



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

C Name of organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
777 GLADES ROAD ADMIN 295
Room/suite
City or town, state or country, and ZIP + 4
BOCA RATON, FL 33431

D Employer identification number
59-0917284

E Telephone number
(561) 297-2892

G Gross receipts \$ 71,354,902

F Name and address of Principal Officer
RANDY TALBOT
777 GLADES ROAD ADMIN 295
BOCA RATON, FL 33431

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

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

H(c) Group Exemption Number

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

J Web site: HTTP //FAUF FAU EDU

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1960

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT FLORIDA ATLANTIC UNIVERSITY

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 20

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20

5 Total number of employees (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 35

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 11,550

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 7,643

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
11,890,654 8,922,373
248,915 701,932
17,384,258 2,546,552
1,453,016 1,428,785
30,976,843 13,599,642

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b (Total fundraising expenses, Part IX, column (D), line 25 1,476,875)
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))
19 Revenue less expenses Subtract line 18 from line 12
4,733,497 4,743,641
5,532,387 8,982,785
15,757,593 16,984,702
15,219,250 -3,385,060

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20
Beginning of Year End of Year
247,955,615 192,760,531
21,129,699 21,063,138
226,825,916 171,697,393

Part II Signature Block

Please Sign Here 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
Signature of officer 2010-04-21 Date
RANDY TALBOT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only Preparer's signature Theresa A Burdine Date Check if self-employed Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 RSM McGladrey Inc 7351 Office Park Pl Melbourne, FL 32940 EIN Phone no (321) 751-6200

Part IIIS

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 3,258,275 including grants of \$ 3,258,275) (Revenue \$ 0)

PROVIDED 1,044 STUDENTS WITH SCHOLARSHIPS FROM DONATED GIFTS AND PROVIDED AN ADDITIONAL \$1,000,000 00 TO THE FLORIDA ATLANTIC UNIVERSITY FOR "FIRST GENERATION" SCHOLARSHIPS AND TUITION WAVERS

4b

(Code) (Expenses \$ 3,085,545 including grants of \$ 0) (Revenue \$ 701,932)

PROVIDE SUPPORT FOR THE SALARIES OF OUR EMINENT SCHOLARS, PROFESSORS, AND OTHER FACULTY AND STAFF

4c

(Code) (Expenses \$ 7,496,114 including grants of \$ 0) (Revenue \$ 0)

PROVIDE GENERAL SUPPORT TO THE FLORIDA ATLANTIC UNIVERSITY IN THE FORM OF PAYMENTS SUCH AS BUT NOT LIMITED TO GUEST LECTURERS, OPERATIONAL AND CONFERENCE EXPENSES, TRAVEL, CONSULTING, AND EVENTS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 13,839,934

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV Checklist of Required Schedules *(Continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a127		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>TU , CJ , VI , BD</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>FL</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☐ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SHARON BROWN 777 GLADES ROAD BOCA RATON, FL 33431 (561) 297-2891

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								570,445	922,947	203,360

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HKS ARCHITECTS INC PO BOX 674097 DALLAS, TX 75267	CONSULTING - ARCHITECTS FOR STADIUM	559,000
CHARTWELLS 777 GLADES ROAD BOCA RATON, FL 33431	CATERING SERVICES	257,671
HAMMOND ASSOCIATES 101 S HANLEY STE 300 ST LOUIS, MO 63105	CONSULTING - INVESTMENT	207,937
LEWIS-BURKE ASSOCIATES LLC 1341 G STREET NW 8TH FLOOR WASHINGTON, DC 20005	CONSULTING - LOBBYIST	120,000
JKG GROUP 990 S ROGERS CIRCLE BOCA RATON, FL 33487	PRINTING SERVICES	105,448

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	5
---	---	---

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a3,218	8,922,373			
	b	Membership dues	353,529				
	c	Fundraising events	141,898				
	d	Related organizations . . .					
	e	Government grants (contributions)	72,018				
	f	All other contributions, gifts, grants, and similar amounts not included above	8,351,710				
	g	Noncash contributions included in lines 1a-1f \$ 415,819					
	h	Total (Add lines 1a-1f)					
	Program Service Revenue	2a	CONFERENCES AND OTHER				
b		COMMUNITY PROGRAMS AND		190,827	190,827		
c		ACADEMIC PROGRAMS		163,729	163,729		
d		SPONSORSHIP REVENUE		49,410	49,410		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
		\$ 701,932					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		3,551,355			3,551,355
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		80,676			80,676
	6a	Gross Rents	(i) Real1,085,502(ii) Personal	1,085,234			1,085,234
	b	Less rental expenses	268				
	c	Rental income or (loss)	1,085,234				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities56,483,423(ii) Other	-1,004,803			-1,004,803
	b	Less cost or other basis and sales expenses	57,488,226				
	c	Gain or (loss)	-1,004,803				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 326,419 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a141,898	59,653			59,653
	b	Less direct expenses . . .	b266,766				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances . . .	a75,300	75,300			75,300
	b	Less cost of goods sold . . .	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME		68,722	68,722		
	b	TRANSFERS FROM RELATED		47,650	47,650		
c	ADVERTISING REVENUE		11,550		11,550		
d	All other revenue						
e	Total. Add lines 11a-11d						
	\$ 127,922						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		13,599,642	818,304	11,550	3,847,415	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,258,276	3,258,276		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	426,481	207,175	99,018	120,288
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,270,475	2,335,256		627,196
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	323,075	159,175	55,014	108,886
9	Other employee benefits	440,792	189,442	101,698	149,652
10	Payroll taxes	282,818	194,496	31,139	57,183
11	Fees for services (non-employees)				
a	Management	263,030		263,030	
b	Legal	57,810	2,655	55,155	
c	Accounting	50,500		50,500	
d	Lobbying	213,993	213,993		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	156,540		156,540	
g	Other	443,024	408,461	3,263	31,300
12	Advertising and promotion	51,915	48,408	1,493	2,014
13	Office expenses	825,358	530,646	105,993	188,719
14	Information technology	126,655	50,823	35,394	40,438
15	Royalties	5,531	4,031		1,500
16	Occupancy	169,973	169,622	351	
17	Travel	395,275	378,178	1,711	15,386
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	356,799	307,417	48,059	1,323
20	Interest	1,926	1,926		
21	Payments to affiliates	3,888,662	3,888,662		
22	Depreciation, depletion, and amortization	4,816	756	4,060	
23	Insurance	51,290	14,264	34,560	2,466
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	EQUIPMENT	777,462	740,363	19,169	17,930
b	ENTERTAINMENT	453,688	431,143	1,164	21,381
c	EVENTS HOSTED	309,476	-2,342	260,806	51,012
d	MAINTENANCE AND REPAIR	118,653	117,063	748	842
e	MISCELLANEOUS	118,465	67,991	36,678	13,796
f	All other expenses	141,944	122,054	-5,673	25,563
25	Total functional expenses. Add lines 1 through 24f	16,984,702	13,839,934	1,667,893	1,476,875
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	604,839	1	631,009	
	2	Savings and temporary cash investments	17,286,322	2	5,458,314	
	3	Pledges and grants receivable, net	15,685,232	3	4,439,851	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost basis				
		10a	5,246,639			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>				
		10b	174,054	4,507,401	10c	5,072,585
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	189,287,513	12	157,182,347	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13		
14	Intangible assets		14			
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	20,584,308	15	19,976,425		
16	Total assets. Add lines 1 through 15 (must equal line 34)	247,955,615	16	192,760,531		
Liabilities	17	Accounts payable and accrued expenses	1,741,800	17	3,234,998	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22		
	23	Secured mortgages and notes payable to unrelated third parties	3,271,125	23	2,450,104	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>	16,116,774	25	15,378,036	
	26	Total liabilities. Add lines 17 through 25	21,129,699	26	21,063,138	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	14,242,135	27	2,525,640	
	28	Temporarily restricted net assets	67,284,176	28	33,333,337	
	29	Permanently restricted net assets	145,299,605	29	135,838,416	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	226,825,916	33	171,697,393	
	34	Total liabilities and net assets/fund balances	247,955,615	34	192,760,531	

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC	Employer identification number 59-0917284
--	--

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

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

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☒	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,622,097	21,352,731	19,562,087	11,890,654	10,986,065	89,413,634
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	25,622,097	21,352,731	19,562,087	11,890,654	10,986,065	89,413,634
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						6,553,349
6 Public Support subtract line 5 from line 4						82,860,285

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	25,622,097	4,671,646	19,562,087	11,890,654	10,986,065	89,413,634
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,683,639	4,671,646	5,574,391	5,463,735	4,717,265	25,110,676
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	343,210	387,597	57,693	56,924	118,997	964,421
11 Total Support (Add lines 7 through 10)						115,488,731
12 Gross receipts from related activities, etc (See instructions)					12	5,096,090
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ☐						

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	71.750 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	79.650 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Computation of Investment Income Percentage			
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

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

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 59-0917284

Name: FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE H ALLEN , MEMBER/TREASURER	2 00	X		X				0	0	0
BARRY S BERG , MEMBER	1 00	X						0	0	0
JOSEPH W COLLARD , MEMBER	1 00	X						0	0	0
BRIAN J COOKE , MEMBER	1 00	X						0	0	0
HOWARD R COOPER , MEMBER	1 00	X						0	0	0
MICHAEL L DAVIS , MEMBER	1 00	X						0	0	0
LOUISE GRANT , MEMBER	1 00	X						0	0	0
DAVID J GURY , MEMBER	1 00	X						0	0	0
CECELIA JAMES , MEMBER/SECRETARY	2 00	X		X				0	0	0
J RANDY JUSTICE , MEMBER/VICE CHAIR	2 00	X		X				0	0	0
MICHAEL I KAUFMAN , MEMBER/CHAIRMAN	2 00	X		X				0	0	0
JUDITH T KAYE , MEMBER	1 00	X						0	0	0
PETER LOBELLO , MEMBER	1 00	X						0	0	0
PATRICIA MCKAY , MEMBER	1 00	X						0	0	0
WILLIAM MORRIS , MEMBER	1 00	X						0	0	0
NEALE J POLLER , MEMBER	1 00	X						0	0	0
ROBERT RUBIN , MEMBER	1 00	X						0	0	0
CHARLES E RUTHERFORD , MEMBER	1 00	X						0	0	0
STEVEN R SPONDER , MEMBER	1 00	X						0	0	0
RHYS L WILLIAMS , MEMBER	1 00	X						0	0	0
RANDY TALBOT , EXECUTIVE DIRECTOR	40 00			X				0	233,300	34,544
SHARON BROWN , DIRECTOR OF FINANCE	40 00			X				91,568	0	19,441
FRANK BROGAN , UNIVERSITY PRESIDENT	1 00				X			122,192	206,995	56,381
SUSAN PIERCE , VP CAPITAL CAMPAIGN	40 00				X			0	162,600	21,825
LAURIE CARNEY , COORDINATOR, ADVANCEMENT	40 00					X		57,699	66,090	17,499
DIANNE REEVES , ASST VP FOR DEVELOPMENT	40 00					X		72,244	34,806	11,249
PATRICIA BREMAN , ASSISTANT VICE PRESIDENT	40 00					X		6,024	94,993	20,399
KEITH FRIES , aSST VP FOR ADVANCEMENT	40 00					X		0	124,163	22,022
LAWRENCE DAVENPORT , FORMER EXECUTIVE DIRECTO	0 00						X	220,718	0	0

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

The Mission of the Florida Atlantic University Foundation Inc. is to encourage, promote, and provide funds and other resources for the benefit of Florida Atlantic University (a part of the Florida State University System) in furtherance of its missions and purposes and to secure the application of these funds in the best manner adapted to the conditions of time and to the needs of FAU.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC	Employer identification number 59-0917284
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

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

- 1

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

\$
- 2

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

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

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

\$
- 2

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

\$
- 3

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

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☒

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		213,993	
c Total lobbying expenditures (add lines 1a and 1b)		213,993	
d Other exempt purpose expenditures		16,770,708	
e Total exempt purpose expenditures (add lines 1c and 1d)		16,984,701	
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:		999,235	
The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		249,809	
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		0	
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	991,026	1,000,000	938,398	999,235	3,928,659
b Lobbying ceiling amount (150% of line 2a, column(e))					5,892,989
c Total lobbying expenditures	117,292	156,000	250,360	213,993	737,645
d Grassroots non-taxable amount	247,757	250,000	234,600	249,809	982,166
e Grassroots ceiling amount (150% of line d, column (e))					1,473,249
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

Supplemental Information

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC	Employer identification number 59-0917284
---	---

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☒ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space	
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	1
b	Total acreage restricted by conservation easements	5 00
c	Number of conservation easements on a certified historic structure included in (a)	0
d	Number of conservation easements included in (c) acquired after 8/17/06	0
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0	
4	Number of states where property subject to conservation easement is located ▶ 1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes☒ No	
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶	0 00
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	0
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes☒ No	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii)	Assets included in Form 990, Part X	▶ \$ 6,875,759
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	182,792,983				
b Contributions	1,605,315				
c Investment earnings or losses	-34,819,309				
d Grants or scholarships					
e Other expenditures for facilities and programs	5,360,782				
f Administrative expenses	1,990,577				
g End of year balance	142,227,630				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 5 000 %

b

Permanent endowment ▶ 95 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,439,639		4,439,639
b Buildings		237,000	174,054	62,946
c Leasehold improvements				
d Equipment				
e Other		570,000		570,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,072,585

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other COMMON STOCKS & EQUITY FUNDS	69,520,005	F
Other OTHER SECURITIES & BOND FUNDS	49,304,280	F
Other DIVERSIFIED PORTFOLIOS	38,358,062	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	157,182,347	

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

(a) Description	(b) Book value
FUNDS MANAGED BY OTHERS	2,531,121
ART COLLECTIONS	6,875,759
NET INVESTMENTS IN DIRECT FINANCING-TYPE LEASE	10,310,000
OTHER ASSETS	259,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	19,976,425

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CERTIFICATES OF PARTICIPATION	10,310,000
ADVANCES PAYABLE	5,068,036
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	15,378,036

Schedule D (Form 990) 2008

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,599,642
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,984,702
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,385,060
4	Net unrealized gains (losses) on investments	4	-38,855,222
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,888,241
9	Total adjustments (net) Add lines 4 - 8	9	-51,743,463
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-55,128,523

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-23,251,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-38,855,222
b	Donated services and use of facilities	2b	2,056,016
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-56,220
e	Add lines 2a through 2d	2e	-36,855,426
3	Subtract line 2e from line 1	3	13,603,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	263,030
b	Other (Describe in Part XIV)	4b	-267,036
c	Add lines 4a and 4b	4c	-4,006
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,599,642

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	31,876,745
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,056,016
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	13,099,057
e	Add lines 2a through 2d	2e	15,155,073
3	Subtract line 2e from line 1	3	16,721,672
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	263,030
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	263,030
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,984,702

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	IN THE ORGANIZATION'S BALANCE SHEET AS AN ASSET (LAND)
Part III, Line 4		The FAU Foundations collection of art is substantially a collection of oil paintings depicting the Florida Landscape, especially in the southern region of Florida We also have Russian prints, bronze statues and collections of glass and model ships Our historical treasures include books and artifacts from the holocaust and other rare books All of our pieces in the collection provide an aesthetic virtue to our work and learning environment, while encouraging an interest in the fine arts and its history
		PART XI, LINE 8 WRITE OFF AND PROVISION FOR UNCOLLECTIBLE PLEDGES RECEIVABLE \$13,099,057) IN- KIND \$(2,056,769) EVENT EXPENSE \$266,767 RENT EXPENSE \$269 PART XII, LINE 2D ACTUARIAL ADJUSTMENT ON CGAS \$(56,220) PART XII, LINE 4B EVENT EXPENSE \$(266,767) RENT EXPENSE \$(269) PART XIII, LINE 2D WRITE OFF AND PROVISION FOR UNCOLLECTIBLE PLEDGES RECEIVABLE \$13,099,057

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Employer identification number
59-0917284

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

1

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

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

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

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

3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			TRUMP TOURNAMENT	KEEP MEMORIES ALIVE WALK	12	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	135,678	60,789	271,850	468,317
	2	Less Charitable contributions	3,854	60,789	77,255	141,898
Direct Expenses	3	Gross revenue (line 1 minus line 2)	131,824		194,595	326,419
	4	Cash Prizes				
	5	Non-cash Prizes			2,217	2,217
	6	Rent/Facility costs	77,768		46,141	123,909
	7	Other direct expenses	11,102	8,149	121,389	140,640
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				266,766
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				59,653

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

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

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

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Employer identification number
59-0917284

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY777 GLADES ROAD BOCA RATON,FL 33431	65-0385507		3,258,275				STUDENT SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FOUNDATION SENDS FUNDS TO THE UNIVERSITY FOR STUDENT SCHOLARSHIPS THE UNIVERSITY DETERMINES THE SCHOLARSHIP RECIPIENTS ACCORDING TO DONOR SCHOLARSHIP CRITERIA ALL QUALIFYING CRITERIA ARE LISTED ON THE AWARD SHEET AND SENT TO THE FOUNDATION THE FUNDS ARE SENT TO THE UNIVERSITY AFTER THE OFFICE OF STUDENT FINANCIAL AID VERIFIES THE STUDENT'S STATUS THE FOUNDATION HAS ACCESS TO STUDENT SCHOLARSHIP REPORTS AND WILL REQUEST REFUNDS FOR ANY SCHOLARSHIP NOT AWARDED DUE TO A CHANGE IN THE STUDENT'S STATUS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Employer identification number
59-0917284

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

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RANDY TALBOT	(i)					6,317	6,317	
	(ii)	232,300	1,000		22,594	5,633	261,527	
FRANK BROGAN	(i)	122,192					122,192	
	(ii)	205,995	1,000		42,517	13,864	263,376	
SUSAN PIERCE	(i)							
	(ii)	161,600	1,000		16,643	5,182	184,425	
LAWRENCE DAVENPORT	(i)	220,718					220,718	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Employer identification number
59-0917284

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	5	229,800	APPRAISAL
2 Art—Historical treasures	X	1	70,000	APPRAISAL
3 Art—Fractional interests				
4 Books and publications	X		1	FAIR MARKET VALUE
5 Clothing and household goods	X		1,394	FAIR MARKET VALUE
6 Cars and other vehicles	X	1	3,650	FAIR MARKET VALUE
7 Boats and planes	X	1	20,798	COMPARABLE SALES
8 Intellectual property				
9 Securities—Publicly traded	X	1	42,450	AVERAGE HIGH LOW VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	5	27,863	FAIR MARKET VALUE
19 Food inventory	X	2	669	COMPARABLE SALES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1	4,000	COMPARABLE SALES
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe ELECTRONICS)	X	4	4,499	FAIR MARKET VALUE
26 Other (describe EQUIPMENT)	X	3	3,997	FAIR MARKET VALUE
27 Other (describe MUSIC EQUIP)	X	3	1,701	FAIR MARKET VALUE
28 Other (describe OFFICE SUPP)	X	3	4,997	FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

Part II

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC	Employer identification number 59-0917284
---	---

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ORGANIZATION'S BY LAWS WERE CHANGED IN FISCAL YEAR 2009 IN ORDER TO INCLUDE THE MOST RECENT FORMER CHAIR OF THE BOARD TO BE A MEMBER OF THE EXECUTIVE COMMITTEE, TO ALLOW THE VICE CHAIR THE ABILITY TO SIT FOR TWO ONE YEAR TERMS, AND TO CHANGE THE PROVISION THAT THE AUDIT COMMITTEE HAVE AT LEASET (3) MEMBERS WITH FINANCIAL EXPERTISE TO THE MAJORITY OF MEMBERS SHALL HAVE FINANCIAL EXPERTISE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The FAUF Board has delegated the responsibility to review and approve the 990 to the FAUF Audit Committee The draft 990 will be review ed by the Committee as well as the Director of Finance, Assistant Director of Finance and the Executive Director The 990 will also be available for review to all board members, and each member will be encouraged to give their input during the review process After the review and after all questions are satisfactorily answered the committee will approve the submission of the 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy covers all board members and key personnel The board and key staff review our policy and report conflicts annually The audit committee is aware of all reported conflicts Conflicts are determined by the board and staff members, and conflicts are disclosed at each committee where the proposed action and the conflict exists If a board member is found to have a conflict they are asked to disclose the conflict, recuse themselves from vote and when necessary, leave the room during the vote

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization's Executive Director for the Foundation also holds the title of Senior VP for Advancement for the University Although the Foundation members sit on the committee to hire this person, he/she is paid by the University Therefore, a University representative (usually the VP for Finance) who determines the fair compensation by polling our peer institutions in the state on the market rate for this position This measure obtains the same result as comparing these institution's 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The FAUF makes our financial statements available on our website We will provide a copy of the financial statements and/or our 990 to any person requesting a copy The request can come in writing or verbal Both are available for inspection at our office at 777 Glades Road, Admin 295

Identifier	Return Reference	Explanation
FORM 990,PART XI, LINE 2C		THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES & HIGHEST COMPENSATED	RANDY TAYLOR, EXECUTIVE DIRECTOR, FRANK BROGAN, UNIVERSITY PRESIDENT, AND THE FOUR HIGHEST COMPENSaTED EMPLOYEES LISTED ARE ALL EMPLOYEES OF FLORIDA ATLANTIC UNIVERSITY, A RELATED ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE D, PART II, LINE 5		THE UNIVERSITY IS THE PRIMARY USER OF THE LAND ADJACENT TO THE EASEMENT THEY HAVE RESIDENCES ON THE PROPERTY WHO CONTINUOUSLY MONITOR THE PROPERTIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Employer identification number
59-0917284

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL33431 59-0917284	PUBLIC UNIVERSITY	FL			

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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.

[illegible]

Software ID:

Software Version:

EIN: 59-0917284

Name: FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	FLORIDA ATLANTIC UNIVERSITY	B	3,258,275
(2)	FLORIDA ATLANTIC UNIVERSITY	C	200,000
(3)	FLORIDA ATLANTIC UNIVERSITY	H	209,416
(4)	FLORIDA ATLANTIC UNIVERSITY	K	0
(5)	FLORIDA ATLANTIC UNIVERSITY	M	0
(6)	FLORIDA ATLANTIC UNIVERSITY	O	11,090,284
(7)	FLORIDA ATLANTIC UNIVERSITY	Q	1,850,000