ Signature of officer | Date 2010-05-10

▶ BRUCE EDWARDS VP, TREASURER
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ | Date 2010-05-12 | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

**Part III** **Statement of Program Service Accomplishments** (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 74,520,135 including grants of $ 3,754,265 ) (Revenue $ 117,650,101 )

INSTRUCTIONAL SERVICES TO GRADUATE AND UNDERGRADUATE STUDENTS BARRY UNIVERSITY ENROLLS MORE THAN 8,500 STUDENTS, IN OVER 100 UNDERGRADUATE, GRADUATE, PROFESSIONAL AND DOCTORAL PROGRAMS APPROXIMATELY 3,000 UNDERGRADUATE AND 2,600 GRADUATE STUDENTS ATTEND CLASSES AT BARRY'S BEAUTIFUL, SUBTROPICAL MIAMI SHORES CAMPUS ANOTHER 2,000 WORKING PROFESSIONALS ATTEND CLASSES AT VARIOUS SITES THROUGHOUT THE STATE OF FLORIDA THE WELL- RECOGNIZED DWAYNE O ANDREAS SCHOOL OF LAW IN ORLANDO, ENROLLS APPROXIMATELY 750 STUDENTS SEEKING THEIR JD

**4b** (Code ) (Expenses $ 15,443,530 including grants of $ ) (Revenue $ 313,698 )

STUDENT SERVICES THE STUDENT AFFAIRS DIVISION OF BARRY UNIVERSITY ADHERES TO THE PHILOSOPHY THAT STUDENTS SUCCEED WHEN ALL ASPECTS OF THEIR DEVELOPMENT ARE AT OPTIMUM LEVEL TO THIS END, THE STUDENT AFFAIRS STAFF STANDS READY TO SERVE AS A SUPPORT SYSTEM FOR BARRY STUDENTS THE SERVICES AVAILABLE INCLUDE THE BOOKSTORE, CAMPUS MINISTRY, CAREER SERVICES, COMMUTER STUDENT AFFAIRS, LEADERSHIP AND TRANSITION, COMMENCEMENT, COUNSELING AND PSYCHOLOGICAL, DINING, DISABILITY, HEALTH, INTERCULTURAL CENTER, PUBLIC SAFETY, RESIDENTIAL LIFE, STUDENT ACTIVITIES, STUDENT UNION, AND VOLUNTEER AND COMMUNITY SERVICES

**4c** (Code ) (Expenses $ 12,080,016 including grants of $ ) (Revenue $ 2,980,560 )

ACADEMIC SUPPORT BARRY UNIVERSITY OFFERS ACADEMIC SUPPORT TO STUDENTS AS IT RELATES TO LIBRARY, COMPUTER, AND LEARNING CENTER SUPPORT THE MONSIGNOR BARRY MEMORIAL LIBRARY INCLUDES MORE THAN 950,000 ITEMS, 1,300 JOURNAL SUBSCRIPTIONS, INCLUDING OVER 700 JOURNALS IN ELECTRONIC FULL TEXT A SIGNIFICANT STRENGTH IS THE EXCELLENT AMERICAN CATHOLIC COLLECTION THE BARRY LIBRARY INFORMATION SERVICES SYSTEM WEB (BLISSWEB) IS THE COMPUTERIZED ONLINE CATALOG LIBRARY'S HOLDINGS BLISSWEB CAN BE SEARCHED FROM TERMINALS AND COMPUTERS IN THE LIBRARY, COMPUTER LABS, DORMS, AND OFFICES ACROSS CAMPUS AS WELL AS AT HOME AND OFF-CAMPUS SITES THE LIBRARY IS A MEMBER OF SEFLIN (SOUTH EAST FLORIDA LIBRARY INFORMATION NETWORK), THE ONLINE COMPUTER LIBRARY CENTER (OCLC), A NATIONAL LIBRARY NETWORK, AND SOUTHEASTERN LIBRARY NETWORK (SOLINET) THE BARRY UNIVERSITY DWAYNE O ANDREAS SCHOOL OF LAW LIBRARY HOLDS OVER 180,000 VOLUMES AND 1600 SUBSCRIPTIONS THERE IS AVAILIBILITY TO NETWORKED FACULTY INCLUDING WIRED CARRELS AND TABLES IT IS OPEN TO THE ORLANDO LEGAL COMMUNITY ALSO, THE LIBRARIANS ARE LAW TRAINED

(Code ) (Expenses $ 8,124,962 including grants of $ ) (Revenue $ 10,240,224 )

AUXILIARY SERVICES BARRY UNIVERSITY OFFERS THE STUDENTS DINING, BOOKSTORE, AND RESIDENTIAL LIFE SERVICES THE PURPOSE OF THE OFFICE OF RESIDENTIAL LIFE IS TO WORK WITH STUDENTS, STAFF, AND FACULTY IN THE CREATION OF A CARING AND LEARNING ENVIRONMENT IN WHICH STUDENTS CAN FIND OPPORTUNITIES TO EXCEL ACADEMICALLY AND INTERPERSONALLY THE STAFF ACTS AS CATALYSTS IN THE DEVELOPMENT OF A HEALTHY, VIBRANT COMMUNITY WHERE INVOLVEMENT, LEADERSHIP, SPIRITUAL DEVELOPMENT, AND LIFE-LONG LEARNING ARE NATURAL COMPONENTS OF DAY-TO-DAY LIVING DINING SERVICES OFFER A VARIETY OF DINING CHOICES FOR STUDENTS AND VISITORS TO THE MIAMI SHORES CAMPUS ALL RESIDENT STUDENTS ARE REQUIRED TO CHOOSE FROM ONE OF FIVE MEAL PLAN OPTIONS MEAL PLANS ARE ALSO AVAILABLE FOR COMMUTER STUDENTS THE ROUSSELL DINING HALL IS AN ALL YOU CAN EAT FACILITY FEATURING A VARIETY OF FRESH FOOD DESIGNED TO SATISFY EVERYONE THIS FACILITY SERVES RESIDENT AND COMMUTER STUDENTS, PLUS FACULTY, STAFF AND GUESTS OF THE UNIVERSITY FULL SERVICE MEALS ARE SERVED SEVEN DAYS PER WEEK

**4d** Other program services (Describe in Schedule O )

(Expenses $ 8,124,962 including grants of $ ) (Revenue $ 10,240,224 )

**4e** Total program service expenses $ 110,168,643 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | Yes | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | Yes | |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | Yes | |
| 13 | Is the organization a school as 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 U S ? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | No |
| 17 | Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | No |
| 21 | Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | No |
| 22 | Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25* | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I* | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **28** | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| **a** | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | 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 section 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, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | | No |
| **36** | 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** | Yes | |
| **37** | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable | 1a | 11,371 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return | 2a | 3,265 | | | |
| **b** | If at least one is reported in 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 this return.* | | | 2b | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | Yes | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | Yes | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | Yes | |
| **b** | If "Yes," enter the name of the foreign country VI<br>See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.* | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| **c** | If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?* | | | 5c | | |
| **6a** | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| **7** | *Organizations that may receive deductible contributions under section 170(c).* | | | | | |
| **a** | Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more? | | | 7a | Yes | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| **e** | Did the organization, during the year, 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** | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | No |
| **h** | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | No |
| **8** | *Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | No |
| **9** | *Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.* | | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? | | | 9a | | No |
| **b** | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | No |
| **10** | *Section 501(c)(7) organizations.* Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| **11** | Section 501(c)(12) organizations Enter | | | | | |
| **a** | Gross income from members or shareholders | 11a | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| **12a** | *Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

**Part VI** **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| | *For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.* | | | |
| 1a | Enter the number of voting members of the governing body . . **1a** 30 | | | |
| b | Enter the number of voting members that are independent . . **1b** 30 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | the governing body? | 8a | Yes | |
| b | each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | | No |
| 11 | Is there any officer, director or 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 | 11 | | No |

## Section B. Policies

| | | | Yes | No |
|---|---|---|---|---|
| 12a | Does the organization have a written conflict of interest policy? *If "No", go to line 13* | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | | No |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BARRY UNIVERSITY
11300 NE 2ND AVENUE
MIAMI SHORES, FL 331616695
(305) 899-3598

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

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

**1a** Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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**Part VII Continued**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099MISC) | (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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| | | | | | | | | | | |
| **1b Total** . . . . . . . . . . . . . . . . . . ▶ | | | | | | | | 2,025,762 | | 243,308 |

**2** Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 11

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SUMMERS PROFESSIONAL SERVICES<br>8897 SW 129 TERRACE<br>MIAMI, FL 33176 | CONSTRUCTION | 580,745 |
| DUTTON PRESS INC<br>280 WEST 79TH PLACE<br>HIALEAH, FL 33014 | PRINTING | 412,359 |
| HOLLAND & KNIGHT LLP<br>PO BOX 32092<br>LAKELAND, FL 33802 | LEGAL | 381,516 |
| DELOITTE & TOUCHE LLP<br>200 SE 2ND STREET<br>MIAMI, FL 33131 | AUDITING | 365,445 |
| COLLEGIATE MARKETING<br>13509 E BOUNDARY RD SUITE F<br>MIDLOTHIAN, VA 231123931 | NAME SEARCH | 318,970 |
| **2** Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ | | 5 |

## Part VIII Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . 1a | | | | | |
| | b | Membership dues . . . . . 1b | | | | | |
| | c | Fundraising events . . . . 1c | 527,452 | | | | |
| | d | Related organizations . . . 1d | | | | | |
| | e | Government grants (contributions) 1e | 4,581,373 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 1,523,060 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ 75,000 | | | | | |
| | h | **Total (Add lines 1a-1f)** . . . . . . . . | | 6,631,885 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | TUITION AND FEES | | 120,439,966 | 120,439,966 | | |
| | b | AUXILLIARY ENTERPRISES | | 10,240,224 | 10,240,224 | | |
| | c | PODIATRIC CLINIC REVENUE | | 504,302 | 504,302 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total. Add lines 2a-2f** . . . . . . . . . $ 131,184,492 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest other similar amounts) . . . . . . . . | | 2,111,676 | | | 2,111,676 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 | Royalties . . . . . . . . . . . . . | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross Rents | 716,991 / | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 716,991 / | | | | |
| | d | Net rental income or (loss) . . . . . . . | | 716,991 | | | 716,991 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 2,442,882 / | | | | |
| | b | Less cost or other basis and sales expenses | 3,159,092 / | | | | |
| | c | Gain or (loss) | -716,210 / | | | | |
| | d | Net gain or (loss) . . . . . . . . . . . | | -716,210 | | | -716,210 |
| | 8a | Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . . . . a | 527,452 | | | | |
| | b | Less direct expenses . . . b | 292,654 | | | | |
| | c | Net income or (loss) from fundraising events . . | | -292,654 | -292,654 | | |
| | 9a | Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | REIMBURSEMENTS | | 1,343,413 | 1,343,413 | | |
| | b | STUDENT FEES | | 847,440 | 847,440 | | |
| | c | LANGUAGE ACADEMY | | 187,221 | | | 187,221 |
| | d | All other revenue ______ | | 746,772 | 211,647 | 68,571 | 466,554 |
| | e | **Total. Add lines 11a-11d** . . . . . . . $ 3,124,846 | | | | | |
| | 12 | **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . | | 142,761,026 | 133,294,338 | 68,571 | 2,766,232 |

**Part IX** **Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| | **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,182,301 | 346,797 | 835,504 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 62,354,803 | 55,214,344 | | 1,191,975 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 5,907,360 | 5,278,308 | 515,814 | 113,238 |
| 9 | Other employee benefits | 3,809,577 | 3,172,708 | 575,827 | 61,042 |
| 10 | Payroll taxes | 4,757,919 | 4,250,427 | 416,306 | 91,186 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 381,865 | | 381,865 | |
| c | Accounting | 330,475 | | 330,475 | |
| d | Lobbying | 139,343 | | 139,343 | |
| e | Professional fundraising *See Part IV, line 17* | | | | |
| f | Investment management fees | 34,168 | | 34,168 | |
| g | Other | | | | |
| 12 | Advertising and promotion | 1,234,054 | 158,343 | 1,074,166 | 1,545 |
| 13 | Office expenses | 10,811,760 | 9,312,930 | 1,189,472 | 309,358 |
| 14 | Information technology | 48,751 | 11,748 | 37,003 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 126,125 | 126,125 | | |
| 17 | Travel | 3,796,953 | 3,400,671 | 236,304 | 159,978 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | 2,978,166 | 2,832,368 | 78,222 | 67,576 |
| 20 | Interest | 1,693,316 | 1,542,441 | 150,875 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,636,167 | 4,241,166 | 395,001 | |
| 23 | Insurance | 1,461,298 | 68,538 | 1,392,760 | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | REPAIRS & MAINTENANCE | 14,413,308 | 13,166,727 | 1,183,891 | 62,690 |
| b | MISCELLANEOUS | 6,417,163 | 4,117,963 | 2,292,251 | 6,949 |
| c | OTHER FEES | 3,510,806 | 2,500,726 | 965,259 | 44,821 |
| d | BOOKS & MEMBERSHIPS | 614,266 | 426,313 | 179,166 | 8,787 |
| e | BAD DEBT FOR LOSS | 398,743 | | 398,743 | |
| f | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 131,038,687 | 110,168,643 | 18,750,899 | 2,119,145 |
| 26 | **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 13,160,289 | 1 | 22,189,977 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 4,793,377 | 3 | 3,927,132 |
| | 4 | Accounts receivable, net | | | 4,719,696 | 4 | 4,728,773 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L* | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L* | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 1,157,953 | 7 | 1,183,299 |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 5,396,261 | 9 | 5,638,283 |
| | 10a | Land, buildings, and equipment cost basis | 10a | 156,307,809 | | | |
| | b | Less accumulated depreciation *Complete Part VI of Schedule D* | 10b | 66,655,309 | 86,307,240 | 10c | 89,652,500 |
| | 11 | Investments—publicly traded securities | | | 15,325,623 | 11 | 15,763,319 |
| | 12 | Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D* | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D* | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 *Complete Part IX of Schedule D* | | | 2,556,443 | 15 | 2,280,107 |
| | 16 | **Total assets.** *Add lines 1 through 15 (must equal line 34)* | | | 133,416,882 | 16 | 145,363,390 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 7,551,130 | 17 | 7,172,677 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 766,052 | 19 | 688,584 |
| | 20 | Tax-exempt bond liabilities | | | 52,668,399 | 20 | 51,372,709 |
| | 21 | Escrow account liability *Complete Part IV of Schedule D* | | | 88,919 | 21 | 51,276 |
| | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 262,661 | 23 | 5,479,271 |
| | 24 | Unsecured notes and loans payable | | | | 24 | |
| | 25 | Other liabilities *Complete Part X of Schedule D* | | | 13,222,472 | 25 | 9,905,184 |
| | 26 | **Total liabilities.** *Add lines 17 through 25* | | | 74,559,633 | 26 | 74,669,701 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 38,594,689 | 27 | 50,944,679 |
| | 28 | Temporarily restricted net assets | | | 7,632,188 | 28 | 6,887,777 |
| | 29 | Permanently restricted net assets | | | 12,630,372 | 29 | 12,861,233 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 58,857,249 | 33 | 70,693,689 |
| | 34 | Total liabilities and net assets/fund balances | | | 133,416,882 | 34 | 145,363,390 |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**
**Attach to Form 990 or Form 990-EZ. See separate instructions.**

OMB No 1545-0047

2008

**Open to Public Inspection**

**Name of the organization**
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

## Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☑ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )

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

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

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

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III )

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

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

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

| | | Yes | No |
|---|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? | **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? | **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? | **11g(iii)** | | |

**h** Provide the following information about the organizations the organization supports

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

**Part II** **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Public Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2004 | **(b)** 2005 | **(c)** 2006 | **(d)** 2007 | **(e)** 2008 | **(f)** Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add line 1-3 | | | | | | |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support** subtract line 5 from line 4 | | | | | | |

## Total Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2004 | **(b)** 2005 | **(c)** 2006 | **(d)** 2007 | **(e)** 2008 | **(f)** Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total Support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (See instructions ) | 12 |

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

## Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

## Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2004 | **(b)** 2005 | **(c)** 2006 | **(d)** 2007 | **(e)** 2008 | **(f)** Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total** Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000 | | | | | | |
| c Total of lines 7a and 7b | | | | | | |
| 8 **Public Support** (Substract line 7c from line 6) | | | | | | |

### Total Support

| **Calendar year** (or fiscal year beginning in) | **(a)** 2004 | **(b)** 2005 | **(c)** 2006 | **(d)** 2007 | **(e)** 2008 | **(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 30 June, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total Support** (Add lines 9, 10c, 11 and 12) | | | | | | |

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

### Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g | 16 | |

### Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | |

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

| Facts and Circumstances Test |
| --- |
| |

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**SCHEDULE C**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

**To be completed by organizations described below. Attach to Form 990 or Form 990-EZ**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)**

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

**If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)**

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)**

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

| Name of the organization | Employer identification number |
|---|---|
| BARRY UNIVERSITY INC | 59-0624364 |

## Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $

3 Volunteer hours

## Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

## Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's internal funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
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**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

**A** Check ☐ if the filing organization belongs to an affiliated group
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| **Limits on Lobbying Expenditures—** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing Organization's Totals | **(b)** Affiliated Group Totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns— | | |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a Enter -0- if line g is more than line a | | |
| **i** Subtract line 1f from line 1c Enter -0- if line f is more than line c | | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| **Calendar year (or fiscal year beginning in)** | **(a)** 2005 | **(b)** 2006 | **(c)** 2007 | **(d)** 2008 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying non-taxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots non-taxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines c through i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | 60 |
| e | 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 | | 157,229 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | |
| i | Other activities If "Yes," describe in Part IV | | No | |
| j | Total lines 1c through 1i | | | 157,289 |
| 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? | | No | |

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| | SCHEDULE C, PART II-B, LINE 1I | BETWEEN JULY 1, 2008 AND JUNE 30, 2009, BARRY UNIVERSITY, AS A MEMBER OF THE INDEPENDENT COLLEGES AND UNIVERSITIES OF FLORIDA (ICUF), ADVOCATED FOR LEGISLATION THAT WOULD EXPAND FEDERAL AND STATE FUNDING FOR INDEPENDENT COLLEGES AND UNIVERSITIES FURTHERMORE, AS A MEMBER OF THE HISPANIC ASSOCIATION OF COLLEGES AND UNIVERSITIES, BARRY APPEALED TO MEMBERS OF CONGRESS TO SUPPORT FUNDING FOR HISPANIC-SERVING INSTITUTIONS AND INCREASE FUNDING FOR INSTITUTIONS OF HIGHER EDUCATION, GENERALLY AS A MEMBER OF THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES, BARRY UNIVERSITY ADVOCATED FOR LEGISLATION AT THE NATIONAL LEVEL FOR INDEPENDENT HIGHER EDUCATION SIMILAR PUBLIC POLICY ACTIVITY OCCURRED AT THE STATE LEVEL SPECIFICALLY, AT THE FEDERAL LEVEL, LOBBYING ACTIVITIES OCCURRED RELATED TO DEFENSE, ENERGY AND WATER, LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND TRANSPORTATION/HUD WITHIN THE STATE OF FLORIDA, THE PRESIDENT OF BARRY UNIVERSITY CONTACTED MEMBERS OF THE LEGISLATURE IN PERSON, VIA EMAIL AND US MAIL IN SUPPORT OF OF ICUF PRIORITY LEGISLATION IN ADDITION, A TEAM OF BARRY VOLUNTEERS VISITED THE CAPITOL, MEETING LEGISLATURE IN PERSON, ALSO IN SUPPORT OF ICUF PRIORITY LEGISLATION |
| | | |
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## Part IV Supplemental Information

| Identifier | Return Reference | Explanation |
|---|---|---|
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**SCHEDULE D**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| BARRY UNIVERSITY INC | 59-0624364 |

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate Contributions to (during year) | | |
| 3 | Aggregate Grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☑ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☑ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

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

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶ 32

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ 5,000

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ 186,476

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

| | | | Amount |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

| | | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 28,377,879 | | | | |
| b | Contributions | 205,861 | | | | |
| c | Investment earnings or losses | -3,444,348 | | | | |
| d | Grants or scholarships | -176,981 | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | -37,624 | | | | |
| g | End of year balance | 24,924,787 | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 18 980 %

b Permanent endowment ▶ 51 600 %

c Term endowment ▶ 29 420 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | | Yes | No |
|---|---|---|---|---|
| | (i) unrelated organizations | 3a(i) | | No |
| | (ii) related organizations | 3a(ii) | | No |
| b | If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | No |

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

**Part VI** **Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 650,000 | 6,440,906 | | 7,090,906 |
| b Buildings | 3,407,406 | 103,183,344 | 37,238,387 | 69,352,363 |
| c Leasehold improvements | | 788,782 | 501,639 | 287,143 |
| d Equipment | | 37,201,892 | 25,865,038 | 11,336,854 |
| e Other | | 4,635,479 | 3,050,245 | 1,585,234 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 89,652,500 |

**Part VII** **Investments—Other Securities.** See Form 990, Part X, line 12.

| **(a)** Description of security or cateory (including name of security) | **(b)**Book value | **(c)** Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
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| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII** **Investments—Program Related.** See Form 990, Part X, line 13.

| **(a)** Description of investment type | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
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| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

| **(a)** Description | **(b)** Book value |
|---|---|
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| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . . ▶ | |

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

| **(a)** Description of Liability | **(b)** Amount |
|---|---|
| Federal Income Taxes | |
| STUDENT DEPOSITS | 6,514,600 |
| OTHER | 2,963,489 |
| MINORITY INTEREST | 427,095 |
| | |
| | |
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| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 9,905,184 |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 142,761,026 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 131,038,687 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 11,722,339 |
| 4 | Net unrealized gains (losses) on investments | 4 | -3,083,135 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -293,670 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -3,376,805 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 8,345,534 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 147,381,447 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -3,083,135 | | |
| b | Donated services and use of facilities | 2b | 118,040 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 7,303,923 | | |
| e | Add lines **2a** through **2d** | | | 2e | 4,338,828 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 143,042,619 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 34,168 | | |
| b | Other (Describe in Part XIV) | 4b | -315,761 | | |
| c | Add lines **4a** and **4b** | | | 4c | -281,593 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 142,761,026 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 139,035,913 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 118,040 | | |
| b | Prior year adjustments | 2b | | | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 7,597,592 | | |
| e | Add lines **2a** through **2d** | | | 2e | 7,715,632 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 131,320,281 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 34,168 | | |
| b | Other (Describe in Part XIV) | 4b | -315,762 | | |
| c | Add lines **4a** and **4b** | | | 4c | -281,594 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 131,038,687 |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|---|---|---|

**SCHEDULE E**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Schools

**Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

| | | | | YES | NO |
|---|---|---|---|---|---|
| 1 | | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain | 3 | Yes | |
| | | THE PUBLICITY REQUIREMENT OF REV PROC 75-50, 1975-2 C B 587 IS SATISFIED BY COMPLYING WITH SECTION 4 02 AS TO STATEMENT OF POLICY THE UNIVERSITY DRAWS ITS STUDENTS FROM LOCAL COMMUNITIES AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IT CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS | | | |
| 4 | | Does the organization maintain the following? | | | |
| | a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| | b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Yes | |
| | c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| | d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 5 | | Does the organization discriminate by race in any way with respect to | | | |
| | a | Students' rights or privileges? | 5a | | No |
| | b | Admissions policies? | 5b | | No |
| | c | Employment of faculty or administrative staff? | 5c | | No |
| | d | Scholarships or other financial assistance? | 5d | | No |
| | e | Educational policies? | 5e | | No |
| | f | Use of facilities? | 5f | | No |
| | g | Athletic programs? | 5g | | No |
| | h | Other extracurricular activities? | 5h | | No |
| | | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 6a | | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| | b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | No |
| | | If you answered "Yes" to either 6a or b, please explain using an attached statement | | | |
| 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," attach an explanation | 7 | Yes | |

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**SCHEDULE G**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| **(i)** Name of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? | | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | **Yes** | **No** | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | ▶ | | | |

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

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | | (a) Event #1 FOUNDERS BALL (event type) | (b) Event #2 GOLF TOURNAMENT (event type) | (c) Other Events 1 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Gross receipts | 256,835 | 136,436 | 134,181 | 527,452 |
| | 2 | Less Charitable contributions | 256,835 | 136,436 | 134,181 | 527,452 |
| | 3 | Gross revenue (line 1 minus line 2) | | | | |
| Direct Expenses | 4 | Cash Prizes | | 1,000 | | 1,000 |
| | 5 | Non-cash Prizes | 4,297 | 25,678 | | 29,975 |
| | 6 | Rent/Facility costs | | | | |
| | 7 | Other direct expenses | 103,750 | 44,255 | 113,674 | 261,679 |
| | 8 | Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | 292,654 |
| | 9 | Net income summary Combine lines 3 and 8 in column (d) ▶ | | | | -292,654 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities ____ | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b | If "No," Explain | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b | If "Yes," Explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | | | Yes | No |
|---|---|---|---|---|---|
| **13** | Indicate the percentage of gaming activity operated in | | | | |
| **a** | The organization's facility . . . . . . . . . . . . . . . . | **13a** | | | |
| **b** | An outside facility . . . . . . . . . . . . . . . . . . | **13b** | | | |
| **14** | Provide the name and address of the person who prepares the organization's gaming/special events books and records<br>Name ▶<br>Address ▶ | | | | |
| **15a** | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | **15a** | | |
| **b** | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________ | | | | |
| **c** | If "Yes," enter name and address<br>Name ▶<br>Address ▶ | | | | |
| **16** | Gaming manager information<br>Name ▶<br>Gaming manager compensation ▶ $ ____________<br>Description of services provided ▶<br>☐ Director/officer ☐ Employee ☐ Independent contractor | | | | |
| **17** | Mandatory distributions | | | | |
| **a** | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . . . . . . . . . . . . . . . . . . . . . . | | **17a** | | |
| **b** | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | | |

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# Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First class or charter travel<br>☑ Housing allowance or residence for personal use<br>☐ Travel for companions<br>☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments<br>☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account<br>☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☐ Compensation committee<br>☑ Written employment contract<br>☐ Independent compensation consultant<br>☐ Compensation survey or study<br>☐ Form 990 of other organizations<br>☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | | |
| **a** | Receive a severance payment or change of control payment? | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | No |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | No |
| **7** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | Yes | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| **(A)** Name | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other compensation | | | | |
| BRUCE EDWARDS | (i) | 109,884 | | 75,775 | | 13,684 | 199,343 | |
| | (ii) | | | | | | | |
| JOHN WALKER | (i) | 179,416 | | | | 22,389 | 201,805 | 87,500 |
| | (ii) | | | | | | | |
| LINDA M PETERSON | (i) | 171,073 | | | | 21,459 | 192,532 | 80,000 |
| | (ii) | | | | | | | |
| LETICIA DIAZ | (i) | 180,274 | | | | 17,112 | 197,386 | 87,500 |
| | (ii) | | | | | | | |
| PEGGE BELL | (i) | 152,600 | | | | 14,867 | 167,467 | |
| | (ii) | | | | | | | |
| JOSEPH HURT | (i) | 241,491 | | | | 18,927 | 260,418 | |
| | (ii) | | | | | | | |
| JAMES W LOSITO | (i) | 201,223 | | | | 14,980 | 216,203 | 105,588 |
| | (ii) | | | | | | | |
| ANN PATON | (i) | 192,261 | | 627 | | 25,062 | 217,950 | 97,563 |
| | (ii) | | | | | | | |
| CHESTER EVANS | (i) | 166,857 | | 6,000 | | 21,915 | 194,772 | |
| | (ii) | | | | | | | |
| JOHN P NELSON | (i) | 169,338 | | 3,000 | | 19,578 | 191,916 | 89,284 |
| | (ii) | | | | | | | |
| TIMOTHY CZERNIEC | (i) | 175,943 | | | | 23,814 | 199,757 | 87,500 |
| | (ii) | | | | | | | |
| JEANNE O'LAUGHLIN | (i) | | | | | 4,667 | 4,667 | |
| | (ii) | | | | | | | |
| | **(i)** | | | | | | | |
| | **(ii)** | | | | | | | |
| | **(i)** | | | | | | | |
| | **(ii)** | | | | | | | |

**Part III Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS | SCHEDULE J, PAGE 1, PART I, LINE 4 | JOSEPH HURT 105,000 0 0 |
| PURSUANT TO CONTRACT PER REGS SECTION 53 4958-4(A)(3) | SCHEDULE J, PAGE 1, PART I, LINE 8 | THE UNIVERSITY HIRED BRUCE EDWARDS AS VICE PRESIDENT FOR BUSINESS AND FINANCE ON JULY 1, 2008 MR EDWARDS WAS NOT A DISQUALIFIED PERSON PRIOR TO ENTERING INTO THE JULY 1, 2008 INITIAL CONTRACT HIS DUTIES AND RESPONSIBILITIES UNDER THE CONTRACT MAKE MR EDWARDS A DISQUALIFIED PERSON WITH RESPECT TO HE UNIVERSITY HIS CONTRACT DOES NOT CONTAIN ANY NON-FIXED PAYMENTS AS DESCRIBED IN REGS SECTION 53-4958-4 THEREFORE, HE IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION |

**Additional Data**

Return to Form

**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**

| (A) Name | | (B)(i) Base Compensation | (B)(ii) Bonus & incentive compensation | (B)(iii) Other compensation | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| BRUCE EDWARDS | (i)<br>(ii) | 109,884 | | 75,775 | | 13,684 | 199,343 | |
| JOHN WALKER | (i)<br>(ii) | 179,416 | | | | 22,389 | 201,805 | 87,500 |
| LINDA M PETERSON | (i)<br>(ii) | 171,073 | | | | 21,459 | 192,532 | 80,000 |
| LETICIA DIAZ | (i)<br>(ii) | 180,274 | | | | 17,112 | 197,386 | 87,500 |
| PEGGE BELL | (i)<br>(ii) | 152,600 | | | | 14,867 | 167,467 | |
| JOSEPH HURT | (i)<br>(ii) | 241,491 | | | | 18,927 | 260,418 | |
| JAMES W LOSITO | (i)<br>(ii) | 201,223 | | | | 14,980 | 216,203 | 105,588 |
| ANN PATON | (i)<br>(ii) | 192,261 | | 627 | | 25,062 | 217,950 | 97,563 |
| CHESTER EVANS | (i)<br>(ii) | 166,857 | | 6,000 | | 21,915 | 194,772 | |
| JOHN P NELSON | (i)<br>(ii) | 169,338 | | 3,000 | | 19,578 | 191,916 | 89,284 |
| TIMOTHY CZERNIEC | (i)<br>(ii) | 175,943 | | | | 23,814 | 199,757 | 87,500 |
| JEANNE O'LAUGHLIN | (i)<br>(ii) | | | | | 4,667 | 4,667 | |

**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

**To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

## Part I Bond Issues *(Required for 2008)*

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased Yes | (g) Defeased No | (h) On Behalf of Issuer Yes | (h) On Behalf of Issuer No |
|---|---|---|---|---|---|---|---|---|---|---|
| A | PINELLAS COUNTY EDUCATIONAL FACILIT | 59-6000800 | 723161FP5 | 10-24-2007 | 10,000,000 | (SEE SCHEDULE O) | | X | | X |

## Part II Proceeds *(Optional for 2008)*

| | | A | B | C | D | E |
|---|---|---|---|---|---|---|
| 1 | Total Proceeds of Issue | | | | | |
| 2 | Gross Proceeds in Reserve Funds | | | | | |
| 3 | Proceeds in Refunding or Defeasance Escrows | | | | | |
| 4 | Other Unspent Proceeds | | | | | |
| 5 | Issuance Costs from Proceeds | | | | | |
| 6 | Working Capital Expenditures from Proceeds | | | | | |
| 7 | Capital Expenditures from Proceeds | | | | | |
| 8 | Year of Substantial Completion | | | | | |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No | E Yes | E No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

## Part III Private Business Use *(Optional for 2008)*

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No | E Yes | E No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | | | |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | | | | | | |

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

| | | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

## Part IV Arbitrage *(Optional for 2008)*

| | | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Non-Cash Contributions

**To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

## Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (describe ____________) | X | 1 | 75,000 | |
| 26 Other (describe ____________) | | | | |
| 27 Other (describe ____________) | | | | |
| 28 Other (describe ____________) | | | | |

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

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

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

| Identifier | ReturnReference | Explanation |
|---|---|---|
| | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132022440

# SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BARRY UNIVERSITY INC

Employer identification number
59-0624364

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | HIGHEST ACADEMIC STANDARDS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION IN THE CATHOLIC INTELLECTUAL TRADITION, INTEGRATION OF STUDY, REFLECTION AND ACTION INFORM THE INTELLECTUAL LIFE FAITHFUL TO THIS TRADITION, A BARRY EDUCATION AND UNIVERSITY EXPERIENCE 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 COLLABORATIVE SERVICE BARRY UNIVERSITY PROVIDES OPPORTUNITIES FOR AFFIRMING OUR CATHOLIC IDENTITY, DOMINICAN HERITAGE, AND COLLEGIATE TRADITIONS CATHOLIC BELIEFS AND VALUES ARE ENRICHED BY ECUMENICAL AND INTERFAITH DIALOGUE THROUGH WORSHIP AND RITUAL, WE CELEBRATE OUR RELIGIOUS IDENTITY WHILE REMINAING A UNIVERSITY COMMUNITY WHERE ALL ARE WELCOME |

| Identifier | Return Reference | Explanation |
|---|---|---|
| SECOND ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4B | STUDENT ACTIVITIES, STUDENT UNION, AND VOLUNTEER AND COMMUNITY SERVICES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| THIRD ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4C | TERMINALS AND COMPUTERS IN THE LIBRARY, COMPUTER LABS, DORMS, AND OFFICES ACROSS CAMPUS AS WELL AS AT HOME AND OFF-CAMPUS SITES THE LIBRARY IS A MEMBER OF SEFLIN (SOUTH EAST FLORIDA LIBRARY INFORMATION NETWORK), THE ONLINE COMPUTER LIBRARY CENTER (OCLC), A NATIONAL LIBRARY NETWORK, AND SOUTHEASTERN LIBRARY NETWORK (SOLINET) THE BARRY UNIVERSITY DWAYNE O ANDREAS SCHOOL OF LAW LIBRARY HOLDS OVER 180,000 VOLUMES AND 1600 SUBSCRIPTIONS THERE IS AVAILIBILITY TO NETWORKED FACULTY INCLUDING WIRED CARRELS AND TABLES IT IS OPEN TO THE ORLANDO LEGAL COMMUNITY ALSO, THE LIBRARIANS ARE LAW TRAINED |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ALL OTHER ACHIEVEMENTS DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | AUXILIARY SERVICES BARRY UNIVERSITY OFFERS THE STUDENTS DINING, BOOKSTORE, AND RESIDENTIAL LIFE SERVICES THE PURPOSE OF THE OFFICE OF RESIDENTIAL LIFE IS TO WORK WITH STUDENTS, STAFF, AND FACULTY IN THE CREATION OF A CARING AND LEARNING ENVIRONMENT IN WHICH STUDENTS CAN FIND OPPORTUNITIES TO EXCEL ACADEMICALLY AND INTERPERSONALLY THE STAFF ACTS AS CATALYSTS IN THE DEVELOPMENT OF A HEALTHY, VIBRANT COMMUNITY WHERE INVOLVEMENT, LEADERSHIP, SPIRITUAL DEVELOPMENT, AND LIFE-LONG LEARNING ARE NATURAL COMPONENTS OF DAY-TO-DAY LIVING DINING SERVICES OFFER A VARIETY OF DINING CHOICES FOR STUDENTS AND VISITORS TO THE MIAMI SHORES CAMPUS ALL RESIDENT STUDENTS ARE REQUIRED TO CHOOSE FROM ONE OF FIVE MEAL PLAN OPTIONS MEAL PLANS ARE ALSO AVAILABLE FOR COMMUTER STUDENTS THE ROUSSELL DINING HALL IS AN ALL YOU CAN EAT FACILITY FEATURING A VARIETY OF FRESH FOOD DESIGNED TO SATISFY EVERYONE THIS FACILITY SERVES RESIDENT AND COMMUTER STUDENTS, PLUS FACULTY, STAFF AND GUESTS OF THE UNIVERSITY FULL SERVICE MEALS ARE SERVED SEVEN DAYS PER WEEK |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES | FORM 990, PART V, LINE 4B | BRITISH VIRGIN ISLANDS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | THE MEMBERSHIP OF THE UNIVERSITY CONSISTS OF THE MEMBERS OF THE BOARD OF TRUSTEES ("BOARD") |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | AN INDIVIDUAL SHALL BE ELECTED AS A TRUSTEE BY A MAJORITY VOTE OF THE CURRENT BOARD ONCE THE INDIVIDUAL IS ELECTED BY THE BOARD, THE TRUSTEE WILL SERVE ON THE BOARD FOR A FOUR (4) YEAR TERM |

| Identifier | Return Reference | Explanation |
|---|---|---|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | THE BUSINESS AFFAIRS OF THE UNIVERSITY IS MANAGED BY THE BOARD WHO IS ELECTED OR APPOINTED AS SET FORTH IN THE BYLAWS OF THE CORPORATION |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | ON AN ANNUAL BASIS, UNDER THE CONFLICT OF INTEREST POLICY, EACH COVERED PERSON SHALL EXECUTE 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 ARRANGEMENT BY THE BOARD (FOR A TRUSTEE OR THE PRESIDENT) OR THE ECA (EXECUTIVE COMMITTEE OF THE ADMINISTRATION)(FOR COVERED PERSONS NOT TRUSTEES) IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST ARISES AT A BOARD MEETING FOR A TRUSTEE OR THE PRESIDENT, THEN THE COVERED PERSON HAVING SUCH A COVERED RELATIONSHIP IN ANY MATTER SHALL DISCLOSE ANY MATERIAL FACTS AS TO SUCH COVERED RELATIONSHIP TO THE BOARD IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST ARISES OUTSIDE A BOARD MEETING AND/OR FOR A COVERED PERSON NOT A TRUSTEE, THEN THE COVERED PERSON HAVING SUCH A COVERED RELATIONSHIP IN ANY MATTER SHALL DISCLOSE ANY MATERIAL FACTS AS TO SUCH COVERED RELATIONSHIP TO THE ECA AFTER DISCLOSURE BY A TRUSTEE OR THE PRESIDENT TO THE BOARD OF A COVERED RELATIONSHIP AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE COVERED PERSON, HE/SHE SHALL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON AFTER DISCLOSURE BY ANYONE OTHER THAN A TRUSTEE TO THE ECA OF A COVERED RELATIONSHIP AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE COVERED PERSON, THE ECA WILL DISCUSS AND VOTE UPON THE DETERMINATION OF A CONFLICT OF INTEREST A COVERED PERSON THAT IS A TRUSTEE OR THE PRESIDENT MAY MAKE A 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 CAUSES A CONFLICT OF INTEREST THE CHAIRPERSON OF THE BOARD, IF APPROPRIATE IN HIS/HER DISCRETION, MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED FINANCIAL TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE WHETHER THE UNIVERSITY CAN OBTAIN A MORE ADVANTAGEOUS FINANCIAL TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS FINANCIAL TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD SHALL DETERMINE BY A SUPER MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE FINANCIAL TRANSACTION OR ARRANGEMENT IS IN THE UNIVERSITY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE FINANCIAL TRANSACTION IS FAIR AND REASONABLE TO THE UNIVERSITY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE FINANCIAL TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION A COVERED PERSON (NOT A TRUSTEE) MAY MAKE A PRESENTATION TO THE ECA, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE FINANCIAL TRANSACTION OR ARRANGEMENT THAT CAUSES A CONFLICT OF INTEREST THE ECA, IF APPROPRIATE IN ITS DISCRETION, MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED FINANCIAL TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE ECA SHALL DETERMINE WHETHER THE UNIVERSITY CAN OBTAIN A MORE ADVANTAGEOUS FINANCIAL TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS FINANCIAL TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE ECA SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED ECA MEMBERS WHETHER THE FINANCIAL TRANSACTION OR ARRANGEMENT IS IN THE UNIVERSITY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE FINANCIAL TRANSACTION IS FAIR AND REASONABLE TO THE UNIVERSITY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE FINANCIAL TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION IF A MAJORITY VOTE CANNOT BE ATTAINED BY THE ECA THEN THE CONFLICT OF INTEREST WILL BE DECIDED BY THE BOARD IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A TRUSTEE OR PRESIDENT HAS FAILED TO DISCLOSE ONE OR MORE COVERED RELATIONSHIPS, IT SHALL INFORM THE TRUSTEE OR PRESIDENT OF THE BASIS FOR SUCH BELIEF AND AFFORD THE TRUSTEE OR PRESIDENT AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE TRUSTEE OR PRESIDENT AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE TRUSTEE OR PRESIDENT HAS IN FACT KNOWINGLY FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AS IT DEEMS PROPER IN ITS SOLE DISCRETION THE VIOLATION OF THIS POLICY IS A SERIOUS MATTER AND MAY RESULT IN THE REMOVAL OF THE TRUSTEE FROM THE BOARD OR THE TERMINATION OF THE PRESIDENT'S CONTRACTUAL RELATIONSHIP WITH THE UNIVERSITY IF THE ECA HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED EMPLOYEE HAS FAILED TO DISCLOSE ONE OR MORE COVERED RELATIONSHIPS, IT SHALL INFORM THE COVERED EMPLOYEE OF THE BASIS FOR SUCH BELIEF AND AFFORD THE COVERED EMPLOYEE AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE COVERED EMPLOYEE AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE ECA DETERMINES THAT THE COVERED EMPLOYEE HAS IN FACT KNOWINGLY FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AS IT DEEMS PROPER IN ITS SOLE DISCRETION THE VIOLATION OF THIS POLICY IS A SERIOUS MATTER AND MAY RESULT IN THE TERMINATION OF THE COVERED EMPLOYEE'S CONTRACTUAL RELATIONSHIP WITH THE UNIVERSITY THE MINUTES OF THE BOARD OR ECA RELATING TO ALL CONFLICTS OF INTEREST SHALL CONTAIN THE FOLLOWING INFORMATION THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE COVERED RELATIONSHIPS IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE COVERED RELATIONSHIP, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR ECA'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE FINANCIAL TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVE TO THE PROPOSED FINANCIAL TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH |

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED ANNUALLY, COMPARABLE DATA/INFORMATION IS REVIEWED THE COMPENSATION IS IN KEEPING WITH THE UNIVERSITY'S GUIDELINES THE CHAIRPERSON AND THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCT THE ANNUAL EVALUATION OF THE PRESIDENT THE DISCUSSIONS AND DECISIONS FORM PART OF THE MINUTES TO THE BOARD OF TRUSTEE'S MEETING |

| Identifier | Return Reference | Explanation |
|---|---|---|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IS PUBLIC INFORMATION |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PURPOSE OF ISSUE DESCRIPTION | SCHEDULE K | PINELLAS COUNTY EDUCATIONAL FACILIT 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | SCHEDULE O | FORM 990, PART VI, SECTION A, LINE 10 -- PROCESS TO REVIEW FORM 990 BARRY UNIVERSITY USES THE FOLLOWING PROCESS TO REVIEW THE FORM 990 THE UNIVERSITY'S CONTROLLER PREPARES THE RETURN, THE ASSOCIATE VICE PRESIDENT OF FINANCE AND CHIEF ACCOUNTING OFFICER REVIEWS THE RETURN, AND THE VICE PRESIDENT OF BUSINESS AND FINANCE APPROVES AND SIGNS THE RETURN THE CONTROLLER ELECTRONICALLY FILES THE RETURN ON OR BEFORE THE DUE DATE INCLUDING EXTENSIONS FORM 990 PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS -- SR LINDA BEVILACQUA'S COMPENSATION IS PAID DIRECTLY TO THE ADRIAN DOMINICAN CONGREGATION |

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

**Name of the organization**
BARRY UNIVERSITY INC

**Employer identification number**
59-0624364

## Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|---|---|---|---|---|
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## Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|---|---|---|---|---|
| BARRY TELECOMMUNICATIONS INC<br><br>3401 SOUTH CONGRESS AVENUE<br>BOYNTON BEACH, FL33426<br>65-0728353 | RADIO & TV | FL | 501 | 7 | NA |
| | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership**

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproprtionate allocations? Yes | (H) No | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? Yes | (J) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6484 INDIAN CREEK DRIVE LTD<br><br>11300 NE 2ND AVENUE<br>MIAMI SHORES, FL33161<br>65-0669854 | REAL ESTAT | FL | N/A | INVESTMENT | 39,540 | 401,886 | | No | | Yes | |
| | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust**

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|---|---|---|---|---|---|---|
| 6484 INDIAN CREEK DRIVE INC<br>11300 NE 2ND AVENUE<br>MIAMI SHORES, FL33161<br>65-0669852 | REAL ESTAT | FL | N/A | C CORP | 6,500 | 2,549 | 100 000 % |
| | | | | | | | |
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**Part V Transactions with Related Organizations**

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

| | | | Yes | No |
|---|---|---|---|---|
| **1** | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity | **1a** | | **No** |
| **b** | Gift, grant, or capital contribution to other organization(s) | **1b** | | **No** |
| **c** | Gift, grant, or capital contribution from other organization(s) | **1c** | | **No** |
| **d** | Loans or loan guarantees to or for other organization(s) | **1d** | **Yes** | |
| **e** | Loans or loan guarantees by other organization(s) | **1e** | | **No** |
| **f** | Sale of assets to other organization(s) | **1f** | | **No** |
| **g** | Purchase of assets from other organization(s) | **1g** | | **No** |
| **h** | Exchange of assets | **1h** | | **No** |
| **i** | Lease of facilities, equipment, or other assets to other organization(s) | **1i** | | **No** |
| **j** | Lease of facilities, equipment, or other assets from other organization(s) | **1j** | | **No** |
| **k** | Performance of services or membership or fundraising solicitations for other organization(s) | **1k** | | **No** |
| **l** | Performance of services or membership or fundraising solicitations by other organization(s) | **1l** | | **No** |
| **m** | Sharing of facilities, equipment, mailing lists, or other assets | **1m** | | **No** |
| **n** | Sharing of paid employees | **1n** | | **No** |
| **o** | Reimbursement paid to other organization for expenses | **1o** | | **No** |
| **p** | Reimbursement paid by other organization for expenses | **1p** | | **No** |
| **q** | Other transfer of cash or property to other organization(s) | **1q** | | **No** |
| **r** | Other transfer of cash or property from other organization(s) | **1r** | **Yes** | |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| | **(A)** Name of other organization(s) | **(B)** Transaction type(a-r) | **(C)** Amount Involved |
|---|---|---|---|
| **(1)** | BARRY TELECOMMUNICATIONS INC | D | 725,000 |
| **(2)** | 6484 INDIAN CREEK LTD | R | 32,832 |
| **(3)** | 6484 INDIAN CREEK INC | R | 4,100 |
| **(4)** | | | |
| **(5)** | | | |
| **(6)** | | | |

**Part VI Unrelated Organizations Taxable as a Partnership**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproprtionate allocations? | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 59-0624364
**Name:** BARRY UNIVERSITY INC

### Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| ALEJANDRO AGUIRRE , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SR ROSEMARY T FINNEGAN OP , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| CHARLES R MODICA JD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER J GRUCHACZ , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| DONALD S ROSENBERG ESQ , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| EDUARDO A OTERO MD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| GERALD W MOORE ESQ , V CHAIRPERS | 1 | X | | | | | | 0 | 0 | 0 |
| GREGORY F GREENE , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SR SHARON WEBER OP PHD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| JOEL H SHARP JR ESQ , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| JOHN M BUSSEL , V CHAIRPERS | 1 | X | | | | | | 0 | 0 | 0 |
| JOHN PHORAN ESQ , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SUSAN A ROSENTHAL , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| JORGE A GROSS CPA , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| JOSEPH P KLOCK JR ESQ , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| KEITH B KASHUK DPM , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| PATRICIA L CLEMENTS PHD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| DR NETA KOLASA , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| JOHN PRIMEAU , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| LUIGI SALVANESCHI PHD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| MICHAEL O O'NEIL JR , V CHAIRPERS | 1 | X | | | | | | 0 | 0 | 0 |
| NELSON L ADAMS III MD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SHIRLEY MCVAY WISEMAN , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| OLGA MELIN , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| PATRICIA M ROSELLO , V CHAIRPERS | 1 | X | | | | | | 0 | 0 | 0 |
| REV MSGRKENNETH SCHWANGER , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| ROBERT B GALT III ESQ , V CHAIRPERS | 1 | X | | | | | | 0 | 0 | 0 |
| SR CORINNE SANDERS OP EDD , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SR MARY ANN CAULFIELD OP , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |
| SR ROSA MONIQUE PENA OP , TRUSTEE | 1 | X | | | | | | 0 | 0 | 0 |

## Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| BRUCE EDWARDS , VP, TREASUR | 40 | | | X | | | | 185,659 | 0 | 13,684 |
| JOHN WALKER , GENERAL COUN | 40 | | | X | | | | 179,416 | 0 | 22,389 |
| LINDA M PETERSON , PROVOST | 40 | | | X | | | | 171,073 | 0 | 21,459 |
| WILLIAM J HEFFERNAN , CHAIRPERSON | 1 | | | X | | | | 0 | 0 | 0 |
| SR LINDA BEVILACQUA OP PHD , PRESIDENT | 40 | | | X | | | | 0 | 0 | 24,854 |
| LETICIA DIAZ , DEAN, LAW | 40 | | | | X | | | 180,274 | 0 | 17,112 |
| PEGGE BELL , CHS DEAN | 40 | | | | X | | | 152,600 | 0 | 14,867 |
| JOSEPH HURT , PROF OF LAW | 40 | | | | | X | | 241,491 | 0 | 18,927 |
| JAMES W LOSITO , PROFESSOR | 40 | | | | | X | | 201,223 | 0 | 14,980 |
| ANN PATON , VP FOR INST | 40 | | | | | X | | 192,888 | 0 | 25,062 |
| CHESTER EVANS , VP MEDICAL | 40 | | | | | X | | 172,857 | 0 | 21,915 |
| JOHN P NELSON , INTERIM DEAN | 40 | | | | | X | | 172,338 | 0 | 19,578 |
| TIMOTHY CZERNIEC , PROFESSOR | | | | | | | X | 175,943 | 0 | 23,814 |
| JEANNE O'LAUGHLIN , CHANCELLOR | | | | | | | X | 0 | 0 | 4,667 |

**Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:**

BARRY UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION FOUNDED IN 1940 BY THE ADRIAN DOMINICAN SISTERS. GROUNDED IN THE LIBERAL ARTS TRADITION, BARRY UNIVERSITY IS A SCHOLARLY COMMUNITY COMMITED TO THE HIGHEST ACADEMIC STANDARDS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION. IN THE CATHOLIC INTELLECTUAL TRADITION, INTEGRATION OF STUDY, REFLECTION AND ACTION INFORM THE INTELLECTUAL LIFE. FAITHFUL TO THIS TRADITION, A BARRY EDUCATION AND UNIVERSITY EXPERIENCE 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 COLLABORATIVE SERVICE. BARRY UNIVERSITY PROVIDES OPPORTUNITIES FOR AFFIRMING OUR CATHOLIC IDENTITY, DOMINICAN HERITAGE, AND COLLEGIATE TRADITIONS. CATHOLIC BELIEFS AND VALUES ARE ENRICHED BY ECUMENICAL AND INTERFAITH DIALOGUE. THROUGH WORSHIP AND RITUAL, WE CELEBRATE OUR RELIGIOUS IDENTITY WHILE REMINAING A UNIVERSITY COMMUNITY WHERE ALL ARE WELCOM

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

BARRY UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION FOUNDED IN 1940 BY THE ADRIAN DOMINICAN SISTERS. GROUNDED IN THE LIBERAL ARTS TRADITION, BARRY UNIVERSITY IS A SCHOLARLY COMMUNITY COMMITED TO THE HIGHEST ACADEMIC STANDARDS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION. IN THE CATHOLIC INTELLECTUAL TRADITION, INTEGRATION OF STUDY, REFLECTION AND ACTION INFORM THE INTELLECTUAL LIFE. FAITHFUL TO THIS TRADITION, A BARRY EDUCATION AND UNIVERSITY EXPERIENCE 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 COLLABORATIVE SERVICE. BARRY UNIVERSITY PROVIDES OPPORTUNITIES FOR AFFIRMING OUR CATHOLIC IDENTITY, DOMINICAN HERITAGE, AND COLLEGIATE TRADITIONS. CATHOLIC BELIEFS AND VALUES ARE ENRICHED BY ECUMENICAL AND INTERFAITH DIALOGUE. THROUGH WORSHIP AND RITUAL, WE CELEBRATE OUR RELIGIOUS IDENTITY WHILE REMINAING A UNIVERSITY COMMUNITY WHERE ALL ARE WELCOM