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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

			C Name of organization	707-01-2013 , 2013, and ending 06	-30-2014	D Emplo	vor ider	ntification number
	eck ıf a dress ch	pplicable	Barry University Inc			•	-	
		-	Doing Business As			59-06	24364	ł
	me cha	=						
	tıal retu		Number and street (or P O box if ma 11300 NE 2nd Avenue	all is not delivered to street address) Room,	/suite	E Telepho	ne num	ber
	rmınate					(305)	899-3	050
_	nended		City or town, state or province, coun Miami Shores, FL 331616695	try, and ZIP or foreign postal code				
A p	plication	n pending				G Gross r	eceipts \$	218,944,548
			F Name and address of prin Susan Rosenthal	cıpal officer		s this a group	return	
			11300 NE 2nd Avenue		S	ubordinates?		┌ Yes No
			Mıamı Shores, FL 33161669	95	H(b) A	re all subordi	nates	┌ Yes ┌ No
			<u> </u>			ncluded?	- 1 4	/
		npt status		nsert no)	- '	r "No," attacn	alist	(see instructions)
J W	ebsite	e:► htt	p //www barry edu		H(c)	Group exempt	ion nur	nber ▶ 0928
K For	m of or	ganızatıon	Corporation Trust Association	n	L Year	of formation 19	40 M	State of legal domicile FL
Pa	rt I	Sum	ımary					
Governance		Barry Ur committ		n or most significant activities of higher education grounded in the lards in undergraduate, graduate, an				
핕								
<u>ş</u>	_ '	Charlet				2 50/ - 5 - 1-		
	2	Check ti	nis box 🞮 - if the organization dis	continued its operations or dispose	d of more th	an 25% of its	net as	sets
Activities &	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			з	27
Ħ.	4	Number	of independent voting members of	of the governing body (Part VI, line 1	.b)		4	26
ਙ	5	Total nu	mber of individuals employed in c	alendar year 2013 (Part V, line 2a)			5	3,180
4	6	Total nu	mber of volunteers (estimate if no	ecessary)			6	60
	1			art VIII, column (C), line 12			7a	24,428
	Ь	Net unre	elated business taxable income fr	om Form 990-T, line 34			7b	-86
	١.					Prior Year		Current Year
ā	8			ne 1h)	•	7,216,		4,625,265
Revenue	9 10	_		ne 2g)	•	207,563, 797,		204,870,365 1,522,995
ě	11			lines 5, 6d, 8c, 9c, 10c, and 11e)	·	7,470,		4,639,439
	12			(must equal Part VIII, column (A), l	ine	,,,,,,,,		1,000,100
	ļ	12) .	<u> </u>	<u> </u>		223,048,4		215,658,064
	13			IX, column (A), lines 1-3)		50,660,		51,474,002
	14			X, column (A), line 4)			0	0
8	15	Saları 5-10	es, other compensation, employe)	96,977,	419	91,623,529		
Expenses	16a		ssional fundraising fees (Part IX,	column (A), line 11e)			0	0
ੜੇ	Ь	Total fu	ındraısıng expenses (Part IX, column (D)	, line 25) ▶ 1,290,057	_			
	17	Other	expenses (Part IX, column (A), l	ınes 11a–11d, 11f–24e)		68,586,	313	66,824,140
	18	Total	expenses Add lines 13–17 (mus)	216,224,0	066	209,921,671	
	19	Reven	ue less expenses Subtract line :	18 from line 12		6,824,		5,736,393
Net Assets of Fund Balances					Begir	nning of Curre Year	nt	End of Year
100 m	20	Total	assets (Part X, line 16)		.	217,159,4	147	224,570,412
7. 7.	21		liabilities (Part X, line 26)			103,158,8		102,581,045
žÏ	22		ssets or fund balances Subtract I			114,000,		121,989,367
Pa	rt II	_	nature Block		<u></u>	<u> </u>	·	
my k prepa	nowle arer ha	dge and as any k	belief, it is true, correct, and com nowledge	mined this return, including accompiplete Declaration of preparer (other				
Sigr Her],	n Rosenthal VP for Business & Finance					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	2006
Pai	d	<u> </u>	David C Moja Firm's name ► Capin Crouse LLP	<u> </u>	L	self-employed Firm's EIN ► 3	P00747	
Pre	pare	r Ľ	inn a name 🗜 Capill Clouse LLP			riiii S LIN F 3	טטפפט ט!	
	On		Fırm's address 🟲 1255 Lakes Parkway ST	E 130		Phone no (678) 518-53	301

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

✓ Yes ☐ No

4a

4b

Part III	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in

Briefly describe the organization's mission 1

Barry University is a Catholic institution of higher education founded in 1940 by the Adrian Dominican Sisters Grounded in the liberal arts tradition. Barry University is a scholarly community commited to the highest academic standards in undergraduate, graduate and professional education in the Catholic intellectual life faithful to this tradition. A Barry education and university experience foster individual and communal transformation where learning leads to knowledge and truth, reflection leads to informed action, and a commitment to social justice leads to collaborative service. Barry University provides opportunities for affirming our Catholic identity, Dominican heritage, and collegiate traditions. Catholic beliefs and values are enriched by ecumenical and interfaith dialogue through worship and ritual, we celebrate our religious identity while remaining a univeristy community where all are welcome

this Part III . . .

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Г м

- If "Yes." describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
 - the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 135,798,858 including grants of \$ 51,474,003) (Revenue \$ 190,696,969)
 - Instructional services to graduate and undergraduate students Barry University offers more than 100 undergraduate, graduate, professional, and doctoral programs to approximately 9,000 full and part-time students at multiple sites through the state of Florida
 -) (Expenses \$ 29,784,346 including grants of \$) (Revenue \$ 15,899,875) (Code Student services and auxiliary enterprises. The student affairs division of Barry University adheres to the philosophy that students succeed when all aspects of their development are at optimum level. To this end, the Student Affairs staff stands ready to serve as a support system for Barry students. The services available
 - include the bookstore, campus ministry, career services, commuter student affairs, leadership and transition, commencement, counseling and psychological, dining, disability, health, intercultural center, public safety, residential life, student activities, student union, and volunteer and community services

including grants of \$

) (Expenses \$ 2,208,127) (Code 4c Academic support Barry University offers academic support to students as it relates to library, computer, and learning center support. The Monsignor William Barry Memorial Library includes more than 950,000 items, over 40,000 print and on-line journal subscriptions and several thousand on-line books and streaming video resources A significant strength is the excellent American Catholic collection. The Barry Library Information Services System Web (BLISSWeb) is the computerized online catalog of the library's holdings BLISSWeb can be searched from terminals and computers in the library, computer labs, dorms, and offices across campus as well as at home and off-campus sites. The Library is a member of SEFLIN (South East Florida Library Information Netowrk), the Online Computer Library Center. (OCLC), a national library network, and Southeastern Library Network (SOLINET). The Barry University Dwayne O. Andreas School of Law houses an extensive collection of legal materials including Federal and State Statutes, case reporters and digests, monographs, treatises, secondary resources, legal periodicals, and newspapers, with a focus on Florida specific legal resources. Reference librarians with law degrees are available to assist with research and reference for students, faculty, and members of the Orlando legal community

12,331,176

- 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$ (Expenses \$
 - Total program service expenses ► 177,914,380

) (Revenue \$

Part TV	Checklist o	f Required	Schedules
	CHECKHISLO	Reduired	Sciledules

			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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

G I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	 No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 11,598		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	If "Yes," enter the name of the foreign country 🍽 VI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		IN
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N ·
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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.	_		
	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		
	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 facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 	 	_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h	i	

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.

	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 year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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		No
6	ection B. Policies (This Section B requests information about policies not required by the Internal R	ayanı		- \
36	section by Condica (1711) section by requests information about policies not required by the internal R	CVCIII	ie Coa	e.)
36	Tedas S. Foneles (This Section & requests information about policies not required by the Internal R	eveni	Yes	No No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed►FL
- 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 made these available.
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, 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

Form 990	(2013	
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М	а	ч	u	•

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title		(B) A verage hours per week (list any hours	more t	(C) Position (do not check more than one box, unle person is both an office and a director/trustee					compe from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) (organizati relati organiza	ed
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	s to Part VII, S	ection A	٠.				Þ						
d	Total (add lines 1b and 1c) .							►		2,784,550		0		352,121
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete</i> S					key •	emplo	yee,	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									janızatıon • • •	or individual for	5		No
	action R. Indonondort Co	ntractors												
1	ection B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co	ompens	atıon	for	the c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	

(A) Name and business address	(B) Description of services	(C) Compensation
Moss and Associates LLC 2101 N Andrews Ave Ste 300 Fort Lauderdale FL 33311	Construction Consulting	3,621,660
50 State Security Service Inc PO Box 611118 N Miami FL 33161	Security	1,978,525
Turner Construction 1000 NW 57 Ct Miami FL 33126	Construction Consulting	1,350,000
Cequel Consulting LLC 27 N Wacker Dr Chicago IL 60606	Consulting	1,193,815
Turkel Schaps Inc 2871 Oak Ave Miami FL 33133	Marketing	803,275

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►21

Form 99								Page 9
Part V	4111	Statement o Check if Schedu	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
وَ يُوْ	С	Fundraising eve	ents 1c	111,450				
iffs ar /	d	Related organiz	zations 1d					
S, E	e	e Government grants (contributions) 1e 3,223,644						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	1,290,171				
ntrib d Otl	g	Noncash contribution 1a-1f \$	ons included in lines	50,097				
<u>က</u> မ	h	Total. Add lines	s 1 a - 1 f	r trati	4,625,265			
e				Business Code				
Yen	2a	TUITION AND FEES		900099	190,696,696	190,696,696		
<u>æ</u>	b	AUXILLIARY ENTER		900099	12,646,440	12,646,440		
Š	d	PODIATRIC CLINIC	<i>.</i>	900099	1,527,229	1,527,229		
32	e e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	- 2a-2f		204,870,365			
	3		ome (including dividence		·			
	_	and other simila	aramounts)	🟲 📗	884,297			884,297
	4 5	Royalties	stment of tax-exempt bond p	roceeds				
		Noyalties :	(ı) Real	(II) Personal				
	6a	Gross rents	639,552					
	b	Less rental expenses	0					
	С	Rental income or (loss)	639,552					
	d	' '	me or (loss)		639,552			639,552
	_	Company and the company of the compa	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,771,285					
	ь	Less cost or other basis and	3,132,587					
	 c	sales expenses Gain or (loss)	638,698					
	d	` '	ss)		638,698			638,698
	8a	Gross income f	rom fundraising					
Other Revenue		Ψ	luding ,450 s reported on line 1c)					
ev Sev		See Part IV, lin						
<u>.</u>	_		a	191,750				
	b c		penses b [(loss) from fundraising e	153,897	37,853			37,853
_	9a		rom gaming activities	vents p -	31,7335			3.,555
		See Part IV, lin	ne 19					
	ь	lass direct av	penses b					
	_ c		(loss) from gaming activ	ities				
	10a	Gross sales of returns and allo						
		lees seed f	a					
	b c		oods sold	ntory 🌬				
		Miscellaneous		Business Code				
	11a	O ther Revenue		900099	1,527,136	1,527,136		
	ь	Reimbursement	ts	900099	1,136,405	1,136,405		
	С	Student fees		900099	1,031,518	1,031,518		
	d		ue		266,975	242,547	24,428	
	e	Total. Add lines		· · · •	3,962,034			
	12	Total revenue.	See Instructions		215,658,064	208,807,971	24,428	2,200,400

here ► [if following SOP 98-2 (ASC 958-720)

Form 990 (2013) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 51,474,002 51,474,002 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,791,387 1,573,616 199,561 18,210 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 201,933 176,650 23,166 2,117 Other salaries and wages 71,774,527 62,798,362 8,223,700 752,465 Pension plan accruals and contributions (include section 401(k) 6,135,840 5,361,818 709,776 and 403(b) employer contributions) 64,246 6,085,263 5,830,329 234,350 Other employee benefits 20,584 10 5,634,579 4,923,789 651,792 58,998 11 Fees for services (non-employees) Management 1,035,299 1,035,299 Legal 138,100 138,100 117,888 117,888 Professional fundraising services See Part IV, line 17 Investment management fees 88,744 88,744 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 8,316,041 4,150,677 4,045,409 119,955 Schedule O) Advertising and promotion . . 837,989 31,635 806,354 12 13 Office expenses 9,168,136 6,962,456 2,116,049 89,631 14 Information technology . . 8,192 8,192 15 Royalties . 4,702,306 69,685 16 Occupancy 4,632,621 **17** 3,503,392 3,164,327 286,160 52,905 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 51,284 25,765 22,369 3,150 20 3,852,425 2,820,373 1,032,052 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 7,210,872 5,234,801 1,976,071 23 3,457,020 368,473 3,088,547 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Repairs & Maintenance 14,647,220 12,056,057 2,586,909 4,254 Food Service 3,753,964 3,734,062 11,751 8,151 Miscellaneous 2,157,645 1,098,198 1,035,134 24,313 d Bad Debt 1,826,021 1,826,021 e All other expenses 1,951,602 1,496,369 384,155 71,078 Total functional expenses. Add lines 1 through 24e 25 209,921,671 177,914,380 30,717,234 1,290,057 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		_	
		effects if benedule of contains a response of flote to any line in this Fallex.	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	41,698,200	1	44,423,476
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,914,619	3	1,903,636
	4	Accounts receivable, net	4,345,993	4	4,277,468
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
	_		0.744.000	6	4 700 704
AS.	7	Notes and loans receivable, net	3,714,380	7	4,703,724
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,034,999	9	10,128,836
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 213,940,914			
	Ь	Less accumulated depreciation	120,470,269	10c	119,113,692
	11	Investments—publicly traded securities	22,823,810	11	27,887,665
	12	Investments—other securities See Part IV, line 11	7,169,762	12	7,183,899
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,987,415	15	4,948,016
	16	Total assets. Add lines 1 through 15 (must equal line 34)	217,159,447	16	224,570,412
	17	Accounts payable and accrued expenses	13,341,604	17	13,042,136
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	79,521,948	20	77,209,864
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	88,865	21	110,750
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,058,522	23	1,583,461
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			_
		D	9,147,927	25	10,634,834
	26	Total liabilities. Add lines 17 through 25	103,158,866	26	102,581,045
ي. ط		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			
ဋ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	91,697,086	27	95,322,943
<u>ଟ</u>			5,577,394	28	9,302,527
or Fund Balance	28	Temporarily restricted net assets	16,726,101	28	17,363,897
Ĭ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► and	10,720,101	23	17,303,037
Ξ.		complete 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	
\$ S &	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	114,000,581	33	121,989,367
Ž	34	Total liabilities and net assets/fund balances	217,159,447	34	224,570,412
	1		1 2,100,447	<i>-</i>	

Par	t XI Reconcilliation of Net Assets				-g
	Check if Schedule O contains a response or note to any line in this Part XI				[▽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		215,6	558,064
2	Total expenses (must equal Part IX, column (A), line 25)	2		209,9	21,671
3	Revenue less expenses Subtract line 2 from line 1	3		5,7	36,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		114,0	00,581
5	Net unrealized gains (losses) on investments	5		2,1	.40,828
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	.11,565
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		121,9	89,367
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			related organizations
Sr Linda Bevilacqua OP PhD President	40 00	×		х				0	0	86,161
William J Heffernan	1 00	х						0	0	0
Chairperson/Trustee John M Bussel Vice Chairperson/Chairperson	1 00	х						0	0	0
Gerald W Moore Esq Vice Chairperson	1 00	х						0	0	0
Michael O O'Neil Jr	1 00	х						0	0	0
Vice Chairperson Patricia M Rosello	1 00	Х						0	0	0
Vice Chairperson - Part Year Gregory F Greene	1 00	х						0	0	0
Secretary - Part Year Nelson L Adams III MD Trustee	1 00	х						0	0	0
Alejandro Aguirre	1 00	Х						0	0	0
Trustee - Part Year Sr Andrea J Balconis OP MD	1 00	Х						0	0	0
Trustee Patricia L Clements PhD	1 00	х						0	0	0
Trustee Edward Feenane Trustee	1 00	х						0	0	0
Sr Rosemary T Finnegan OP Trustee	1 00	х						0	0	0
Jorge A Gross CPA Trustee	1 00	х						0	0	0
Christopher J Gruchacz Trustee	1 00	х						0	0	0
Rev Chanel Jeanty JCL Trustee	1 00	х						0	0	0
Keith B Kashuk DPM Trustee	1 00	х						0	0	0
Joseph P Klock Jr Esq Trustee	1 00	х						0	0	0
Dr Neta Kolasa Trustee	1 00	х						0	0	0
Thomas Leeder Esq Trustee - Part Year	1 00	х						0	0	0
Charles R Modica JD Trustee	1 00	х						0	0	0
Maura Owens Trustee	1 00	х						0	0	0
Eduardo A Otero MD Trustee	1 00	х						0	0	0
Aletha Player 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** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount more than one box, unless hours per compensation compensation of other person is both an officer week (list from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employs Former Individual trustee or director organizations Institutional Trustee related below organizations employee dotted line) t compensated ee Donald S Rosenberg Esq 1 00 Χ 0 0 0 Trustee Luigi Salvaneschi PhD 1 00 Χ 0 0 Sr Corinne Sanders OP EdD 0 0 Χ Trustee - Part Year Joel H Sharp Jr Esq 1 00 Χ Trustee Kevin W Shaughnessy Esq 1 00 0 Χ 0 0 Trustee - Part Year James Stelnicki DPM 1 00 Χ 0 0 Ω Sr Mary Eileen Sullivan OP 1 00 0 0 Χ Sr Sharon Weber OP PhD 1 00 Χ 0 0 Shirley McVay Wiseman 1 00 Χ 0 0 Trustee - Part Year Bruce Edwards 40 00 Χ 259,362 0 28,078 VP for Business & Finance - Part Year Susan Rosenthal 40 00 Χ 0 0 VP for Business & Finance - Part Year Linda M Peterson 40 00 Χ 227,533 0 25,759 Provost David Dudgeon 40 00 Χ 145,631 8,431 General Counsel Sara Herald 40 00 Х 0 217,350 6,751 VP of Institutional Advanc Leticia Diaz 40 00 Χ 215,236 0 25,084 Dean, Law Scott Smith 40 00 Х 166,866 0 26,686 VP for Student Services Christopher Starrat 40 00 Х 179,561 0 32,428 VP for Mission & Inst Effectivenes James W Losito 40 00 Χ 323,610 0 21,908 Professor, School of Podia Robert Snyder 40 00 305,840 0 Х 16,183 Director Clinical Research Jeffrey Jensen 40 00 Χ 269,579 0 29,722 Dean, Podiatry John Nelson 40 00 0 Χ 237,052 19,912 Professor, Assoc Dean of Clinics Thomas Merrill 40 00 Χ 0 236,930 25,018

Professor, Podiatric Medic

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135089755

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

2013

Open to Public Inspection

<u>www.irs.gov/torm990.</u>		
Name of the organization	Employer identifi	cation number
Barry University Inc		
	59-0624364	

									59-0624		
Par				blic Charity Sta						nstructions	
	ganız		· ·	e foundation becaus	•		-	•	-		
1	<u></u>		=	on of churches, or as				ection 170((b)(1)(A)(i).		
2	굣	A scho	ol described	i in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in sectio	n 170(b)(1	.)(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ection 170(b)((1)(A)(iii). E	nter the
	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_	sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Γ			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
8	Г			n 170(b)(1)(A)(vi). described in section			nplete Part II	:)			
9			· ·	at normally receives			•	-	butions, mem	bership fees	and gross
		_		ities related to its ex					•	-	-
				oss investment inco	•	-		• •	• •		
		-	-	janization after June				· ·		,	
10	\vdash			ganized and operated							
11	<u>'</u>	_		ganized and operated						to carry out	the nurnoses of
	'			ly supported organiz							
			•	bes the type of supp			. ,	•	. , . ,		(, (-, -, -, -, -, -, -, -, -, -, -, -, -, -
		a [Type I	b	┌ Type II	I - Function	ally integrate	d d 厂	Type III - N	on-functiona	illy integrated
e	\sqcap	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	or indirec	tly by one or r	more disqua	ıfıed persons
				on managers and otl	her than one	or more pub	olicly support	ed organiza	ations describ	ed in sectio	n 509(a)(1) or
_			1509(a)(2)		_	forms the ID	C +b - + . + :	T I T	II T	TTT	
f			rganization this box	received a written de	etermination	from the 1K	.S that it is a	iype i, iy	be II, or Type	III Support	ing organization,
g				2006, has the organi	zation accer	ted any gift	or contributi	on from an	y of the		,
_			ng persons?	,		, 5		•	•		
		(i) A p	erson who d	rectly or indirectly o	ontrols, eith	er alone or	together with	persons de	escribed in (ii))	Yes No
		and (III) below, the	governing body of th	e supported	organızatıo	n?			11g	(i)
		(ii) A fa	amıly memb	er of a person descri	bed in (i) ab	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organizat	ion(s)				_
	Nam		(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	•	(vi) Is		(vii) A mount of
	ıppor			organization	organizati		the organiz		organizat		monetary
org	janiza	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o suppor		col (i) org		support
				or IRC section	your gove docume	-	Suppor	(1	In the o	5 ′	
				(see	docume	iic.					
				instructions))	Yes	No					
								l Na	l Va-	l Na	7
					165	No	Yes	No	Yes	No	
					res	NO	Yes	No	Yes	No	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	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 line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, 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 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	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test						
Retu	ırn Reference	Explanation					
		Schodulo A / Form 000 o	000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493135089755

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) orga	inizations Complete Part III								
	me of the organization ry University Inc			Employer ide	ntification number					
Dai	ny omversity me			59-0624364	ļ					
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 52	7 organization.					
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV						
2	Political expenditures			.	\$					
3	V olunteer hours									
	•	ganization is exempt under s	-	(3).						
1		e tax incurred by the organization und			\$					
2	·	e tax incurred by organization manage		4955	\$					
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No					
4a	Was a correction made?				☐ Yes ☐ No					
b	If "Yes," describe in Part IV									
Par	•	ganization is exempt under s		•	01(c)(3).					
1		ended by the filing organization for sec	•		\$					
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to oth	ner organizations	for section 527 ►	\$					
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	ind on Form 1120)-POL, line 17b ►	\$					
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No					
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 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	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (election under section 501(h)).

Eor o	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	'	Amoun	it
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				100
е	Publications, or published or broadcast statements?	Yes				100
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			11	7,688
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		No			
j	Total Add lines 1c through 1i		_		11	7,888
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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), d	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Between July 1, 2013 and June 30, 2014, 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.

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493135089755

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

temal	Revenue Service and its in	st ruct	ions is at <u>www.irs.gov/form990</u> .			Inspe	ctio	n
	me of the organization y University Inc			Emp	loyer ident if ica	tion num	ber	
all	y Offiversity Inc			59-	0624364			
a	rt I Organizations Maintaining Dono					. Comp	lete	ıf th
	organization answered "Yes" to Form	1 990	·					
	Total number at and afterna		(a) Donor advised funds		(b) Funds and o	other acc	ounts	5
	Total number at end of year Aggregate contributions to (during year)							
	Aggregate contributions to (during year) Aggregate grants from (during year)							
	Aggregate value at end of year							
		- d.u.c.a		nor advi	and and			
	Did the organization inform all donors and donor funds are the organization's property, subject to	the or	ganization's exclusive legal control?			┌ Yes	Г	No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					┌ Yes	Г	- No
1	t II Conservation Easements. Comple	ete ıf	the organization answered "Yes"	to Forn	n 990, Part IV	, line 7.		
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrease Protection of natural habitat Preservation of open space	eation	or education)	certifie	d historic struc	ture	a	
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a	qualified conservation contribution in	the forn	n of a conservat	ion		
	easement on the last day of the tax year				Held at the	End of the	he Ye	ar
	Total number of conservation easements			2a				
	Total acreage restricted by conservation easeme	ents		2b				
	Number of conservation easements on a certified		oric structure included in (a)	2c				
	Number of conservation easements included in (historic structure listed in the National Register	c) acq	uired after 8/17/06, and not on a	2d				
	Number of conservation easements modified, tra	nsferr	ed, released, extinguished, or terminat	ed by th	ne organization	during		
	the tax year 🛌							
	Number of states where property subject to cons	ervati	on easement is located 🕨 1					
	Does the organization have a written policy regai	rdıng t		 idling of	violations, and	√ Yes		- No
	Staff and volunteer hours devoted to monitoring, 40 00	ınspe	cting, and enforcing conservation ease	ments o	luring the year			
	A mount of expenses incurred in monitoring, insp	ecting	, and enforcing conservation easement	s durin	g the year			
	Does each conservation easement reported on li and section $170(h)(4)(B)(ii)$?	ne 2(c	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	Г	- No
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	ofthe	e footnote to the organization's financia					
Ti	Organizations Maintaining Collection Complete if the organization answer	ction	s of Art, Historical Treasures,	or Ot	her Similar <i>i</i>	Assets.	ı	
	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	rasse	ts held for public exhibition, education,	orrese	arch in furthera			
)	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 1 rasse	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance		ıblıc	
	(i) Revenues included in Form 990, Part VIII, lii	ne 1			► \$			
	(ii) Assets included in Form 990, Part X				<u></u>		186,	476
	If the organization received or held works of art, following amounts required to be reported under:						<i>,</i>	
	Revenues included in Form 990, Part VIII, line 1				b - ¢			
		•			· · ·			
)	Assets included in Form 990, Part X				₽ \$			

Part	Organizations Maintaining Co	llections of Art,	Histo	<u>rical Tre</u>	asures, or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, chec	·	-	-	e of its
а	Public exhibition		d [Loan or	exchange progra	ms	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co Part XIII	ollections and explain	how th	ney further	the organization's	exempt purpose	ın
5	During the year, did the organization solicit						F., F.,
Day	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold at the						Ves Vo
Fall	Part IV, line 9, or reported an an					res to roilli	990,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ts not	┌ Yes
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	g table			
						Ar	mount
c	Beginning balance					.c	
d	Additions during the year				 	d	
e	Distributions during the year				<u> </u>	e	
f	Ending balance				_1	.f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217				✓ Yes
_ь	If "Yes," explain the arrangement in Part XII						দ
Pa	rt V Endowment Funds. Complete	(a)Current year	answe (b)Prioi			Part IV, line 10. (d)Three years back	(e)Four years back
1a	Beginning of year balance	31,422,732		9,713,726	26,812,381	25,087,384	24,924,787
ь	Contributions	30,490		41,069	3,091,407	94,164	134,063
c	Net investment earnings, gains, and losses						
		3,577,822 502,226		2,025,306	149,542 9,000	2,750,097	60,970 4,625
d e	Grants or scholarships Other expenditures for facilities	302,220			3,000		4,023
-	and programs						
f	Administrative expenses	11,477		357,369	330,604	1,119,264	27,811
g	End of year balance	34,517,341	3	1,422,732	29,713,726	26,812,381	25,087,384
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	g, column	(a)) held as		
а	Board designated or quasi-endowment ►	12 290 %					
b	Permanent endowment ► 61 560 %						
c	Temporarily restricted endowment > 26	150 %					
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%					
3a	Are there endowment funds not in the posse	ssion of the organizat	ion tha	t are held a	ind administered	for the	
	organization by (i) unrelated organizations		_			3a	Yes No
	(ii) related organizations					3a(
b	If "Yes" to 3a(II), are the related organizatio			edule R?		3	b
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipme		e orga	anızatıon a	answered 'Yes'	to Form 990, Pa	art IV, line
	11a. See Form 990, Part X, line Description of property	10.		a) Cost or oth			(d) Book value
12	Land		+		8,826,8	03	8,826,803
	Buildings		\vdash		146,383,8		
	Leasehold improvements		. $dash$		1,465,7		
	Equipment				51,065,5		
	Other				6,198,9		
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X,	column	(B), line 10			119,113,692
		· ,				Schedule I	D (Form 990) 2013

See Form 990, Part X, line 12.		answered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization		
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
STUDENT DEPOSITS	3,784,023	
OTHER	6,850,811	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	10.034.034	
2. Liability for uncertain tax positions In Part XIII. provid	10,634,834	

Part XI, Line 2d - Other

Part XI, Line 4b - Other

Part XII, Line 2d - Other

A djustments

A djustments

A djustments

Par		evenue per Audited Financial Statements With Revenue pered 'Yes' to Form 990, Part IV, line 12a.	oer R	Leturn Complete If
1	<u> </u>	r support per audited financial statements	1	166,590,351
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а		ments 2a 2,140,828		
ь	-	acilities		
c	Recoveries of prior year grant	s		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d .		2e	-49,221,610
3	Subtract line 2e from line 1 .		3	215,811,961
4		0, Part VIII, line 12, but not on line 1		, ,
а		uded on Form 990, Part VIII, line 7b . 4a		
ь	•			
С			4c	-153,897
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	215,658,064
		xpenses per Audited Financial Statements With Expense	s per	
		swered 'Yes' to Form 990, Part IV, line 12a.		<u>. </u>
1	Total expenses and losses pe	r audited financial statements	1	158,601,566
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	2b		
c	Otherlosses			
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	153,897
3	Subtract line $2e$ from line 1 .		3	158,447,669
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		1	
c	Add lines 4a and 4b		4c	51,474,003
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	209,921,672
Part	XIII Supplemental In	formation		<u> </u>
Part	*	Part II, lines $3,5,$ and $9,$ Part III, lines $1a$ and $4,$ Part IV, lines $1b$ and 2 , lines $2d$ and $4b$, and Part XII, lines $2d$ and $4b$. Also complete this part to	-	de any additional
	Return Reference	Explanation		
Part I	I, Line 9	The University records the easement in its statement of financial positional land purchased for the University's law school in Orlando	n as p	art of the cost of the
Part I	√, Line 2b	The University acts as a custodian for funds held in trust until death of d will transfer to the University	onor a	t which time, the funds
Part V	, Line 4	The University's unrestricted endowments are restricted by the Universiboral can appropriate as much of the net appropriation on board-designate prudent considering the University's present and anticipated financial return on investments, price level trends, and general economic condition permanently restricted endowed funds is to be used for various programs in accordance with the donor's wishes and is classified as unrestricted of assets, in accordance with the donor's wishes	nted ei quiren ns Th spon	ndowments as is nents, expected total e income derived from sored by the University
Part X	, Line 2	The University follows the provisions of ASC 740, Income Taxes, and ha	s det	ermined that as of June

30, 2014 and 2013, 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.

Scholarships netted with revenue -51,474,003 Change in cash surrender value 111,565

Special event expenses -153,897

Special event expenses 153,897

		·							
Part XIII Supplemental	Part XIII Supplemental Information (continued)								
Return Reference	Explanation								
Part XII, Line 4b - Other Adjustments	Scholarships netted with revenue 51,474,003								
-									

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493135089755

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

Schools

▶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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Barry University Inc		Employer identification number				
рапу	, ,	59-0624364				
Pa	rtI			YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes		
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student administrations.					
_	programs, and scholarships?		2	Yes		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, ın a way				
	please explain If you need more space use Part II		3	Yes		
			- - -			
4	Does the organization maintain the following?		1			
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes		
	Records documenting that scholarships and other financial assistance are awarded on a racially basis?		4b	Yes		
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes		
(Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes		
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No	
ı	Admissions policies?		5b		No	
•	Employment of faculty or administrative staff?		5c		No	
•	Scholarships or other financial assistance?		5d		No	
•	Educational policies?		5e		No	
	Use of facilities?		5f		No	
	Athletic programs?		5g		No	
•	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		<u> 5h</u>		No_	
6	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes		
ı	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					
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Pa	rt II	7	Yes		

Part II Supplemental Information. 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)

Return Reference	Explanation				
Schedule E, Part I, Line 3	The publicity requirements of rev proc 75-50, 1975-2 c b 587 is satisfied by complying with section 4 02 as to statement of policy. The University draws its students from local communities and follows a racially nondiscriminatory policy as to students. It currently enrolls students of racial minority groups in meaningful number.				
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) 2013

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DLN: 93493135089755

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization y University Inc	Employer identi	fication number					
	y omversity the				59-0624364			
Pa	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1	Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	33	Program Services	Graduate Social Work and Education Teaching	329,584		
(2)							
(3)							
(4)							
(5)							
	Sub-total	0	33			329,584		
ı	 Total from continuation sheets to Part I 	0	0			0		
	Totals (add lines 3a and 3b)	0	33			329,584		

Part II						i ted States. Compl duplicated if additior			to Form 990,
	ame of lization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
						es by the foreign co (c)(3) equivalency l			
3 Ente	er total num	ber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	F	N	0
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	딕	N	0
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	٦	N	0
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	N	0
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	V	N	0
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	آب حا	N	0

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 59-0624364

Name: Barry University Inc

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493135089755

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Supplemental Information Regarding

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Barry University Inc						Employer identification number			
Barry Offiversity The						59-0624364			
Part I Fundraising Act Form 990-EZ filers				on answered "Yes" part.	to Form	n 990, Part IV	, line 17.		
1 Indicate whether the organ	ızatıon raısed funds t	through a	ny of the 1	following activities Ch	eck all tl	hat apply			
a Mail solicitations									
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations g Special fundraising events									
In-person solicitations									
2a Did the organization have a or key employees listed in							Г _{Yes} Г _{No}		
b If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	der which the fu	ndraiser is		
(i) Name and address of ındıvıdual or entity (fundraıser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
1		Yes	No						
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total			>						
3 List all states in which the registration or licensing	organization is regist	tered or li	censed to	o solicit contributions o	r has be	en notified it is	exempt from		

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 Golf Tournament	(b) Event #2 Phonathon	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(2)
E E	1	Gross receipts	265,355	37,845		303,200
Revenue	2	Less Contributions	111,450			111,450
	3	Gross income (line 1 minus line 2)	153,905	37,845		191,750
	4	Cash prizes				
မွာ	5	Noncash prizes	7,843			7,843
Expenses	6	Rent/facility costs	13,860			13,860
Ä	7	Food and beverages .	8,491	2,538		11,029
Direct	8	Entertainment				
莅	9	Other direct expenses .	12,261	108,904		121,165
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(153,897)
	11	37,853				
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	✓ Yes		_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	lumn (d)	<u> ▶</u>	
9	Ente	er the state(s) in which the organize	ation operates gaming ac	civities		
a b		he organization licensed to operate No," explain				
10a b		e any of the organization's gaming Yes," explain	licenses revoked, susper	ded or terminated during		

		1
Does	s the organization operate gaming activit	ties with nonmembers?
12	Is the organization a grantor, beneficia	ry or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming	g?
13	Indicate the percentage of gaming acti	vity operated in
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the pers	son who prepares the organization's gaming/special events books and records
	_	
	Name 🟲	
	Address ►	
15a	Does the organization have a contract	with a third party from whom the organization receives gaming
	revenue?	
b	If "Yes," enter the amount of gaming re	evenue received by the organization 🟲 \$ and the
	amount of gaming revenue retained by	the third party 🕨 \$
C	If "Yes," enter name and address of the	e third party
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation 🟲 \$	
	_	
	Description of services provided	
	Director/officer	Employee Independent contractor
17	Mandatory distributions	Employee I Independent contractor
1/ a	•	e law to make charitable distributions from the gaming proceeds to
u	· ·	· · · · · · · · · · · · · · · · · · ·
Ь	• •	red under state law distributed to other exempt organizations or spent
,	in the organization's own exempt activ	· · · · · · · · · · · · · · · · · · ·
Pai		on. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15	b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see	instructions).
	Return Reference	Explanation

DLN: 93493135089755

OMB No 1545-0047

Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States

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

Open to Public **Inspection**

Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number

Barry University Inc						59-0624364	
Part I General Information	on on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance [?]					✓ Yes
				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	(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 grar or assistance
2 Enter total number of section 5	501(c)(3) and govern	 ment organizations list	ed in the line 1 table .			<u> </u>	
3 Enter total number of other org	janizations listed in th	ne line 1 table				•	
	41 744! 6	F 000		C-+ N- FOOFFD		C - L J I	I- T (F 000) 2012

(a)Type of grant or assistance

(b) Number of

(f)Description of non-cash assistance

3	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV,	line 22
	Part III can be duplicated if additional space is needed.		

(d)A mount of

(e)Method of valuation (book,

(c)A mount of

(a) Type of grant of assistant		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(typesemption of non-easin assistance
(1) Student Scholarships/A wards		10842	51,474,002			
Part IV Supplemental In	nformat	i on. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanat	ion				
Part I, Line 2					edefined criteria Students mus s in excess of \$600 00 are rep	t qualify for the assistance Student ported on Form 1098-T

Schedule I (Form 990) 2013

DLN: 93493135089755

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Barry University Inc

Employer identification number

59-0624364

Pai	rt I Questions Regarding Compensation						
				Yes	No		
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro						
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	☐ Tax idemnification and gross-up payments ☐	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organizate reimbursement or provision of all of the expenses describe		1b	Yes			
2	Did the organization require substantiation prior to reimbudirectors, trustees, officers, including the CEO/Executive		_	V			
	ancetors, trastees, omeers, meraamy the elegative	Director, regularing the recins effected in line 14	2	Yes			
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that appused by a related organization to establish compensation	ply Do not check any boxes for methods					
	Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	Form 990 of other organizations	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control payme	ent?	4a		No		
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?	4b		Νo		
C	Participate in, or receive payment from, an equity-based of	compensation arrangement?	4 c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must con	nplete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1 compensation contingent on the revenues of						
а	The organization?		5a	Yes			
b	Any related organization?		5b		No		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any					
а	The organization?		6a		No		
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, line 1 payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		7		No		
8	Were any amounts reported in Form 990, Part VII, paid or	accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III						
9	If "Yes" to line 8, did the organization also follow the rebut section 53 $4958-6(c)$?	ttable presumption procedure described in Regulations	9				

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

Page **3**

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	Sister Linda Bevilacqua, President of the University, receives a housing allowance, it is not taxable
Part I, Line 5	PHYSICIANS IN SCHOOL OF PODIARTY RECEIVED A PERCENT OF GROSS RECEIPTS OF THE TEACHING CLINICS

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 59-0624364

Name: Barry University Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation (ii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Bruce Edwards VP for Business & Finance - Part Yea	(ı) (ıı)	258,552 0	0	810 0	21,675 0	6,403 0	287,440 0	0 0
Linda M Peterson Provost	(I) (II)	226,723 0	0	810 0	19,443 0	6,316 0	253,292 0	0
David Dudgeon General Counsel	(I)	145,631 0	0 0	0	2,028 0	6,403 0	154,062 0	0 0
Sara Herald VP of Institutional Advanc	(I)	216,540 0	0 0	810 0	0	6,751 0	224,101	0 0
Leticia Diaz Dean, Law	(ı) (ıı)	215,236 0	0	0	18,731 0	6,353 0	240,320	0
Scott Smith VP for Student Services	(I)	166,056 0	0 0	810 0	15,173 0	11,513 0	193,552 0	0 0
Christopher Starrat VP for Mission & Inst Effectivenes	(I) (II)	178,751 0	0 0	810 0	15,433 0	16,995 0	211,989 0	0 0
James W Losito Professor, School of Podia	(I) (II)	323,610 0	0 0	0	10,598 0	11,310 0	345,518 0	0 0
Robert Snyder Director Clinical Research	(E)	305,840 0	0 0	0	8,670 0	7,513 0	322,023 0	0 0
Jeffrey Jensen Dean, Podiatry	(I) (II)	269,579 0	0	0	19,508 0	10,214 0	299,301 0	0 0
John Nelson Professor, Assoc Dean of Clinics	(I)	237,052 0	0 0	0	13,733 0	6,179 0	256,964 0	0 0
Thomas Merrill Professor, Podiatric Medic	(I) (II)	236,930 0	0	0	13,516 0	11,502 0	261,948 0	0

(Form 990)

Department of the Treasury

DLN: 93493135089755

OMB No 1545-0047

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 Part VI.

► Attach to Form 990. ► See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Internal Revenue Service Name of the organization **Employer identification number** Barry University Inc

Barr	ry University Inc	59-0624364													
Pa	art I Bond Issues				T										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Description	n of purpose	(g) Def	eased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Pinellas County Education Facility	59-6000800	723161FP5	10-24-2007	10,0	00,000	See	Part V			х		х		x
В	Pinellas County Education Facility	59-6000800	723161GE9	08-02-2011	38,9	29,920	See	Part V		Х		х		х	
c	Pinellas County Education Facility	59-6000800	723161GX7	03-28-2012	32,6	95,767	See	ee Part V			Х		х		х
Pa	rt II Proceeds			I											
						A		В			С		D		
1	A mount of bonds retired														
	A mount of bonds legally defea														
3	Total proceeds of issue			10,000,	,000	3	8,929,920		32,69	5,767					
4	Gross proceeds in reserve funds								3,216,731		3,26	9,577			
5	Capitalized interest from proceeds								969,251						
6	Proceeds in refunding escrow								8,190,897		28,98				
7	Issuance costs from proceed					182,092 533,041				43	9,883				
8	Credit enhancement from pro-					131,	31,046								
9	Working capital expenditures							 	6,000,000						
10	Capital expenditures from pro	oceeas				2,729,	$\overline{}$	 							
11	<u> </u>					6,957,	,558								
12	O ther unspent proceeds Year of substantial completio	n													
13	Teal of Substantial Completio				Yes	08 No		201 Yes	No No	Yes	1 .	ایا	Yes	1	No
14	Were the bonds issued as par	t of a current refund	ing issue?		X	140		X	NO	X		lo	res		NO
15	Were the bonds issued as par	t of an advance refu	nding issue?			Х			Х		,	×			
16	Has the final allocation of pro	ceeds been made?			Х			х		Х				\top	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х			х		Х						
Pai	rt IIII Private Business l	Jse													
					Ą		В			Ç			D		
					Yes	No	·	Yes	No	Yes	N	lo	Yes		No

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-

Х

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

	Filvate business use (Continued)					1		1	
		4	4	l	В		С	I	<u> </u>
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	Х		х		x			
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		х			×		
С	Are there any research agreements that may result in private business use of bond-financed property?		х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
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	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		×		х		
Ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				•				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х		×		×			

Part IV Arbitrage

						_					
		Yes	No	Yes	No	Yes	No	Yes	No		
1	Has the issuer filed Form 8038-T?		Х		Х		Х				
2	If "No" to line 1, did the following apply?					_					
а	Rebate not due yet?		Х		Х		Х				
b	Exception to rebate?		Х		X		X				
С	No rebate due?	×		Х		Х					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?	Х			X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X				
b	Name of provider	BANKOFAM	ERICA								
С	Term of hedge	20 00000	0000000								
d	Was the hedge superintegrated?		Х								
е	Was the hedge terminated?		Х								
	Schedule K (Form 990) 2013										

В

Part IV Arbitrage (Continu

			Α		В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		×		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		x		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		×		X			

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α	Α			С		D	
Yes	No	Yes	No	Yes No		Yes	No
X		X		X			
		,,		,,			

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

Return Reference	Explanation
Schedule K, Part 1, Line B,	Pinellas County Educational Facility - the purpose of the bond issue is to finance the cost of acquisitions, construction, and equipping of certain educational facilities and other capital improvements to be owned and operated by the University and to reimburse advaces made by the University to pay a portion of such costs

Return Reference	Explanation
Schedule K, Part I, Line C, Column (f)	Pinellas County Educational Facility - the purpose of the bond issue is to fully refund the Series 2000 Bonds, partially refund Series 1998 Bonds, and pay certain costs of issuance of the Series 2012 Bonds

DLN: 93493135089755

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Barry University In									24364					
					(3) and sectio 90, Part IV, line						40b			
	e of disqualif		(b) Relatio		n disqualified				nsaction	-	(d) Corr			
			pers	on and organ							Yes	No		
										_				
										-				
2 Enterthe a	mount of tax	ıncurred by	organization	managers o	r dısqualıfıed pe	rsons during	the yea	r unde	rsection	<u> </u> n				
4958 3 Enter the a	 imount of tax	· · · c, ıf any, on l	 ıne 2, above,	· · · reımbursed l	by the organizat	 Ion	• •	• •	► \$ ► \$					
			n Interest											
					990-EZ, Part \ , line 5, 6, or 22		r Form 9	90, Pa	art IV , lı	ne 26,	or ıf the			
a) Name of Interested person	(b) Relationsh with	(c) Ip Purpose Ioan		the	(e)Original principal amount	(f)Balance due	(g) In defaul		(h) Approved by board or committee?		(i)Written agreement		roved agreeme	
	organızatıd	on												
			То	From			Yes	No	Yes	No	Yes	No		
											_			
											_			
											_			
tal		>								1				
art III Gra Cor	ants or As mplete if th	sistance e organiza	Benefitting Ition answer	j Interest ed "Yes" o	ed Persons. n Form 990, P	art IV, line	27.							
(a) Name of Ir persoi	nterested	(b) Relatio	nship betwee person and th	n (c) A mo	unt of assistanc		e of ass	ıstanc	:e (e) Purpo	se of ass	istanc		
		orga	nızatıon											
						_								
						_								

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organiza		•		1, , ,,	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) Leslie Edwards	Wife of VP, Bruce Edwards	40,779	W-2 Wages and Benefits		No
(2) Gerene Starratt	Wife of VP, Christopher Starratt	61,200	W-2 Wages and Benefits		No
(3) Laura Alonso-Gallo	Wife of Board Member, John Bussel	99,954	W-2 Wages and Benefits		No
					<u> </u>

Part V Supplemental Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493135089755

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Barry University Inc

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

barry	oniversity and			59	9-0624364			
Pa	Tt I Types of Property				_			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	ints
	Art—Works of art							
_	Art—Historical treasures .							
3	Art—Fractional interests							
5	Books and publications							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens				 			
	Archeological artifacts							
	Other • (X	44	30,097				
	cellaneous)	_ ^	· ' '	30,037				
	Other►(erages)	X	2	20,000				
27	O ther ▶()							
	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed F				9			
30-	During the year, did the organization	receive by	contribution any proporty	enorted in Part I lines 1	through 20 that		Yes	No
Jua	it must hold for at least three years fr							
	for exempt purposes for the entire ho	ldıng period	۰			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							No
ь 33	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,	32a		

Supplemental Information. Provide the information required by Part I, lines 30b,
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
number of items received, or a combination of both. Also complete this part for any additional information.

	cerved, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
Part I, Column (b)	The number of contributions received

Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Barry University Inc

Name of the organization

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.

www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

Employer identification number

DLN: 93493135089755

OMB No 1545-0047

Inspection

59-0624364

Schadula O Supplamental 1	Information
Schedule O, Supplemental 1 Return Reference	Information Explanation
rm 990, Part VI, Section B, line 11	,
m 990, Part VI, Section B, line 12c	On an annual basis, under the conflict of interest policy, each covered person shall execute an annual disclosure statement disclosing the facts related to any covered relationship of Ongong a covered person shall disclose the existence and nature of any covered relationship and all material facts prior to the consideration of a proposed transaction or arran gerent by the board (for a trustee or the president) or the ECA (executive committee of the administration) (for covered persons not trustees) in the event that a potential conflict of inflerest arress at a board meeting for a frustee or the president, then the covered person having such a covered relationship in any matter shall disclose any material facts as to such covered relationship in any matter shall disclose any material facts as to such covered relationship in any matter shall disclose any material facts as to such covered relationship to the board in the event that a potential conflict of interest accessed in the board of a covered relationship in any matter shall disclose any material facts as to such covered relationship to the ECA After disclosure by a trustee or the piresten which is the covered person, heights shall leave the board meeting while the determination of a conflict of interest is discussed and voted upon After disclosure by anyone other than a trustee to the ECA of a covered relationship and all material facts, and after any discussion with the covered person, the ECA will discluss and vote upon the determination of a conflict of interest is discussed and voted upon After disclosure by anyone other than a furstee to the ECA of a covered person that is a trustee or the president may make a presentation to the board, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the financel transaction or arrangement that causes a conflict of interest. The charperson of the board, appropriate in his/her discretion of interest in the presentation to the board, and the presentation to the cont
rm 990, Part VI, Section B, line 15a	y votes taken in connection therewith 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.
orm 990, Part VI, Section C, line 19	The University makes its governing documents, conflict of interest policy, and audited fin ancial statements available to the public upon request. The 990 return of organization exe
	mpt from tax is public information
orm 990, Part VII	mpt from tax is public information Sr Linda Bevilacqua's compensation is paid directly to the Adrian Dominican Congregation

(Form 990)

Barry University Inc

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

59-0624364

DLN: 93493135089755 OMB No 1545-0047

> Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501	status (c)(3)) (f) Direct controlling entity	Section (13) co	g) n 512(tontrolle tity? No
							_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (Fo	rm 990\ 7	2013

Part III Identification of Related							nswered "\	res" o	n Forr	m 990, Par	t IV,	ıne 34	1	
because it had one or more	related organizations tre						,				1			
(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	unrelated excluded fro tax under sections 51	ted, total income , om r	(g) Share of end-of-year assets	(† Disprop alloca	prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or ging	(k) Percent owners	tage
					514)			Yes	No	1	Yes	No		
(1) 6484 Indian Creek Drive LTD		Real Estate	FL	Barry University	Excluded	33,521	401,429		No		Yes		61 64	40 %
11300 NE 2nd Avenue Miami Shores, FL 33161 65-0669854				Offiversity										
									_			_		
Part IV Identification of Related Inne 34 because it had one or								nswer	ed "Ye	es" on Forn	n 990	, Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state o	c) gal nicile or foreign ntry)	<u> </u>	(d) rect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income	al Sha	(g) re of end year assets	d-of- Perce own	h) entage ership		(i) Section (b)(13 control entity	512 3) lled
		204	,,,,											No
(1) 6484 Indian Creek Drive Inc 11300 NE 2nd Avenue	Real Estate	FL		Bai	rry University	С	6,4!	51		48 100	000 %			No
Mami Shores, FL 33161 65-0669852														
		1												

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	ed organizations lis	sted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)									
C	Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d	Yes				
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1р		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s	Yes				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		· · · · · ·							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved				
	_									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013