	PUBLIC INSPECTION COPY				
0152 EO	Exempt Organization Declaration and Signature	e for	OMB No. 1545-1879		
Form 8453-EO	Electronic Filing	0, 20 <u>18</u>	2017		
Department of the Treasury Internal Revenue Service	For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868				
Name of exempt organization	1	Employer ider	ntification number		
BARBIERI CEN	TER	51-018	.80636		
Part I Type of F	Return and Return Information (Whole Dollars Only)				
check the box on line leave line 1b, 2b, 3b,	type of return being filed with Form 8453-EO and enter the applicable amour 1a, 2a, 3a, 4a , or 5a below and the amount on that line of the return being file 4b , or 5b , whichever is applicable, blank (do not enter -0-). If you entered -0- on Do not complete more than one line in Part I.	d with this f	orm was blank, then		
1a Form 990 check h	nere b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	2,893,889.		

ıa		10	2,000,000.
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here B Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign			AVP FINANCE
Here	Signature of officer	Date	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO'S ERO'S N Cur Contril		Continue	Date	Check if	Check if	ERO's SSN or PTIN
ERO's	ERO's signature	anda	05/09/2019	also paid preparer X	self- employed	P01390592
Use Only	Firm's name (or yours if self-employed),	PRICEWATERHOUSECOOPE	ERS LLP			EIN 13-4008324
	address, and ZIP code	101 SEAPORT BLVD. BO	DSTON MA 0221	LO		Phone no. 617-530-5000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Checkself-emp	if loyed	PTIN		
Use Only	Firm's name					Firm's EIN 🕨		
	Firm's address ►			Phone no.				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

F

PUBLIC INSPECTION COPY Return of Organization Exempt From Income Tax

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

Department of the Treasury Interna

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

ഹ Open to Public

OMB No. 1545-0047

Internal Revenue Service			,	► Go to www.irs.gov/Form990 for instructions and the latest informati					mation.		Inspection				
A	For th	ne 2017	calenda	r year, or tax y	vear beginnir	g		07/01,2017	', and e	nding		06	/30,2	0 18	
B	Cheek if	applicable:		of organization							D Employer ide			ber	
, _	_		BAR	BIERI CEN	TER						51-018	0636	5		
	Addr chan		0	business as											
	Nam	ne change	Numb	er and street (or I	P.O. box if mai	is not delivere	ed to street a	ddress)	Room/	/suite	E Telephone nu	umber			
	Initia	al return	VIA	RAIMONDO	DA CAPU	VA 20					(860) 29	97 - 4	210		
		I return/ ninated	City o	town, state or p	rovince, countr	y, and ZIP or f	oreign postal	code							
		ended	ROM	E ITALY (00153						G Gross receipt	s\$	2	,893,8	389.
		lication	F Name	and address of p	rincipal officer:	ELEN	A FOSS	A			H(a) Is this a gro subordinate	oup retui	rn for	Yes 2	X No
		9	VIA	RAIMONDO	DA CAPU	A 20 RO	ME IT	00153			H(b) Are all subor		cluded?	Yes	No
I	Tax-e	xempt sta	atus:	X 501(c)(3)	501(c)	() 🚽	(insert no.)	4947(a)(1)) or	527	If "No," a	ttach a l	ist. (see in:	structions)	
J	Webs	site: 🕨	N/A								H(c) Group exer	nption n	umber 🕨	•	
κ	Form	of organ	ization:	X Corporation	Trust	Association	n Oth	er 🕨	L	Year of forma	ation: 1975 M	State	of legal d	omicile:	СТ
F	Part I	Su	mmary												
	1		/ describ	e the organizat	ion's missior	n or most sig	nificant acti	vities: EDUCA	TION	AT THE	COLLEGIAT	E L	EVEL	IN	
ģ	ڊ ا		Е, ІТ												
Governance	3														
, ar	2	Check	this box	▶ if the	organizatior	n discontinue	ed its oper	ations or dispos	ed of m	ore than 25°	% of its net asse	ts.			
ģ	3 3	Numb	er of vot	ing members of	f the governi	ng body (Par	t VI, line 1a	i)				3			34.
								, Part VI, line 1b)				4			33.
tioe	5							t V, line 2a)				5			0.
Activities &	6											6			0.
4	7a							2				7a			0.
												7b			0.
							,				Prior Year		Cu	rrent Yea	r
a	, 8	Contri	butions	and grants (Parl	t VIII, line 1h)							0.			0.
					,										

an	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenu	9	Program service revenue (Part VIII, line 2g)	3,000,400.	2,893,889.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,000,400.	2,893,889.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	494,988.	436,170.
nse	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe		o Total fundraising expenses (Part IX, column (D), line 25) ▶0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,449,704.	1,390,792.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,944,692.	1,826,962.
	19	Revenue less expenses. Subtract line 18 from line 12	1,055,708.	1,066,927.
ces			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	287,100.	350,613.
As d B	20 21 22	Total liabilities (Part X, line 26)	286,100.	349,613.
N Let	22	Net assets or fund balances. Subtract line 21 from line 20.	1,000.	1,000.

Part II Signature Block

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

Sign						
	Signature of officer			Date		
Here	GUY DRAPEAU	AVP FINA	NCE			
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid	ERIN COUTURE	hu lottere	self-employed P0139059			
Preparer Use Only	Firm's name PRICEWATERHOUSECO			Firm's EIN ▶13-	4008324	
	Firm's address ▶101 SEAPORT BLVD.			Thome no.	-530-5000	
May the	IRS discuss this return with the preparer	shown above? (see instructions)			. X Yes	No
For Pape	rwork Reduction Act Notice, see the separate	e instructions.			Form 990 (20)17)

		BARBIE	PUBLIG INSPECTION C	OPY 5	51-0180636
-	m 990 (2017)				Page 2
Pa		atement of Program Service			
-			response or note to any line in this Part	III	X
1	•	cribe the organization's mission N (SEE SCHEDULE O)	1:		
	EDUCATIC	N (SEE SCHEDOLE O)			
2	Did the ore	anization undortako any signi	ficant program services during the yea	which were not listed or	the
2					
	If "Voc " doo	scribe these new services on S			
2				ow it conducto only prov	
3			l, or make significant changes in h		
		scribe these changes on Sche			
4		.	rvice accomplishments for each of its	s three largest program s	ervices, as measured by
-			(4) organizations are required to repo		
			r each program service reported.	0	
4a	(Code:) (Expenses \$ 1,	575,789. including grants of \$) (Revenue \$	2,893,889.)
			LEVEL IN ROME, ITALY. SEE S		///////////////////////////////////////
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000)			/(/
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(,(=:+=::+		/(********************************	/
<u>7</u> 4	Other prog	ram services (Describe in Sche	edule O)		
τu	(Expenses S	-	-	\$	
40			1,575,789.	▼ /	
JSA			-,,		Form 990 (2017)
7E1	020 1.000				

BARBIERUBLIC INSPECTION COPY

	90 (2017)		F	Page 3
Part	V Checklist of Required Schedules		No.a	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	21	x
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
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	9		х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
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		Х
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		Х
С	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		Х
d	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
h	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," and <i>if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
	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	х	
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Х
	If "Yes," complete Schedule G, Part III	19		~ ~

BARBIERUBLIC INSPECTION COPY

Form 99	90 (2017)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		
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	22	Х	
04.5	employees? If "Yes," complete Schedule J	23	Λ	
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	240		х
Ь	through 24d and complete Schedule K. If "No," go to line 25a.	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax exempt hands?	24c		
h	to defease any tax-exempt bonds?	240 24d		
d 25 a		24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	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		Х
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 "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	X	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
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	Х	

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Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a			
h		2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country: ITALY			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or affective very pot tax deductible?	6b		
7	gifts were not tax deductible?	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь.	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	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		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form 9	BARBIE PUBLIC INSPECTION COPY 51-018	0636	I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	ion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	X	A
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x
-	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	x	
a b	The governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ũ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	(ڊ	
		Coue		
			Yes	No
		10a		No X
10a	Did the organization have local chapters, branches, or affiliates?			
10a	Did the organization have local chapters, branches, or affiliates?			Х
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		X X
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		X
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		X X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		X X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b		X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c		X X X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		X X X X X
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c		X X X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		X X X X X
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		X X X X X X X
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a		X X X X X X X
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		X X X X X X X
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 15a		X X X X X X X
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 15a 15b		X X X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a		X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b		X X X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a		X X X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b		X X X X X X X X X
10a b 11a b 12a c 13 14 15 a b 16a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a		X X X X X X X X X
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes	X X X X X X X X X X

 available for public inspection. Indicate now you made these available. Check all that apply.

 Own website
 X

 Another's website
 X

 Upon request
 Other (explain in Schedule 0)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► GUY DRAPEAU ACCT. SERVICES TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 860-297-4210

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Part VII	Compensation	01	Unicers,	Directors,	musiees,	ney	⊏mpioyees,	підпезі	Compensated	Employees,	anu
	Independent Co	ontra	actors								
	Check if Schedule	eΟα	contains a	response or n	ote to any line	e in thi	s Part VII			<u>.</u>	
Section A	Officers Director	- T	rustaaa K	av Employee	o and Linho		nnoncoted Emm				

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

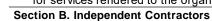
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos heck ss pe	erson	e than c is both cor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)PHILIP S. KHOURY	1.00									
TRUSTEE	1.00	x						0.	0.	0.
(2)NINA MCNEELY DIEFENBACH	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(3)CHRISTINE E. ELIA	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(4)H. SUSANNAH HESCHEL	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(5)JEFFREY E. KELTER	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(6)MICHAEL J. KLUGER	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(7)KEVIN J. MALONEY	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(8)CORNELIA PARSONS THORNBURGH	1.00	-								
CHAIR - BOARD OF TRUSTEES	1.00	Х						0.	0.	0.
(9)SHAWN T. WOODEN	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(10)L. PETER LAWRENCE	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(11)RHEA PINCUS TURTELTAUB	1.00							2		
TRUSTEE	1.00	X						0.	0.	0.
(12) JEAN M. WALSHE	1.00							<u>^</u>		_
TRUSTEE	1.00	X						0.	0.	0.
(13) WILLIAM E. CUNNINGHAM, JR.	1.00							0		^
TRUSTEE	1.00	X						0.	0.	0.
(14) ERIC R. FOSSUM	1.00	v						0	0.	0
TRUSTEE	1.00	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	e than c is both or/trust employee	an	(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	
15) KATHRYN GEORGE TYREE	1.00					ed					
TRUSTEE	1.00	x						0.	0.		
16) JOANNE BERGER-SWEENEY	1.00										
PRESIDENT	40.00	x		х				0.	601,972.	130,68	
17) MICHAEL HUEBSCH	10.00									130700	
TRUSTEE	1.00	x						0.	0.		
18) LING KWOK	1.00										
TRUSTEE	1.00	x						0.	0.		
19) KATHLEEN FOYE MACLENNAN	1.00										
TRUSTEE	1.00	x						0.	0.		
20) DANIEL MEYER	1.00										
TRUSTEE	1.00	x						0.	0.		
21) JAMES MURREN	1.00										
TRUSTEE	1.00	x						0.	0.		
22) THOMAS M CHAPPELL	1.00										
TRUSTEE	1.00	x						0.	0.		
23) JAMES W CUMINALE	1.00										
TRUSTEE	1.00	x						0.	0.		
24) NANCY M DAVIS	1.00										
TRUSTEE	1.00	х						0.	0.		
25) SCOTT C BUTERA	1.00										
TRUSTEE	1.00	х						0.	0.		
1b Sub-total								0.	0.		
c Total from continuation sheets to Part VII, S	Section A	• • •						100,583.	915,007.	236,93	
d Total (add lines 1b and 1c)	-							100,583.	915,007.	236,93	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000 of		

	employee on line 1a? If Yes, complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
	individual
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
	for services rendered to the organization? If "Yes," complete Schedule J for such person



Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶ 0.		

Х

Х

4

5

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	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe d a d	ition more rson irect	e than or is both a or/truste	an :e)	Reportable compensation from the	Reportable compensation fro related organizations		Estimate amount other compensa from the	of ation
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	2)	organizati and relate organizati	tion ted
6)	STEVE A ELMENDORF	1.00	37						0				
-7)	TRUSTEE ELIZABETH ELTING	1.00	Х						0.		0.		
	TRUSTEE	1.00	Х						0.		0.		
8)	PAMELA MCKOIN	1.00						_	0.				
	TRUSTEE	1.00	Х						0.		0.		
9)	RICHARD WAGNER	1.00											
	TRUSTEE	1.00	Х						0.		0.		
0)	LISA BISACCIA	1.00											
	TRUSTEE AS OF 7-1-17	1.00	Х						0.		0.		
1)	MICHAEL GARY	1.00							_				
	TRUSTEE AS OF 7-1-17	1.00	Х						0.		0.		
2)	JUSTIN MACCARONE TRUSTEE AS OF 7-1-17	$\frac{1.00}{1.00}$	v						0.				
3)	PAUL MOUNDS	1.00	Х						0.		0.		
5)	TRUSTEES AS OF 7-1-17	1.00	Х						0.		0.		
4)	CRAIG VOUGHT	1.00						-	0.				
	TRUSTEE AS OF 7-1-17	1.00	х						0.		ο.		
5)	DANNY HITCHELL	1.00									-		
	VP FINANCE	40.00			Х				0.	313,03	5.	68,	03
6)	ELENA FOSSA INT DIR ROME CAMPUS	40.00 0.			x				100,583.		0.	38,	22
c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not	imited to th	nosel		d al	DOVe	e) who	► ► rec	ceived more than	\$100,000 of			
	reportable compensation from the organization	n 🕨	1									Yes	s I
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,0	00?	If	"Yes,	" C	complete Schedu	le J for such	n	4 X	
5	Did any person listed on line 1a receive or	accrue con	npen	satio	on f	from	n any	unr	elated organizatio	on or individual		E	
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	s, complet	ie SCr	ieau	iie J	ior	sucn (Jers	50H			5	
1	Complete this table for your five highest com compensation from the organization. Report c year.											lax	
	(A)								(B)			(C)	
	Name and business add	ress							Description of se	rvices	Com	pensation	I
								1					

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

-	~~~	(004	-
Form	990	(201	1

Par	t VII	Statement of Reven Check if Schedule O co		se or note to an	v line in this Part V			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, and similar amounts not included Noncash contributions included i	1b 1c 1d tions) grants, J above					
	h	Total. Add lines 1a-1f	<u></u>	► Business Code	0.			
Program Service Revenue	2a b c	TUITION AND FEES		900099	2,893,889.	2,893,889.		
Ser	d							
Iram	е							
Prog	f g	All other program service rev Total. Add lines 2a-2f		•	2,893,889.			
-	3		luding dividen		_,,			
		and other similar amounts).	Ũ		0.			
	4	Income from investment of	•		0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
	6a b c	Gross rents						
	d	Net rental income or (loss)		►	0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b c	Less: cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)		<u></u> ▶	0.			
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
ŝ	b	Less: direct expenses			0.			
	с 9а	Net income or (loss) from fu Gross income from gaming See Part IV, line 19	activities.		0.			
	b c	Less: direct expenses Net income or (loss) from g	b		0.			
	10a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sal	b les of inventory	▶	0.			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue			0.			
	е 12	Total. Add lines 11a-11d			2,893,889.	2,893,889.		

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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 (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. (D)Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 138,804. 116,595. 22,209 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 216,773. 84,615. 132,158 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 80,371 30,151 50,220 9 Other employee benefits 222. 222. 10 11 Fees for services (non-employees): 0 a Management 6,833. 5,740 1,093 **b** Legal 65,997. 55,437. 10,560. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 12,032 11,215. 817. (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 56,132. 47,151. 8,981. 13 Office expenses 8,092. 6,797. 1,295. 14 Information technology 0 15 Royalties 0 Occupancy 16 108,150. 90,846 17,304 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 150 150 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 14,615. 12,277. 2,338. Insurance 23 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.) ,ROOM AND BOARD 663,061. 663,061. **b**UTILITIES 8,035 6,749. 1,286 363,475. 363,475. **c**TAXES - OTHER d^{MEALS} 66,018 66,018. 18,202. 15,290. 2,912. e All other expenses 1,826,962 1,575,789. 251,173 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here 🕒 if following SOP 98-2 (ASC 958-720)

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Part 2	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X.		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	175,239.	1	172,455.
		0.	2	0
3		0.	3	0
		109,884.	4	173,547
5			-	
	trustees, key employees, and highest compensated employees.			
		0.	5	0
6	Complete Part II of Schedule L 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.	6	0
ets		0.	7	0
Assets		0.	8	0
۲ ×		1,977.	9	4,611
	a Land, buildings, and equipment: cost or	_,	3	-,
	other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation	0.	10c	0
11		0.	11	0
12		0.	12	0
13		0.	13	0
14		0.	14	0
15		0.	15	0
16		287,100.	16	350,613
17		286,100.	17	349,613
18		0.	18	0
19		0.	19	0
20		0.	20	0
21		0.	21	0
			21	-
tië.	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L	0.	22	0
<u>123</u>		0.	22	0
23		0.	23 24	0
25			24	•
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26		286,100.	25	349,613
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	0107020
Ŭ 27		1,000.	27	1,000
28 28	Temporarily restricted net assets	0.	28	0
<u>ש</u> 29 ס	Permanently restricted net assets	0.	29	0
or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
			30	
30 V 32 V 32 V 32 V 32 V 32 V 32 V 32 V 32			31	
S 32			32	
SE Net		1,000.	33	1,000
2 34		287,100.	34	350,613
		207,200.	57	Form 990 (2017

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. X 1 Total expenses (must equal Part IX, column (A), line 12) 1 2,893,889. 2 Total expenses (must equal Part IX, column (A), line 25) 3 1,066,927. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,066,927. 4 1,000. 5 0. 5 0. 6 0. 6 0. 0. 6 0. 7 0.0 8 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 1 1,000. 9 Total statements and Reporting 1 1,000. 1,000. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Form 99	90 (2017)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 893, 889. 2 Total expenses (must equal Part IX, column (A), line 25) 1, 826, 952. 3 Revenue less expenses. Subtract line 2 from line 1. 3 1, 066, 927. 4 1, 000. 5 0. 5 0. 0. 5 6 0. 7 0. 7 0. 8 0. 9 Other changes in net assets or fund balances at ed of year. Combine lines 3 through 9 (must equal Part X, line 3, column (A). 9 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 -1, 066, 927. 10 1, 000. 9 -1, 066, 927. 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft check if Schedule O contains a response or note to any line in this Part XII. 10 1, 000. 12 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft check if Schedule O contains a response or note to any line in this Part XII. 2a X 14 Accounting method used to prepare the F	Part	XI Reconciliation of Net Assets					
Total expenses (must equal Part IX, column (A), line 25) 1,826,962. 3 Revenue less expenses. Subtract line 2 from line 1. 1,006,927. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Donated services and use of facilities 0. 6 Donated services and use of facilities 7 7 Investment expenses 8 9 Other changes in net assets or fund balances (explain in Schedule 0). 8 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 11 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI					
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a) Net untestated gains (losses) on investments b) Donated services and use of facilities c) Investment expenses c) Investment expenses c) Other changes in net assets or fund balances (explain in Schedule O) c) Other changes in net assets or fund balances (explain in Schedule O) c) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line c) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line c) The organization (B)) c) Check if Schedule O contains a response or note to any line in this Part XII c) Check if Schedule O contains a response or note to any line in this Part XII c) The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. c) a Were the organization's financial statements compiled or reviewed by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b) Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b) Were the organization's financial statements audited by an independent accountant? if "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight or the audit, review, or compilation of its financial statements and selection of an independent accountant? if "Yes," to line 2 a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	4		4			1,0	000.
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Form 990 (2017)		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.				

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(Form	990	or	990-EZ)

PUBLIC INSPECTION COPY Public Charity Status and Public Support

or a soction 4047(a)(1) nonovompt o organization is

OMB No. 1545-0047 2017

			le organization is a sec	sion son(c)(s) organization	or a secur	511 4547 (a)		ipi chantable ti	
Department of the Treasury		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest informatic 						Open to Public	
Internal Revenue Service			Go to www.irs.go	DV/FORM990 for Instruct	ions and	the latest			Inspection
	e of the organization						E	mployer identifi	
_	RBIERI CENTER	· Dublic Cha		organizations must o	amplat	a thia na	art \ Saa	51-01806	
Pa			•	is: (For lines 1 through			,		•
1		•		tion of churches desc	-	•			
2				. (Attach Schedule E				~,,,,,,	
3				rganization described	-				
4		-		conjunction with a ho					(iii). Enter the
	hospital's nam								
5	An organizatio	on operated	for the benefit of	a college or universi	ty owned	d or ope	erated by	a governme	ntal unit described in
			Complete Part II.)						
6		-	-	rnmental unit describe		-		-	
7			-		upport fro	om a go	vernmen	al unit or fro	om the general public
•)(1)(A)(vi). (Compl						
8 9			•	o)(1)(A)(vi). (Complete	,		l in coniu	notion with a	land grant college
9			-	ed in section 170(b)(1 griculture (see instruc		-	-		
	university:		grant concyc or ag		10113). L		name, or		
10		on that norma	ally receives: (1) m	ore than 331/3 % of its	support	from co	ntributior	s, membersh	nip fees, and gross
	receipts from	activities rela	ited to its exempt f	unctions - subject to	certain e	exception	is, and (2) no more tha	n 331/3 %of its
	acquired by th	gross investri ne organizatio	on after June 30, 1	nrelated business tax 975. See section 509	able inco (a)(2). ((Complete	e Part III.)	511 tax) from	DUSINESSES
11				usively to test for publ				(a)(4).	
12		-			-				arry out the purposes
									ee section 509(a)(3).
			-					-	nes 12e, 12f, and 12g.
а			-	, supervised, or contr	-		-		
		-		regularly appoint or e		ajority of	t the dire	ctors or truste	es of the
h				e Part IV, Sections A		with ita	aunnart	d organizati	an(a) by baying
b			-	ed or controlled in co organization vested in				-	
		-		, Sections A and C.	the sam	e persor			age the supported
с				ng organization opera	ated in c	onnectio	n with. a	nd functional	lv integrated with.
		-		ns). You must comple					.,
d		-		porting organization of					ted organization(s)
	that is not fu	inctionally inte	egrated. The orgai	nization generally mus	st satisfy	a distrib	oution req	uirement and	an attentiveness
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е		0		a written determinatio				Type I, Type I	I, Type III
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f			•	orted organization(s).					••••
g	(i) Name of supported of		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amou	nt of monetary	(vi) Amount of
	(i) Hume of supported t	Jigumzaton		(described on lines 1-10	listed in yo	ur governing	sup	port (see	other support (see
				above (see instructions))	Yes	ment? No	insi	ructions)	instructions)
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Schedule A (Form 990 or 990-EZ) 2017

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add 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						
Sec	tion B. Total Support		1	I	Т	1	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (li	ne 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2016					15	%
16a	331/3% support test - 2017. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-			
_	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>					<u></u> • 🖂

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Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
10	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax y	vear as a secti	on 501(c)(3)
••	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,		-	mn (f))		15	%
16	Public support percentage from 2016 Sche	.,	•			16	%
	tion D. Computation of Investment					1	
17	Investment income percentage for 2017 (lir			13, column (f))		17	%
18	Investment income percentage from 2016 S						%
	331/3% support tests - 2017. If the org						
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2016. If the orga	-	-			••••••	
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA	5						n 990 or 990-EZ) 2017

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedu	le A (Form 990 or 990-EZ) 2017		F	Page 5
Part				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structi	ons).	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

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Schedule A (Form 990 or 990-EZ) 2017			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		,
instructions. All other Type III non-functionally integrated supporting organized		nust complete Sectio	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Page	1

Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u> </u>	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2017

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

BARBIERI CENTER

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 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



Employer identification number

51-0180636

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	х	
2	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	<u> </u>		
3				
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	x	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
C		4-	x	
-	with student admissions, programs, and scholarships?	4c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	50		Х
а		<u>5a</u>		
_				
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
~	Educational policies?	5e		х
e		Je		
-		<u>-</u>		
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
-				
h	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	•			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	-	37	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or	990-E2	Z) 2017

Page **2**

Schedule E (Form 990 or 990-EZ) (2017)

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PART I LINE 3

THE CENTER HAS PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY AND MAKES

IT AN INTEGRAL PART OF ALL ITS LITERATURE, DISTRIBUTED BY THE CENTER TO

THE PUBLIC, INCLUDING FACULTY, STAFF AND STUDENTS.

			PUB	LIC INSP	ECTION COPY		
			nent of A	ctivities	Outside the Unit	ted States 🛛 📙	OMB No. 1545-0047
(For	m 990)	Complete	e if the organiza	line 14b, 15, or 16.	2017		
Depart	ment of the Treasury	▶ G	o to www.irs.go		to Form 990. Instructions and the latest int	formation.	Open to Public
	Revenue Service		-			Employer iden	Inspection
	BIERI CENTER					51-018	
Part		formation o		Dutside the U	nited States. Complete i	if the organization ans	wered "Yes" on
	For grantmakers. assistance, the gra grants or assistanc	Does the orga antees' eligibili e?	nization mainta ty for the grant	ts or assistance	substantiate the amount of e, and the selection criteri	a used to award the	Yes No
	For grantmakers. assistance outside			ganization's pi	rocedures for monitoring	the use of its gran	ts and other
3		on. (The follov	-	1	e duplicated if additional sp		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type o service(s) in the region	expenditures for and investments
(1)	EUROPE		1.	20.	PROGRAM SERVICES	STUDY ABROAD	1,826,962.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>							
(10)							
(11)							
(12)							
(13)							
(14)							
(14)							
<u>(16)</u>							
<u>(17)</u>	Sub total		1.				1,000,000
3a b		continuation	±.	20.			1,826,962.
c	sheets to Part I Totals (add lines		1.	20.			1,826,962.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 7E1274 1.000 4832IL U509 V 17 I

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51-0180636

Schedule F	E (Form	990)	2017
ouncuire r		550)	2017

chedule F (Form 990) 2017 Page 2	-
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

►

51-0180636

Page **3**

Schedule F (Form 990) 2017

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of cash grant	(e) Manner of	(f) Amount of	(g) Description of noncash	(h) Method of valuation
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12) 13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2017

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Page	4
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Schedu	ıle F (Form 990) 2017		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Page 5

Schedule F (Form 990) 2017

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).

SCHEDULE F, PART I, COLUMN F

THE TRUSTEES OF TRINITY COLLEGE TRACK THE BARBIERI CENTER'S EXPENDITURES

USING A UNIQUE DEPARTMENT NUMBER IN THE COLLEGE'S GENERAL LEDGER SYSTEM.

		PUBLIC INSPECTION COPY				
SCHI	EDULE J	Compensation Information	10	MB No. 1	545-0	047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		എ	17	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line	23.	Z⊎		
	nent of the Treasury	Attach to Form 990.	0	pen to		
	Revenue Service of the organization	Go to www.irs.gov/Form990 for instructions and the latest information	Employer identification			n
	BIERI CENTI	RB	51-0180636	mannoo		
Part		s Regarding Compensation				
					Yes	No
b	990, Part VII, First-cla Travel fo Tax inde Discretio	boxes on line 1a are checked, did the organization for a per social club dues or initiation and gross-up payments on ary spending account boxes on line 1a are checked, did the organization follow a written policy r	g these items. r personal use onal residence on fees hauffeur, chef) egarding payment nplete Part III to	1b		
2	directors, trus	anization require substantiation prior to reimbursing or allowing expense stees, and officers, including the CEO/Executive Director, regarding the item	-	2		
3	organization's related organ Comper Indepen	n, if any, of the following the filing organization used to establish the compensation or CEO/Executive Director. Check all that apply. Do not check any boxes for methodization to establish compensation of the CEO/Executive Director, but explain in F issation committee Written employment contract dent compensation consultant O of other organizations Approval by the board or compensation	ods used by a Part III.			
4		ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to or a related organization:	o the filing			
а		verance payment or change-of-control payment?		4a		X
b		or receive payment from, a supplemental nonqualified retirement plan?		4b	X	
С	If "Yes" to an	or receive payment from, an equity-based compensation arrangement? y of lines 4a-c, list the persons and provide the applicable amounts for each i		4c		X
5	For persons li compensatior	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue in contingent on the revenues of:	-			
				5a		X X
a	-	rganization? e 5a or 5b, describe in Part III.		5b		~
6	For persons li	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue n contingent on the net earnings of:	any			
а		ion?		6a		X
b	-	rganization? e 6a or 6b, describe in Part III.		6b		X
7		listed on Form 990, Part VII, Section A, line 1a, did the organization pro	vide any nonfixed			
8	payments not Were any am	described on lines 5 and 6? If "Yes," describe in Part III ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract th contract exception described in Regulations section 53.4958-4(a)(3)?	at was subject	7		<u> </u>
9	If "Yes" on I	ine 8, did the organization also follow the rebuttable presumption proce ection 53.4958-6(c)?	dure described in	8		X
For Pa		tion Act Notice, see the Instructions for Form 990.		ule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) 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.

	L	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOANNE BERGER-SWEENEY	(i)	0.	0.	0.				
1PRESIDENT	(ii)	474,464.	0.	127,508.	53,025.	77,661.	732,658.	49,969
DANNY HITCHELL	(i)	0.	0.	0.				
2VP FINANCE	(ii)	299,342.	0.	13,693.	31,275.	36,756.	381,066.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN WITH

TRINITY COLLEGE, THE PRESIDENT IS ENTITLED TO CERTAIN DEFERRED

COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE;

(2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT

FROM THE COLLEGE. A CREDIT OF \$27,375 WAS MADE IN 2017 AND IS INCLUDED IN

SCHEDULE J, PART II, COLUMN (C). IN 2017, AMOUNTS UNDER THE PLAN BECAME

VESTED AND WERE PAID TO THE PRESIDENT. THE AMOUNTS PAID ARE REFLECTED IN

SCHEDULE J, PART II, COLUMN (B) (III).

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN WITH TRINITY COLLEGE, THE VP FINANCE IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE, (2) DEATH, (3) DISABILITY, OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$5,625 WAS MADE IN 2017 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

SCHEDULE O (Form 990 or 990-EZ)

PUBLIC INSPECTION COPY

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BARBIERI CENTER

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 51-0180636

PART I, LINE 19

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE, HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TRINITY COLLEGE IS THE SOLE MEMBER OF THE BARBIERI CENTER. WHILE THE ORGANIZATION IS OPERATED AS A SEPARATE AND INDEPENDENT ENTITY, ANY OPERATING EXCESSES OR DEFICITS ARE ABSORBED BY TRINITY COLLEGE. FOR THE PERIOD JULY 1, 2017 - JUNE 30, 2018, THE SURPLUS OF \$1,066,927 WAS ABSORBED BY TRINITY COLLEGE.

PART III, ITEM 1 AND 4A

THE BARBIERI CENTER PROVIDES EDUCATIONAL OPPORTUNITIES IN ITALY TO STUDENTS AT THE COLLEGE LEVEL. A VARIETY OF ART, HISTORY, LITERATURE, ARCHITECTURAL, POLITICAL, SCIENCE, STUDIO ARTS AND LANGUAGE COURSES IN A SEMESTER LONG PROGRAM OF STUDY ARE OFFERED TO STUDENTS FROM ACCREDITED COLLEGES AND UNIVERSITIES. STUDENTS STAY IN DORMITORY STYLE FACILITIES RENTED BY THE BARBIERI CENTER, INC FOR A FOUR MONTH PERIOD IN EITHER FALL OR SPRING SEMESTERS OR FOR A SIX WEEK PERIOD DURING THE SUMMER. CLASSES MEET ON THE PREMISES OR AT OTHER SITES THROUGHOUT THE CITY.

DURING THEIR STAY, STUDENTS PARTICIPATE IN SPECIAL EVENTS AND EXCURSIONS IN ITALY. SUCH ACTIVITIES ARE RELATED TO, OR SPONSORED BY, THEIR COURSES. STUDENTS ALSO HAVE OPPORTUNITIES TO USE WEEKEND AND NON-CLASS TIME FOR INDIVIDUAL TRAVEL. MOST DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAM ARE MADE DIRECTLY FOR SALARY AND SIMILAR EXPENSES INCURRED

Schedule O (Form 990 or 990-EZ) 2017	ł
Name of the organization	Employer identification number
BARBIERI CENTER	51-0180636

DIRECTLY IN THE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE INSTITUTION IS ORGANIZED AND OPERATED. OTHERWISE, DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAM ARE MADE IN ACCORDANCE WITH THE PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD DESIGNED TO ENSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAM ARE ADEQUATELY INVESTIGATED TO DETERMINE THAT THEY ARE QUALIFYING RECIPIENTS.

DURING THE 2017-2018 FISCAL YEAR, 83 STUDENTS SELECTED CLASSES FROM 49 COURSES OF INSTRUCTION OFFERED IN THE FALL AND SPRING SEMESTERS AND WERE TAUGHT BY QUALIFIED RESIDENTS OF ITALY OR BY FACULTY FROM THE CENTER'S PARENT ORGANIZATION, TRINITY COLLEGE, LOCATED IN HARTFORD, CT, WHO WERE ON LOAN. FIVE COURSES WERE OFFERED DURING SUMMER SESSION AND 23 STUDENTS WERE ENROLLED. COMPREHENSIVE FEES PAID BY STUDENTS WERE USED FOR PAYMENTS TO TEACHING AND ADMINISTRATIVE STAFF AS WELL AS ROOM, BOARD, EXCURSIONS, INSTRUCTIONAL MATERIALS AND INSURANCE. SOME BOOKS WERE SOLD SEPARATELY, PERSONAL EXPENSES ARE THE RESPONSIBILITY OF THE STUDENTS.

PART VI, SECTION A, LINE 6 TRINITY COLLEGE IS THE SOLE MEMBER OF THE ORGANIZATION.

PART VI, SECTION B, ITEM 11A

THE BARBIERI CENTER PREPARES THE RETURN FOR REVIEW BY AN OUTSIDE PAID PREPARER AND SENIOR MANAGEMENT OF TRINITY COLLEGE. THE RETURN IS SIGNED BY THE TRINITY COLLEGE AVP FINANCE AND THE PAID PREPARER.

Page 2

PART VI, SECTION B, ITEMS 12-14 WITH THE EXCEPTION OF THE PROGRAM DIRECTOR, OFFICERS AND TRUSTEES OF THE BARBIERI CENTER ARE ALSO OFFICERS AND TRUSTEES OF TRINITY COLLEGE. THESE INDIVIDUALS ARE SUBJECT TO THE CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICIES ADOPTED BY TRINITY COLLEGE.

PART VI, SECTION B, ITEM 15A

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE IN HARTFORD, CT, DESCRIBED WITHIN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE PRESIDENT AND VP FOR FINANCE ARE COMPENSATED BY TRINITY COLLEGE. THEIR COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF TRINITY COLLEGE.

PART VI, SECTION B, ITEM 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE COLLEGE'S ACCOUNTING SERVICES WEBSITE.

PART XI, LINE 9

THE BARBIERI CENTER IS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE, HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TRINITY COLLEGE IS THE SOLE MEMBER OF THE BARBIERI CENTER. TRINITY COLLEGE TRANSFERRED \$64,938 TO BARBIERI CENTER FOR STUDENT EDUCATIONAL PROGRAMS. WHILE THE ORGANIZATION IS OPERATED AS A SEPARATE AND INDEPENDENT ENTITY, ANY OPERATING EXCESS OR DEFICITS ARE ABSORBED BY TRINITY COLLEGE. FOR THE PERIOD JULY 1, 2017 - JUNE 30, 2018, THE SURPLUS OF \$1,066,927 WAS ABSORBED BY TRINITY COLLEGE.

BARBIERI	CENTER

51-0180636

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((Form	990)	

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection Employer identification number

51-0180636

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BARBIERI CENTER

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
						Yes	No
(1) TRUSTEES OF TRINITY COLLEGE 06-0646927							
300 SUMMIT STREET HARTFORD, CT 06106	EDUCATION	СТ	501 (C) (3)	2	N/A		Х
(2)							
	-						ĺ
(3)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
(1)	-											
(2)	_											
(3)	_											
(4)	-											
(5)	_											
(6)	_											
(7)	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1) POOLED INCOME FUND (1)								
	SUPPORT	CT	N/A	TRUST				х
(2) CHARITABLE REMAINDER UNITRUSTS (28)								
	SUPPORT	CT	N/A	TRUST				x
(3)								
(4)								
(5)								\vdash
(6)								
(7)								

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Schedule R (Form 990) 2017

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.									
Note: Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
	g the tax year, did the organization engage in any of the following transactions with one or more											
	ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b	x	X					
b Gift, grant, or capital contribution to related organization(s)												
c Gift, grant, or capital contribution from related organization(s)												
d Loan	s or loan guarantees to or for related organization(s)				1d		X X					
e Loan	s or loan guarantees by related organization(s)				1e							
f Divid	ends from related organization(s)				1f		Х					
	of assets to related organization(s)				1g		X X					
h Purch	h Purchase of assets from related organization(s)											
	ange of assets with related organization(s).				1i		X					
j Leas	e of facilities, equipment, or other assets to related organization(s).		•••••		1j		X					
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k		Х					
I Performance of services or membership or fundraising solicitations for related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s).												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
	ng of paid employees with related organization(s).				10	X						
					1p		х					
p Reimbursement paid to related organization(s) for expenses.												
q Reim	bursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • •		1q		X					
r Othou	r transfer of cash or property to related organization(s)				1r		х					
s Other	r transfer of cash or property from related organization(s)				1s	Х						
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thre		s.						
	(a) Name of related organization	(b)	(c)		(d)							
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of dete int invo		ıg					
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
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Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity 1)	(b) Primary activity	(state or foreign country)	(c) (d) Legal domicile state or foreign country) unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
	-												
	_												
	-												
	-												
	-												
	-												
	-												
	-												
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	-												
	-												
	-												

BARBIE PUBLIC INSPECTION COPY

Schedule R (Form 990) 2017

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

PART IV, LINE 3, COLUMN (C)

THE TRUSTS ARE DOMICILED IN CT AND THE FOLLOWING STATES - VA, NY, MD, AND

FL.