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DLN: 93493136074322

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)

2010

OMB No 1545-0047

2010

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

Open to Public Inspection

A Fo	or the	2010 ca	lendar vear, or tax vear begin	ning 07-01-2010 and ending 06-30-20	11			
		applicable	C Name of organization			D Employ	yer i	dentification number
_	dress cl		Barry University Inc			59-06	243	6.4
_		_	Doing Business As					
_	me cha	-				E Telepho	one	number
Inı	tıal retu	nm		f mail is not delivered to street address)	Room/suite	(305)	899	-3050
Te	rmınate	ed	11300 NE 2nd Avenue					
— <sub>An</sub>	nended	return	City or town, state or country, ar	nd ZIP + 4		<b>G</b> Gross re	eceipt	s \$ 208,556,242
— <sub>An</sub>	nlicatio	n pending	Miami Shores, FL 331616695					
	<b>F</b>		E Nama and adduces of m					
			<b>F</b> Name and address of p Bruce Edwards	оппсіраї опісег	H(a) Is this	a group return for	r affilia	etes? Yes Vo
			11300 NE 2nd Avenue		H(b) Are all	affiliates inclu	ıded?	Yes No
			Miami Shores, FL 331616	5695				(see instructions)
								ımber ► 0928
<b>I</b> Ta	ax-exen	npt status	✓ 501(c)(3) / 501(c)()	◀ (Insert no )				
J W	ebsite	<b>e: ►</b> http	o //www barry edu					
V Г.,	6		Corporation Trust Associa		1 V	mation 1940		# Chata of land dominia . El
	ırt I			ation) Other -	L fear or io	mation 1940	,   '	State of legal domicile FL
Pá			mary					
Governance		Barry Ur commite	niversity is a Catholic instituti	sion or most significant activities on of higher education grounded in the li indards in undergraduate, graduate, and				
<u>ē</u>								
3	2	Check th	nis box 🛏 if the organization	discontinued its operations or disposed	of more than 2	5% of its n	et a	ssets
	1		,	erning body (Part VI, line 1a)			3	32
Activities &							4	
ġ				rs of the governing body (Part VI, line 1b		·		31
ਰ				ın calendar year 2010 (Part V, line 2a)		_	5	3,466
q,			mber of volunteers (estimate i	• •		<u> </u>	6	4,783
	1			Part VIII, column (C), line 12		<b>⊢</b>	7a	71,159
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b	0
					Prio	r Year	_	Current Year
_	8	Contri	butions and grants (Part VIII	, line 1 h)		5,243,43	39	5,964,385
Revenue	9	Progra	ım service revenue (Part VIII	, line 2g)	:	42,273,72	2 2	192,843,246
e Ac	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		13,68	3 5	1,190,555
Ħ	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,726,65	3	3,967,948
	12			11 (must equal Part VIII, column (A), lii	ne			
	-			<del> </del>		51,257,49	-	203,966,134
	13			art IX, column (A), lines 1–3)			0	45,961,723
	14		·	tIX, column (A), line 4)			0	0
ø	15			oyee benefits (Part IX, column (A), lines		82,950,40	, ,	89,369,598
Expenses		5-10)				62,930,40	-	
<u>a</u>	16a			X, column (A), line 11e)			0	0
ठ	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) • 2,242,820				
	17			), lines 11a-11d, 11f-24f)	<b>—</b>	55,989,15	-	57,985,013
	18	Total	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		38,939,55	8	193,316,334
	19	Reven	ue less expenses Subtract lır	ne 18 from line 12		12,317,94	11	10,649,800
፠፞፞፞፞፞						of Current	:	End of Year
9 m		_				ear	+	
Net Assets or Fund Balances	20		assets (Part X, line 16)		<u> </u>	62,617,34	-	180,859,311
5 Z	21		iabilities (Part X, line 26) .			79,061,65	-	80,298,838
	22			ct line 21 from line 20		83,555,68	34	100,560,473
	rt II	_	ature Block					
know		and belie		nined this return, including accompanying at the companying at the				
		****			20	12-05-15		
Sigr	า	Signa	ature of officer		Da	ite		
Her		Bruce	e Edwards VP for Business & Finance					
			or print name and title					
		Print/Type		Preparer's signature		Check if self-		PTIN
Paid		preparer's		Dave Moja		employed 🕨		
		rımı's naı	me F Capin Crouse LLP		Firm's EIN			
Prep	Only	Firm's add	dress 🕨 972 Emerson Parkway-Ste A	1				Phone no <b>•</b> (317) 885-
J26	Unity		Greenwood, IN 46143					2620

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

✓ Yes No

Form	990 (2010)				Page <b>2</b>
Par	<del></del>				
1	Briefly describe the organization's m	ssion			
Barry University is a Catholic institution of higher education founded in 1940 by the Adrian Dominican Sisters. Grounded in the liberal tradition, Barry University is a scholarly community committed to the highest academic standards in undergraduate, graduate and professional education in the Catholic intellectual life faithful to this tradition. A Barry education and university experience foster individual control transformation where learning leads to knowledge and truth, reflection leads to informous cathon, and a community is usual transformation where learning leads to knowledge and truth, reflection leads to informous cathon, and a commitment to substice leads to collaborative service Barry University provides opportunities for affirming our Catholic identity, Dominican hentage, is collegiate traditions. Catholic beliefs and values are enriched by ecumenical and interfaith dialogue through worship and ritual, we cell our religious identity while remaining a university community where all are welcome.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	, graduate and erience foster individual a commitment to social iminican heritage, and				
2			vices during the year		Yes
	If "Yes," describe these new services	on Schedule O			
3	services?		changes in how it con		「Yes ▼ No
	If "Yes," describe these changes on S	ichedule O			
4	Section 501(c)(3) and 501(c)(4) orga	anızatıons and sectior	n 4947(a)(1) trusts a	re required to report the amo	•
4a	(Code ) (Expenses \$	130,945,503	ıncludıng grants of \$	45,961,723 ) (Revenue \$	178,846,230 )
				100 undergraduate, graduate, prof	essional, and doctoral programs
4b	(Code ) (Expenses \$	24,665,919	ıncludıng grants of \$	) (Revenue \$	14,923,837 )
	optimum level To this end, the Student Affa campus ministry, career services, commuter	irs staff stands ready to se student affairs, leadership	erve as a support system to and transition, commence	or Barry students The services ava ement, counseling and psychologica	lable include the bookstore,
40	(Code ) (Eynenses \$	12 402 751	including grants of \$	) (Pavanua ¢	2 294 447 )
<b>T</b> C	Academic support Barry University offers as Memorial Library includes more than 950,000 excellent American Catholic collection. The BILISSWeb can be searched from terminals a The Library is a member of SEFLIN (South E Southeastern Library Network (SOLINET). The	ademic support to student o items, 1,300 journal sub- arry Library Information Se nd computers in the library ast Florida Library Informa be Barry University Dwayne	s as it relates to library, co scriptions, including over 7 ervices System Web (BLIS: 1, computer labs, dorms, a tion Netowrk), the Online e O Andreas School of Lav	omputer, and learning center suppor 00 journals in electronic full text. A 5Web) is the computerized online cand and offices across campus as well as Computer Library Center (OCLC), a by Library holds over 180,000 volume	t The Monsignor William Barry significant strength is the talog of the library's holdings at home and off-campus sites national library network, and as and 1,600 subscriptions There
	Other program services (Describe)	n Schedule O )			_
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	•	\$	) (Revenue \$	)
4e	Total program service expenses►\$	168,014,173	1		

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f g}$	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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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 1	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 2	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, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Box$ Yes $\Box$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Pai	Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V	•	.F	B.1 -
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
.a	11,879			
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?	<b>1</b> c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
- la	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	
ь	If "Yes," enter the name of the foreign country VI		100	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		INO
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
Ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?	70		No
_	74 Test, indicate the number of forms of 22 med during the year 1 1 1 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
h	required?	7g		
	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
•	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

itains a response to any question in					

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
14	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	verial society		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
С	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		N o
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
				1
	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		
Se	ection 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.			

- 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 🕨 Judith Penate

11300 NE 2nd Avenue

Miami Shores, FL 331616695

(305)899-4042

## <u>Part VIII</u> 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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours per		<b>(C)</b> Position (check all that apply)			II		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

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

		_												
	<b>(A)</b> Name and Title	(B) A verage hours		(tion that a			ıll		Repo compe	( <b>D)</b> ortable ensation m the	<b>(E)</b> Reportable compensation from related		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	organız	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)	,	compens from s organizat relat organiza	the ion and ed
See A	dditional Data Table	,										+		
						-	-					+		
1b	Sub-Total			<del></del>	٠.	٠.	٠	<u> </u>				+		
С	Total from continuation sheets						<b> -</b>					$\dashv$		
d	Total (add lines 1b and 1c) .							<b> -</b>		2,287,514		0	;	280,909
2	Total number of individuals (inc \$100,000 in reportable compen						above	) who	receive	d more tha	n	-		
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy	ee, o	r highest	t compens	ated employee			
4	For any individual listed on line					. •		· and	- • •	nnoncation	from the	3		No
4	organization and related organiz											4	Yes	
5	Did any person listed on line 1a									anızatıon d	r ındıvıdual for			
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	h pers	son .		•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ento	contra	ctors	that rec	eived more	e than			
		(A) me and business ad								Descr	(B) ription of services		(C Comper	) nsation
1000	r Construction NW 57 Ct	2.00 2.000 00								Construction				,093,804
MIIAM	ı, FL 33126													

Name and business address	Description of services	Compensation
Turner Construction 1000 NW 57 Ct Miami, FL 33126	Construction Consulting	2,093,804
50 States PO Box 611118 N Miami, FL 33161	Security	1,693,877
Hanbury Evans PO Box 3518 Norfolk, VA 23514	Consultant	491,044
New Living Construction 1835 E Hallandale Beach Blvd Hallandale, FL 33009	Construction Consulting	473,471
Infinity Roofing 1150 SW 10 Ave Pompano Beach, FL 33069	Construction Consulting	334,395
2 Total number of independent contractors (including but not limited to those listed above) \$ \$100,000 in compensation from the organization ►12	who received more than	

Form 9		· ·					Pag	e <b>9</b>
Part	VIII	Statement of Revenu	ie		(A) Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	. 1c	34,800				514
Contributi and other	g	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lii  Total. Add lines 1a-1f	nes 1a-1f \$	1,240,925	5,964,385			
Program Service Revenue	2a b c d e f	TUITION AND FEES  AUXILLIARY ENTERPRISES  PODIATRIC CLINIC  All other program service rev  Total. Add lines 2a-2f		900099 900099 900099				
	4 5 6a b	Investment income (includin and other similar amounts) Income from investment of tax-exc Royalties  Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(I) Real 724,316	(II) Personal	481,958 724,316			481,958 724,316
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(1) Securities 5,043,779 4,335,182 708,597	(II) O ther	708,597			708,597
Other Revenue	b c	Gross income from fundraising (not including \$ 34,800 of contributions reported on I See Part IV, line 18	ine 1c)  a  b  draising events •	206,131 254,926	-48,795			-48,795
	b c 10a b	Gross income from gaming an Less direct expenses Net income or (loss) from gal Gross sales of inventory, les returns and allowances Less cost of goods sold . Net income or (loss) from sal Miscellaneous Revenue	a . b	Business Code 900099	1,104,728	1,104,728		
	t c	Student fees Other Revenue I All other revenue		900099	1,096,082 766,592 325,025 3,292,427	1,096,082 766,592 253,866		
	12	Total revenue. See Instruction	ons		203,966,134	196,064,514		1,866,076

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mull other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		Supanisa	, σ	
2	Grants and other assistance to individuals in the U S See Part IV, line 22	45,961,723	45,961,723		
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	1,772,347	582,320	976,723	213,304
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	70,255,904	61,403,312	7,698,075	1,154,517
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,633,251	5,871,321	631,987	129,943
9	Other employee benefits	5,366,382	4,703,458	555,621	107,303
10	Payroll taxes	5,341,714	4,727,959	509,117	104,638
а	Fees for services (non-employees) Management				
b	Legal	383,828		383,828	
C	Accounting	311,935		311,935	
d	Lobbying	211,347		211,347	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	71,051		71,051	
g	Other				
12	Advertising and promotion	1,486,591	108,419	1,375,922	2,250
13	Office expenses	11,060,252	9,739,390	1,113,944	206,918
14	Information technology	7,706		7,706	
15	Royalties				
16	Occupancy	255,214	255,214		
17	Travel	4,203,137	3,769,197	335,832	98,108
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,291		10,387	41,904
20	Interest	2,930,269	2,804,247	126,022	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,175,377	4,738,790	436,587	
23 24	Insurance	2,580,349	215,318	2,365,031	
а	Repairs & Maintenance	14,096,078	12,763,750	1,266,775	65,553
b	Miscellaneous	5,503,954	3,066,257	2,433,333	4,364
c	Other Fees	4,865,913	3,070,264	1,738,807	56,842
d	Food Service	3,331,724	3,193,887	94,486	43,351
e	Purchase Books/Member	805,778	581,968	209,985	13,825
f	All other expenses	652,219	457,379	194,840	
25	Total functional expenses. Add lines 1 through 24f	193,316,334	168,014,173	23,059,341	2,242,820
26	Joint costs. Check here ► ☐ If following	173,310,334	100,014,1/3	23,033,341	2,272,020
20	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u>_</u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	į		29,980,127	1	35,691,662
	2	Savings and temporary cash investments	6,916,914	2	2,396,645		
	3	Pledges and grants receivable, net			3,447,725	3	2,826,030
	4	Accounts receivable, net			5,384,449	4	4,885,267
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
Assets		Schedule L				6	
	7	Notes and loans receivable, net			1,491,586	7	2,412,463
₹	8	Inventories for sale or use				8	
*	9	Prepaid expenses and deferred charges			7,152,239	9	7,954,098
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	172,303,336			
	ь	Less accumulated depreciation	10b	76,153,505	89,826,551	10c	96,149,831
	11	Investments—publicly traded securities			14,798,676	11	22,084,491
	12	Investments—other securities See Part IV, line 11		12	3,972,854		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,619,075	15	2,485,970
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			162,617,342	16	180,859,311
	17	Accounts payable and accrued expenses .			7,963,837	17	10,453,541
	18	Grants payable				18	
	19	Deferred revenue			530,901	19	462,600
	20	Tax-exempt bond liabilities			50,057,018	20	48,666,326
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu			70,803	21	102,150
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5.	•	12,238,278	23	12,260,583
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			8,200,821	25	8,353,638
	26	Total liabilities. Add lines 17 through 25			79,061,658	26	80,298,838
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
O		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			63,925,737	27	81,337,096
Ba	28	Temporarily restricted net assets			6,642,797	28	6,092,165
Fund	29	Permanently restricted net assets		12,987,150	29	13,131,212	
Ŧ		Organizations that do not follow SFAS 117, check here ► □ a	nd cor	nplete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			83,555,684	33	100,560,473
_	34	Total liabilities and net assets/fund balances			162,617,342	34	180,859,311

	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2020	966,134
2	Total expenses (must equal Part IX, column (A), line 25)	2			316,334
3	Revenue less expenses Subtract line 2 from line 1	3		10,6	549,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		83,5	555,684
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6,3	354,989
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		100,5	560,473
Pai	Time Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			দ	
		1		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	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?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493136074322

OMB No 1545-0047

**Employer identification number** 

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Barry University Inc 59-0624364 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136074322

OMB No 1545-0047

Open to Public

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

	me of the organization ry University Inc			Employerid	entification number
Dall	Ty Offiversity Inc			59-062436	4
ar	t I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 52	7 organization.
L	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).	
L		e tax incurred by the organization			\$
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	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				
ar		ganization is exempt und	_		01(c)(3).
1	, .	ended by the filing organization fo		•	\$
2		organization's funds contributed t	o other organızatıon	s for section 527	<b>.</b>
_	exempt funtion activities				<b>&gt;</b>
	·	tures Add lines 1 and 2 Enter ho	ere and on Form 112	20-POL, line 17b	\$
3 4 5	Total exempt function expended the filing organization file Enter the names, addresses a	Form 1120-POL for this year? nd employer identification numbe	r (EIN) of all sectior	n 527 political organizatio	
3 4	Total exempt function expended by the filing organization file between the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fro nd directly delivered	n 527 political organizatio om the filing organization's to a separate political or	ns to which the filing s funds Also enter the ganization, such as a nation in Part IV
3 4	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered I f additional space	n 527 political organization om the filing organization? to a separate political ord is needed, provide inform	ns to which the filing s funds Also enter the ganization, such as a nation in Part IV  (e) A mount of politica contributions received
3	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered I f additional space	n 527 political organization om the filing organization? to a separate political organization is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
3	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered ) If additional space	n 527 political organization om the filing organization? to a separate political organization is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
3 4	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered ) If additional space	n 527 political organization om the filing organization? to a separate political organization is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
3 4	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered ) If additional space	n 527 political organization om the filing organization? to a separate political organization is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
3 4	Total exempt function expended by the filing organization file of the filing organization file of the filing organization made payments amount of political contributions exparate segregated fund or a	Form 1120-POL for this year?  nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered ) If additional space	n 527 political organization om the filing organization? to a separate political organization is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ 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 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(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 2d, column (e))								
f	Grassroots lobbying expenditures								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	election under section 501(h)).	

		(6	a)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?	Yes		75	
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		211,272	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			211,347	
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		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
<b>-</b>	A Complete if the experiencies assembly makes continue FO1/a)/A) continue	- FA1/-	<del>`                                    </del>		

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

	,		
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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 1i	Between July 1, 2010 and June 30, 2011, 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 legislation in person, via email and U S mail in support 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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As Filed Data -

DLN: 93493136074322

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

nme of the organization rry University Inc		Employer identificatio	n number
.,		59-0624364	
organizations Maintaining Dono organization answered "Yes" to Form	r Advised Funds or Other Simila n 990, Part IV, line 6.	r Funds or Accounts. C	Complete if the
	(a) Donor advised funds	(b) Funds and other	eraccounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to			Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit	e benefit of the donor or donor advisor, or fo	or any other purpose	Yes No
rt II Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, l	ıne 7.
Purpose(s) of conservation easements held by t  Preservation of land for public use (e g , rec  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a easement on the last day of the tax year	reation or pleasure)  Preservation o Preservation o	of an historically importantly land in the first of a certified historic structure form of a conservation	
casement on the last day of the tax year		Held at the En	d of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem	ents	2b	
Number of conservation easements on a certifie	d historic structure included in (a)	2c	
Number of conservation easements included in (	(c) acquired after 8/17/06	2d	
Number of conservation easements modified, tra the taxable year  Number of states where property subject to consecutive the organization have a written policy regarder.	servation easement is located 🛌 1 rding the periodic monitoring, inspection, l	 handling of violations, and	
enforcement of the conservation easements it h		·	<b>∀ Yes                                   </b>
Staff and volunteer hours devoted to monitoring,  Amount of expenses incurred in monitoring, insp			2.000
Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		section	Yes No
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's finan		
rt III Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasure red "Yes" to Form 990, Part IV, line 8		sets.
If the organization elected, as permitted under S art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to i	held for public exhibition, education or res	earch in furtherance of public	
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these i	l for public exhibition, education, or resear		
(i) Revenues included in Form 990, Part VIII, li	ne 1	<b>►</b> \$	
(ii) Assets included in Form 990, Part X		<b>►</b> \$	186,476
If the organization received or held works of art, following amounts required to be reported under			
Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$	

**b** Assets included in Form 990, Part X

	•••• Organizations Maintaining Co	ilections of Alt	піэс	<del></del>		<del>41 05/ 01 01.</del>	161	Sillillar	ASSE	<b>LS</b> (CC	ntinueu)
3	Using the organization's accession and othe items (check all that apply)	records, check any	of the	follow	ng that a	re a significan	t us	e of its col	lection	ı	
а	Public exhibition		d		an or exc	hange progra	ms				
b	Scholarly research		e	Г о	ther						
С	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and explair	n how	they fu	rther the	organızatıon's	exe	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	"Ye	es" to Fori	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermec	liary f	or cont	rıbutıons	or other asse	ts n	ot	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llown	ng tabl	e				A	<b></b>	
_	Dammung balanca					-	$\dashv$		Amou	nt	
c d	Beginning balance						c d				
	Additions during the year					<u> </u>	_				
e f	Distributions during the year					_	e f				
	Ending balance	000 D 1 V 1	242				.			.,	
2a	Did the organization include an amount on Fo		21,						1	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				UN 4 U 1 -	F 000 F		T) /			
Pa	rt V Endowment Funds. Complete	(a)Current Year		<b>ve re d</b> Prior Yea		Form 990, F Two Years Back				<b>\</b> Eour V	ears Back
1a	Beginning of year balance	25,087,384	(6)	24,92		28,377,879	-	Tillee Tears	Jack (e	ji our i	ears back
b	Contributions	94,164		•	4,063	205,861					
c	Investment earnings or losses	2,750,097			0,970	-3,444,348	+				
d	Grants or scholarships	0			4,625	176,981					
e	Other expenditures for facilities and programs										
f	Administrative expenses	1,119,264		2	7,811	37,624	1				
q	End of year balance	26,812,381		25,08	7,384	24,924,787	,				
2	Provide the estimated percentage of the yea	r end balance held as	;		<b>I</b>				·		
а	Board designated or quasi-endowment	14 450 %									
b	Permanent endowment 48 980 %										
c	Term endowment ► 36 570 %										
3a	Are there endowment funds not in the posses	ssion of the organizat	ion th	nat are	held and	administered t	for t	:he			
	organization by							_		Yes	No
	(i) unrelated organizations						•		3a(i)		Νo
	(1) differenced organizations								3a(ii)		
	(ii) related organizations						•				No
	(ii) related organizations		on Sc	hedule	R? .			[	3b		No
4	(ii) related organizations		on Sc wmei	hedule nt fund:	R? .			[			No
4	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori	R? . s n 990, P		0.	[	3b		No
4	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? .		er	(c) Accumu	<b>3b</b> ated	(d) Bo	Nook value
4 Par	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? . n 990, P	Part X, line 1	er	(c) Accumu	<b>3b</b> ated		ok value
4 Par	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? . m 990, P st or other vestment)	Part X, line 1  (b)Cost or other)  basis (other)	er 377	(c) Accumu	3b ated on		ok value 5,711,877
Par	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? . s m 990, P st or other vestment)	Cart X, line 1  (b)Cost or other  basis (other)  6,061,8	er 377 339	(c) Accumu depreciati	3b ated on		ok value 5,711,877 0,067,886
Par 1a l b l	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? . s m 990, P st or other vestment)	(b)Cost or other basis (other) 6,061,8	er 377 339 212	(c) Accumu depreciati	ated on 0,359 7,104	7	ok value 6,711,877 0,067,886 241,108
1a   b   c   d	(ii) related organizations		on Sc wmei	hedule nt fund: e Fori (a) Cos	R? . s m 990, P st or other vestment)	Cart X, line 1 (b)Cost or other basis (other) 6,061,8 104,070,8 888,2	877 839 212	(c) Accumu depreciati 37,41 64 34,72	ated on 0,359 7,104	7	ok value 5,711,877 0,067,886

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuati Cost or end-of-year mark	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		13	
		(c) Method of valuati	on
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip		<b>(b)</b> Bo	ok value
		(2, 2)	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
STUDENT DEPOSITS	4,524,753		
OTHER	3,828,885		
	·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

-	Total revenue (Form 990, Part VIII, Column (A), line 12)	-	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	_
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
<u>Part</u>	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Com	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Pa	art IV , lines 1b and 2b,	

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of How Organization Reports Conservation Easements	Part II, Line 9	The University records the easement in its statement of financial position as part of the cost of the land purchased for the University's law school in Orlando
	Part IV, Line 2b	The University acts as a custodian for funds held in trust until death of donor at which time, the funds will transfer to the University
Description of Intended Use of Endowment Funds	Part V , Line 4	The University's unrestricted endowments are restricted by the University's Board of Trustees The Board can appropriate as much of the net appropriation on board-designated endowments as is prudent considering the University's present and anticipated financial requirements, expected total return on investments, price level trends, and general economic conditions. The income derived from permanently restricted endowed funds is to be used for various programs sponsored by the University in accordance with the donor's wishes and is classified as unrestricted or temporary restricted net assets, in accordance with the donor's wishes
Description of Uncertain Tax Positions Under FIN 48	Part X	The University follows the provisions of ASC 740, Income Taxes, and has determined that as of June 30, 2011 and 2010, the University has no material unrecognized tax benefits. The University does not expect that unrecognized tax benefits will materially increase within the next twelve months.

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As Filed Data -

DLN: 93493136074322

OMB No 1545-0047

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

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Name of the organization Barry University Inc

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

	59-0624364			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
	Does the organization discriminate by race in any way with respect to 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
	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	<u> </u>	No
		-		
		_		
	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		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	_	V	
	of Nev 1100 73-30, 1373-2 C.B. 307, covering facial hondiscrimination? IT 190, expiant on Part II	7	Yes	

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The publicity requirements of rev proc 75-50, 1975-2 c b 587 is satisfied by complying with section 4 02 as to statement of policy. The University draws its students from local communities and follows a racially nondiscriminatory policy as to students. It currently enrolls students of racial minority groups in meaningful number.
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Barry University receives assistance from Title IV programs including PELL, SEOG, CWSP, ETC

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493136074322

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public

Name of the organization						Employer ider	ntification number
Barry University Inc						59-0624364	
Part I Fundraising Ad	<b>ctivities.</b> Complete	e if the c	organizat	tion answered "Yes"	to Form	າ 990, Part IV	, line 17.
1 Indicate whether the orga	nization raised funds	through a	any of the	following activities Ch	eck all ti	hat apply	
a Mail solicitations		J		Solicitation of noi			
<b>b</b> Internet and e-mail s	olicitations		f	Solicitation of gov			
c Phone solicitations			а	Special fundraisir			
d In-person solicitation	าร			•	,		
2a Did the organization have or key employees listed i	a written or oral agre						Г yes Г No
<b>b</b> If "Yes," list the ten higher						_	
to be compensated at lea							
	1	<u> </u>			ı		I
(i) Name and address of individual	(ii) Activity		) Dıd ser have	(iv) Gross receipts		mount paid to	(vi) A mount paid to
or entity (fundraiser)			ody or	from activity		etained by) aiser listed in	(or retained by) organization
, , ,		cont	rol of			col (i)	
			utions?				
		Yes	No				
Total			•				
					ı		
3 List all states in which the licensing	e organization is regis	stered or l	licensed t	o solicit funds or has be	een notıf	ied it is exempt	from registration or

			(a) Event #1  Golf Tournament	(b) Event #2  Phonathon	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
E E	1	Gross receipts	150,125	80,806	10,000	240,931
Revenue	2	Less Charitable contributions	34,800			34,800
	3	Gross income (line 1 minus line 2)	115,325	80,806	10,000	206,131
	4	Cash prizes	1,250			1,250
ر ،	5	Non-cash prizes	16,902			16,902
Expenses	6	Rent/facility costs	18,000		2,285	20,285
<u>ខ្</u> តី	7	Food and beverages	17,461	395	28,314	46,170
Direct	8	Entertainment				
à	9	Other direct expenses .	5,496	144,245	20,576	170,317
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		254,924
	11	Net income summary Combine li			🕨	-48,793
Par	: 1111			'Yes" to Form 990, Pai	rt IV, line 19, or repoi	·
. 1		\$15,000 on Form 990-EZ, li				
Φ 1			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenu			ľ	bingo/progressive bingo		(Add col <b>(a)</b> through col <b>(c)</b> )
Revenu	1	Gross revenue	ľ	bingo/progressive bingo		
ses Revenue		Gross revenue		bingo/progressive bingo		
	2			bingo/progressive bingo		(Add col <b>(a)</b> through col <b>(c)</b> )
Expenses	2	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs				
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	Г Yes		Γ No	
Expenses	2 3 4 5 6	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor		Г Yes% Г No	厂 No	
g e o Direct Expenses Reveitu	2 3 4 5 6 7 8 Entities to	Cash prizes	Yes%_ No s 2 through 5 in column (continue lines 1 and 7 in column ation operates gaming activities in each		No	col <b>(c)</b> )
b rect Expenses	2 3 4 5 6 7 8 Entities to	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Comer the state(s) in which the organization licensed to operate	Yes%_ No s 2 through 5 in column (on the lines 1 and 7 in column ation operates gaming activities in each	<pre></pre>	No	· Fyes No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493136074322 OMB No 1545-0047

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

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

Inspection

Name of the organization		Employer identification number					
Barry University Inc						59-0624364	
Part I General Information	on on Grants and	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to ave</li> <li>Describe in Part IV the organization</li> <li>Part II Grants and Other A</li> </ol>	ward the grants or as ation's procedures fo ssistance to Go	sistance? or monitoring the use overnments and O	f grant funds in the Unite		nplete if the orga	nızatıon answered "Y	
Form 990, Part IV, lin duplicated if additiona							. Part II can be
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Ententated number of a selection 5	01(2)(2) == 1 ====		<u> </u>		<u> </u>		
<ul><li>Enter total number of section 5</li><li>Enter total number of other orga</li></ul>						_	
			<u> </u>			<u> </u>	

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student Scholarships/A wards	11660	45,961,723			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 The University awards grants, scholarships & student loans based on various, predefined criteria
Grants in the U S		Students must qualify for the assistance Student enrollment and continuing eligibility are verified on an ongoing basis. Any
		amounts in excess of \$600 00 are reported on Form 1098-T

DLN: 93493136074322

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

bai	ry University Inc		59-0624364			
Pa	rt I Questions Regarding Compensation		•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	~	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments					
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations	appl				
4	·	rt VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplementa	l non	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Rin Part III			8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of					(E) Total of columns			
		(i) Base compensation	(ii) Bonus & ıncentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
(1) Bruce Edwards	(I) (II)	251,685 0	0 0	0 0	23,077 0	5,940 0	280,702 0	(		
(2) Lında M Peterson	(I) (II)	196,305 0	0 0	0	18,856 0	5,644 0	220,805	(		
(3) Ann Paton	(I) (II)	209,814 0	0	0	20,064	5,811 0	235,689 0	(		
(4) Leticia Diaz	(I) (II)	206,450 0	0 0	0	19,491 0	5,524 0	231,465 0	(		
(5) Pegge Bell	(ı) (ıı)	183,053 0	0 0	0	16,906 0	135 0	200,094	(		
(6) Mıchael Griffin	(ı) (ıı)	167,401 0	0 0	0 0	16,241 0	7,900 0	191,542 0	(		
(7) James W Losito	(I) (II)	215,741 0	0 0	0 0	8,635 0	9,539 0	233,915 0	(		
(8) John P Nelson	(I) (II)	191,067 0	0	0 0	15,382 0	9,243 0	215,692 0	(		
(9) John McFadden	(I) (II)	190,416 0	0 0	0 0	15,097 0	5,644 0	211,157 0	(		
(10) Claudette Spalding	(I) (II)	182,109 0	0 0	0	15,651 0	5,644 0	203,404 0	(		
(11) Tomislav Mandakovic	(I) (II)	176,998 0	0 0	0 0	16,986 0	5,644 0	199,628 0	(		
( 12 )										
( 13 )										
( 14 )										
( 15 )										
( 16 )										

### 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

Ident if ier	Return Reference	Explanation
	Part I, Line 5	PHYSICIANS IN SCHOOL OF PODIARTY RECEIVED A PERCENT OF GROSS RECEIPTS OF THE TEACHING CLINICS

Schedule J (Form 990) 2010

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493136074322

Open to Public Inspection

Internal Revenue Service Name of the organization Barry University Inc

Department of the Treasury

Employer identification number

59-0624364 **Bond Issues** (h) On (i) Pool (g) Defeased Behalf of financing (c) CUSIP # (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price Issuer Yes No Yes No Yes No Pinellas County Education 59-6000800 723161FP5 10-24-2007 10,000,000 | See Schedule O Χ Χ Х Facility **Proceeds** C Α В D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 9,293,875 Gross proceeds in reserve funds 4 Capitalized interest from proceeds 5 6 Proceeds in refunding escrow 7 Issuance costs from proceeds 300,922 8 Credit enhancement from proceeds Working capital expenditures from proceeds 9 6,959,558 Capital expenditures from proceeds 10 2,739,520 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2008 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Х allocation of proceeds? Part III **Private Business Use** Α В D

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

No

Yes

Yes

Yes

No

No

		Α			В	C			D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
ь	Are there any research agreements that may result in private business use of bond-financed property?		х						
С	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?		x						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
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?	Х							
Pai	rt IV Arbitrage								

Pai	Part IV Arbitrage								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							1	
	bolid issue?		X					'	
								'	
2	Is the bond issue a variable rate issue?	X							
За	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?							1	
		X						1	
								1	
	N	BANKOFAN	_L 1FRIC∆		<u> </u>				<u> </u>
b	Name of provider	BANK OT A	TERTON						
С	Term of hedge	20 0000	0000000						
d	Was the hedge superintegrated?								
			X					1	
	Was a hedge terminated?	+				+	<del>                                     </del>	<del>                                     </del>	-
е	was a neuge terminateu.		×					1	
								1	
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
	Term of GIC	+				+		<del>                                     </del>	
c			1		1			<del>                                     </del>	1
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							1	
5	Were any gross proceeds invested beyond an available temporary								
	period?								
	Diddhahandaana malifafaa ay ay ay barahan barahan 2			-	-		<del>                                     </del>	<del>                                     </del>	
6	Did the bond issue qualify for an exception to rebate?		×						

### Part V Supplemental Information

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

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

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DLN: 93493136074322

### Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

	of the organization							E	mployer i	dent if ica	tion numbe	er	
Barry Ori	iversity into							5	9-06243	64			
Part I													
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990 <i>,</i> F	Part IV, line 25a c	or 25b,	or Form	990-EZ,	Part V , lı	ine 40b		
4	(a) Name of disq	ualified	nerson			(h) Dogg	rintion	of trans	ation		Cor	(c) Corrected?	
1						(b) Description of t				Talisaction			
											Yes	No	
<b>2</b> En	ter the amount of tax ımpos	ed on tl	he orga	nızatıon man	agers or	disqualified pers	ons dur	ing the y	ear unde	r			
	ction 4958								🟲	\$ —			
<b>3</b> En	ter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			🟲	* <u> </u>			
Part I	Loans to and/or I	rom	Intere	sted Pers	ons.								
	Complete if the organiz					, Part IV, line 26	, or For	m 990-E	Z, Part V	, lıne 38	a		
		(b) L	oan to					_	(f)				
(a) Nan	ne of interested person and		m the	(c)0 rig		(d)Balance due	(e) In default?		Approved by board or		(g)Writt		
	purpose	organı	zation?	principal a	amount	(u)Dalalice due	delac		committee?		agreement,		
		То	From				Yes	Yes No		No	Yes	No	
		ļ						<u> </u>		_			
								1		-			
					<b>b</b> .				<u> </u>				
Total .					<b>▶</b> \$								
Part II	Grants or Assistar Complete if the orga						lina 1	77					
						een interested per							
ı	(a) Name of interested pers	on	'			ganization	3011	<b>(c)</b> A m	ount of g	rant or ty	pe of assis	stance	

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered Tes On Form 990, Part IV, line 20a, 20b, or 20c.										
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?					
(1) Leslie Edwards	Wife of VP, Bruce	26 51 4	W-2 Wages	1.03	No					
(1) Leslie Edwards	Edwards	30,514	vv-2 wages		INO					
· ,	Brother of Board member, William Heffernan	40,030	W-2 Wages		No					

## **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493136074322

**Employer identification number** 

59-0624364

OMB No 1545-0047

2010

Open to Public Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Barry University Inc

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Ine 12c	On an annual basis, under the conflict of interest policy, each covered person shall execu te an annual disclosure statement disclosing the facts related to any covered relationship. Ongoing a covered person shall disclose the existence and nature of any covered relation ship and all material facts prior to the consideration of a proposed transaction or arran gement by the board (for a trustee or the president, then the covered person having such a covered relationship or any material facts as to such covered relationship such a covered relationship 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 having such a covered relationship in any matter shall disclose any material facts as to such covered person having such a covered relationship in any matter shall disclose any material facts as to such covered person having such a covered relationship in any matter shall disclose any material facts as to such covered person, having such a covered relationship and all material facts, and after any discu ssion 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 will discuss and vote upon the determination of a conflict of interest. A covered person that is a trustee or the president may make a p resentation to the board, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the financial transaction or arrangement that cause a conflict of interest. The chariperson of the board, appropriate in his/her discretion, may appoint a disinterested person or committee to investigate alternatives to the proposed financial transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest. The ECA, but after such presentation, he/she shall leave the meeti

Identifier Return Referen	— <del>                                     </del>
Form 990, Part VI, Section B, line 12c	'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 and 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 employees cointractual 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 we represent 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
	Section B, 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 trustees meeting.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, 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 tax is public information.

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

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 1,589,263 Prior period adjustments 746,291 Affiliate revenue 9,893,213 Affiliate expenses -9,367,163 Change in net assets of affiliate -526,050 Adjust to cash surrender value 118,108 Discontinued operations from affiliate 3,901,327 Total to Form 990, Part XI, Line 5 6,354,989

	Identifier	Return Reference	Explanation
I		Form 990, Part XII, Line 2c	This process has not changed from prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136074322

2010

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Barry University Inc

Name of the organization

(Form 990)

**SCHEDULE R** 

59-0624364 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (b) (d) (c) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization **(e)** Public charity status (d) Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes (1) Barry Telecommunications Inc 3401 South Congress Avenue TV FL 501(c)(3) Line 1 N/A No Boynton Beach, FL 33426 65-0728353

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 3-
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	1
(1) 6484 Indian Creek Drive LTD 11300 NE 2nd Avenue Miami Shores, FL33161 65-0669854	Real Estate	FL		Excluded	39,601	402,206		No		Yes		
Part IV Identif	ication of Rela	ted Org	janizations Tax	able as a Corpo	ration or Trust	(Complete if the	organ	ızatıor	n answered "Yes"	on Fo	orm 9	90, Part IV,

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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	<b>(h)</b> Percentage ownership
(1) 6484 Indian Creek Drive Inc 11300 NE 2nd Avenue Miami Shores, FL33161 65-0669852	Real Estate	FL		С	6,435	3,040	100 000 %

chedule R (Form 990) 2010		Pa	age <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.	,		
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>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		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)	<b>1</b> g		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
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	ו	No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1р		No
<b>q</b> 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 threshold	ds		

2	If the answer to any of the above is "Yes,"	" see the instructions for information on who must complete this line, i	ncluding covered relat	onships and transaction	on thresholds
			/h)		(d)

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Barry Telecommunications Inc	D	782,102	Due To Account on Ledger
(2) 6848 Indian Creek LTD	R	32,763	Distributions
(3) 6484 Indian Creek Inc	R	6,357	Distributions
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		501(c)(3)   organizations?					(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
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									-	$\vdash$
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									+	+

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 59-0624364

Name: Barry University Inc

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

Compensated Employees, and Independent Contractors													
<b>(A)</b> Name and Title	(B) A verage hours per		tion ( that a	che	/)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Gerald W Moore Esq Vice Chairperson	1 00	х						0	0	0			
John M Bussel	1 00	Х						0	0	0			
Vice Chairperson Michael O O'Neil Jr										_			
Vice Chairperson	1 00	Х						0	0	0			
Patricia M Rosello Vice Chairperson	1 00	х						0	0	0			
Robert B Galt III Esq Trustee	1 00	Х						0	0	0			
Alejandro Aguirre Trustee	1 00	Х						0	0	0			
Charles R Modica JD Trustee	1 00	х						0	0	0			
Christopher J Gruchaca Trustee	1 00	х						0	0	0			
Donald S Rosenberg Esq Trustee	1 00	Х						0	0	0			
Eduardo A Otero MD Trustee	1 00	Х						0	0	0			
Gregory F Greene Secretary	1 00	Х						0	0	0			
Joel H Sharp Jr Esq Trustee	1 00	×						0	0	0			
Jorge A Gross CPA Trustee	1 00	Х						0	0	0			
Joseph P Klock Jr Esq Trustee	1 00	Х						0	0	0			
Keith B Kashuk DPM Trustee	1 00	х						0	0	0			
Luıgı Salvaneschı PhD Trustee	1 00	Х						0	0	0			
Nelson L Adams III MD Trustee	1 00	x						0	0	0			
Dr Neta Kolasa Trustee	1 00	Х						0	0	0			
Olga Melin Trustee	1 00	Х						0	0	0			
Shirley McVay Wiseman Trustee	1 00	Х						0	0	0			
Sr Corinne Sanders OP EdD Trustee	1 00	Х						0	0	0			
Sr Rosemary T Finnegan OP Trustee	1 00	Х						0	0	0			
Sr Sharon Weber OP PhD Trustee	1 00	Х						0	0	0			
Patricia L Clements PhD Trustee	1 00	Х						0	0	0			
John Primeau Trustee	1 00	Х						0	0	0			

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		tion ( that a	(che	<sup>'</sup> )			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Edward Feenane Trustee	1 00	Х						0	0	0		
Rev Chanel Jeanty JCL Trustee	1 00	Х						0	0	0		
Maura Owens Trustee	1 00	Х						0	0	0		
James Stelnicki DPM Trustee	1 00	Х						0	0	0		
William J Heffernan Chairperson	1 00	Х						0	0	0		
Smilka Melgoza Trustee	1 00	Х						0	0	0		
Aletha Player Trustee	1 00	Х						0	0	0		
Bruce Edwards VP for Business & Finance	40 00			х				251,685	0	29,017		
Linda M Peterson Provost	40 00			х				196,305	0	24,499		
David Dudgeon General Counsel	40 00			х				116,475	0	0		
Sr Linda Bevilacqua OP PhD President	40 00			х				0	0	27,857		
Ann Paton Vice President	40 00				Х			209,814	0	25,875		
Leticia Diaz Dean, Law	40 00				х			206,450	0	25,015		
Pegge Bell CHS Dean	40 00				х			183,053	0	17,041		
Mıchael Griffin VP Student Affairs	40 00				х			167,401	0	24,142		
James W Losito Professor	40 00					х		215,741	0	18,174		
John P Nelson Associate Dean	40 00					х		191,067	0	24,625		
John McFadden Associate Dean	40 00					Х		190,416	0	20,741		
Claudette Spalding Associate Dean	40 00					Х		182,109	0	21,294		
Tomislav Mandakovic Dean, Business	40 00					Х		176,998	0	22,629		
Sr Jeanne O'Laughlin OP Chancellor							х	0	0	5,722		