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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

B Chec	CHC 2	IIIIU calandar va:	ır, or tax year beginning 07-01-200	u and ending 06-30-7010				
b Chec	ck if an	l lel -	C Name of organization	J und chang to 30 2010	'	D Employer	identi	fication number
– _{Addr}	ess cha	ricasc	LYNN UNIVERSITY INC			59-1023	117	
_	e chan	label or	Doing Business As			E Telephone		per
_		type. See				(561) 23	7-71	81
Initia —	al retur	n Specific Instruc-	Number and street (or P O box if mail 3601 North Military Trail	is not delivered to street addres	s) Room/suite	G Gross recei		
Tem	nınated	tions.	3001 NOITH MIIITARY FIAII				7 7 -	_, ,,
Ame	nded r	eturn	City or town, state or country, and ZIP	+ 4	•			
— Appli	ıcatıon	pending	Boca Raton, FL 33431					
		F Na	ne and address of principal officer		H(a) Ic th	l s a group ret	urn fo	
		Kevin	Ross		affilia		uiii ic	√ ΓYes Γ Νο
			North Military Trail Saton, FL 33431					
		Bocar	aton, FE 33431			l affiliates incl		
r Tax	-exemi	pt status 🔽 501(6	(insert no)	□ 527	_			ee instructions)
		•) (3) 4 (mselt no)	1 327	H(c) Grou	p exemption	nume	er 🖛
W e	bsit e	: 🕨 www lynn edu						
∢ Form	of org	anization 🔽 Corpora	tion Trust Association Other 🕨		L Year of fo	rmation 1972	M St	ate of legal domicile FL
Par	tΙ	Summary			'		•	
			ie organization's mission or most s	-				
		·	nn University is to provide the edu repare for success in the world	cation, support and enviror	imnent that e	nable studen	its to	reach their full
<u> </u>		potential and to p	epare for success in the world					
Governance								
<u>.</u>								
<u> </u>	2	Check this box 🛏	if the organization discontinued	ts operations or disposed	of more than	25% of its ne	et ass	ets
	3	Number of voting	members of the governing body (Pa	art VI, line 1a)			3 _	1
Ø	4	Number of indepe	ndent voting members of the gover	ning body (Part VI, line 1b))		4 _	1
Activities &	5	Total number of e	mployees (Part V , line 2a)				5 _	1,19
<u> </u>	6	Total number of v	olunteers (estimate if necessary)				6 _	1
٩.	7a	Total gross unrela	ited business revenue from Part VI	III, column (C), line 12			7a _	
	ь	Net unrelated bus	iness taxable income from Form 99	90-T, line 34			7b	
				·	Prio	r Year		Current Year
	8	Contributions an	d grants (Part VIII, line 1h)			5,538,348	1	5,674,671
9	9		revenue (Part VIII, line 2g)		72,076,860	+	67,749,576	
Revenue	10		me (Part VIII, column (A), lines 3,			-345,937	+	1,009,508
Æ	11		Part VIII, column (A), lines 5, 6d, 8			710,991	+	1,338,172
	12		dd lines 8 through 11 (must equal			710,991	+	1,338,172
	12					77,980,262	<u>:</u>	75,771,927
	13		ar amounts paıd (Part IX, column (13,523,342	:	14,217,503
	14	Benefits paid to	or for members (Part IX, column (A), line 4)		C)	0
	15	Salaries, other c	ompensation, employee benefits (F	art IX, column (A), lines 5	_			
<u>\$</u>		10)		, , , , , , , , , , , , , , , , , , , ,		36,798,637	'	36,224,691
₹	16a	Professional fun	iraısıng fees (Part IX, column (A),	line 11e)		C		C
Ехрепзея	b	Total fundraising ex	penses (Part IX, column (D), line 25) 🕒 4,8	63,220				
			/m . m./	d 11f-24f\		20 450 442	,	25,657,453
	17	Other expenses	(Part IX, column (A), lines 11a-11	.u, 111-241)		28,458,442	-	
	17 18	· ·	(Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part			78,780,421	+	76,099,647
		Total expenses		IX, column (A), line 25)				· · · · · ·
	18	Total expenses	Add lines 13–17 (must equal Part	IX, column (A), line 25)	Beginning	78,780,421		-327,720
	18	Total expenses	Add lines 13–17 (must equal Part	IX, column (A), line 25)		78,780,421		
	18	Total expenses Revenue less ex	Add lines 13–17 (must equal Part	IX, column (A), line 25) 12	Y	78,780,421 -800,159 of Current)	- 327,720 End of Year
	18 19	Total expenses Revenue less ex Total assets (Pa	Add lines 13–17 (must equal Part penses Subtract line 18 from line	IX, column (A), line 25) 12	Y	78,780,421 -800,159 g of Current ear	5	-327,720 End of Year 112,793,442
let Assets or and Balances	18 19 20	Total expenses Revenue less ex Total assets (Pa	Add lines 13-17 (must equal Part penses Subtract line 18 from line	IX, column (A), line 25) 12	Y	78,780,421 -800,159 g of Current ear 115,345,945	5	-327,720 End of Year 112,793,442 38,632,051
et Assets or and Balances	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	Y	78,780,421 -800,159 g of Current ear L15,345,945 42,690,721	5	-327,720 End of Year 112,793,442 38,632,051
net Assets or Fend Balances	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fu Signature Bi Under penalties of p	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and st	78,780,421 -800,159 g of Current ear 15,345,945 42,690,721 72,655,224	to the	-327,720 End of Year 112,793,442 38,632,051 74,161,391 best of my knowledge
Net Assets or Fund Balances	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fu Signature Bi Under penalties of p	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and st	78,780,421 -800,159 g of Current ear 15,345,945 42,690,721 72,655,224	to the	-327,720 End of Year 112,793,442 38,632,051 74,161,391 best of my knowledge
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Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission

Founded in 1962 and located in Boca Raton, Florida, Lynn University is a private, coeducational institution accredited by the Southern Association of Colleges and Schools (SACS) and whose primary purposes are education, the preservation, discovery, dissemination and creative application of knowledge, and the preparation of its graduates with the academic foundation for lifelong learning. Service, scholarly activity including research, and ongoing professional development allow the faculty, in conjunction with the entire University community, to fulfill its purposes. facilitating learning and fostering the intellectual life of the university. Lynn stresses individualized learning, innovative approaches and an international focus among its students and faculty. The university offers baccalaureate, master's, and doctoral degrees as well as certificate and non-credit continuing education programs. Breadth, depth, and application of learning are the bases for competencies in all programs.

2		undertake any signific r 990-EZ?		ervices during the yea	r which were not listed o	n T Yes	√ No	
	If "Yes," describe the	ese new services on Sc	hedule O					
3		cease conducting, or r				┌ Yes	▽ No	
	If "Yes," describe the	ese changes on Sched	ule O					
4	Section 501(c)(3) ai		ions and secti	on 4947(a)(1) trusts	largest program service are required to report the service reported			
4a	(Code) (Expenses \$	35,075,717	ıncludıng grants of \$	12,297,847) (Revenu	 ie \$	56,043,960)	
	growing population of a Presently, the university 25 majors within them professions and become attention to students which serve the increasingly discource named the Insother subject-area tutor learners can pursue aca creativity, fosters achies "Knight Unite," a progracademic curricula and community-based organintegrative design prepawas launched fall semestudent outcomes in conformat, the core course Each January, all student	dult learners Today, more of offers four master's degree offers four master's degree 13 specializations. Lynn Universe leaders in their chosen proposed for his property of the property of th	than 2,100 students with 16 special versity is proud of fessions. The unificate and graduate raduate. These selections are and graduate raduate. These selections are and service and two portions and two portions and two portions and two portions and service the dynamic need required through riting, quantitatives big questions. Dueterm course.	nts come from the local Socilizations as well as one doci f its tradition of educating in versity is committed to study by and are motivated to ex- students. Additional and spervices are offered to stude ble to all students, including esign, provides an environm responsible global citizens. I luntarism. Each January 12 professors who died in the highest each to me dis of the emerging global si all four years in the bache e reasoning, and scientific a praiding as well as one of the second	emic program is designed for the Florida community, the Urroral degree with two specializen and women who assume lent-centered learning, where cel. A full range of academic aspecialized academic support sents in a variety of forms with githose with diagnosed learning the the classification of the country staff, and students and the practical, along with opeet the changing needs of the ociety. A rigorous, new core color's degree program. In each and technological literacy. Presultion and offer intense two-and technological literacy.	nited States, and reations and four positions of res faculty and state and support progervices are offer a varying fee sond differences. Nessroom in which is perform comportunities to be local and global urriculum-The Dicore class, faculemted in seminason, Dialogues.	I more than 80 na bachelor's degree ponsibility in their fif provide persona grams are coordinated to provide acachedule. An acade lath, computer, a ha community of itmosphere that naminity service during munity service unintropolated in community. This valogues of Learnility members mea ar rather than lectof Justice and Civ	ations es with alized ated to demic emic nd urtures ing _ynn's i ing- asure ure ic Life
4b	(Code) (Expenses \$	15,074,788	including grants of \$) (Revenue		605,880)	
	development and enjoy offers a formal leadersh films, pool parties, sport baseball, basketball and (NCAA), Division II, and eligibility standards. Intetennis All student-athle student-athletes (68%) cumulative GPA greater earned 3 0 or higher with intramural programs, in hours in the Health Cenminor ailments. When five wellness activities including records are maintained appropriate members of and referral services are evaluating, choosing an opportunities and intervemployers, careers, integral development of the pits students unders	rment - student government procertification program, avaits days, intramural sports, at a hockey to gourmet dining at the Sunshine State Athletic ercollegiate teams include in tess are required to attend searned a 3 0 or higher GPA than 3 00. For all teams, that 21 of these students ear cluding basketball, flag foot ter, and works in conjunction unther care is needed, referring yoga and exercise class in strict confidence by the D of the university community, a continually available through planning a career. Professiew with companies for which the proportion of informatic programs. Catand how spirituality is expetial faiths, respecting their faiths.	t, service clubs, sailable to all stude iward dinners and can be found in St. Conference Interest of the service of the servic	ports, social fratemities, an ents Social activities included novelty entertainment. In Social Activities included novelty entertainment. In Social Activities included the social section of the soci	udents choose those activities of numerous special interest or egame shows, dances, comeditividual interests ranging from the North same open to all students in a si, and women's golf, soccer, stards throughout the school you will be should be sh	rganizations In dians, live music the fine arts to ational Collegial accordance with softball, volleybear In fall 2009 of the 11 athlefut of 160 stude raged to participian's assistant is alth Center provincent of the 11 athlefut of 160 stude raged to participian's assistant is alth Center provincent of the center staff midded on a prival istructors, Residialcohol and subvariety of servination about a the Center for the United State all students. The resence in their	addition, the university seek r lives A loving conditions.	rersity stivals, iball, tion tion d geam) ge of aytime r and d rature ents in ent n of grams o assist s to oncern
4c	undergraduate student campus are required to hours Commuter stude	population Each room is fui be on the university meal p	rnished to meet solan. The plan incl purchase meals o	tudents' needs, including te ludes "freedom" options tha directly through the univers	1,919,656) (Revenu provide full living accommoda lephone, TV cable, and wirele at let students dine in the cam ity's food service vendor The es	tions for more t ss Internet serv pus grill or coffe	ice Students living ee shop during off	f
4d	Other program com	rices (Describe in Sch	adula C \					
Tu	o thei program serv	uces (nescribe ill scil	caule O)					

1,379,861 including grants of \$

63,881,170

(Expenses \$

Total program service expenses▶\$

1,490,221)

) (Revenue \$

Dart TV	Checklist o	f Deguired	Schadulae
	CHECKHSLU	ı Keuuneu	Scheuules

			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		Νο
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			_
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, 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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10	103	
_	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Νο
b	If "Yes," enter the name of the foreign country 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		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
Ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	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			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			

3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431

(561) 237-7181

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

Se	ction A. Governing Body and Management						
			Yes	No			
4 -	Enterethe number of outron work on of the accommodate						
1a	Enter the number of voting members of the governing body 1a 12						
Ь	Enter the number of voting members that are independent 10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		Νo			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11							
		11	Yes				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	421	V				
c	to conflicts?	12b	Yes				
	describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
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 th	ie orga	nızatıor	n 🕨			
	LAURIE LEVINE VP-BUS FIN						

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

				_
1b Total	►	3,300,464	0	705,417

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization >30

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3	Yes	
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	100	N o

Section B. Independent Contractors

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
Gerritts Construction Inc 8177 Glades Road BOCA RATON, FL 33434	General Construction	8,850,209
The Wackenhut Corporation 4200 Wackenhut Drive PALM BEACH GARDENS, FL 33410	Security Services	869,301
Florida Gold Coast Mechanical Inc 383 Redwood Lane BOCA RATON, FL 33487	A/C Contractor	253,359
Fire Engine RED PO Box 1851 PHILADELPHIA, PA 19105	Stdn Srch Consulting	184,904
Southeastern Printing Company Inc 3601 SE Dixie Highway STUART, FL 34997	Printing Services	154,198
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 ► 9

Page 8

Part V	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
芸芸	1a	Federated campaigns 1a					
亞美	ь	Membership dues 1b					
ದ್	c	Fundraising events 1c	71,540				
± ra	d	Related organizations 1d					
			E14 746				
る音	e	Government grants (contributions) 1e	514,746		ļ		
\$ <u>``</u>	f	All other contributions, gifts, grants, and similar amounts not included above	5,088,385				
至某	g	Noncash contributions included in	_				
\ <u>∓</u>		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	5,674,671			
<u> 9</u>			Business Code				
E e	2a	Student Tuition and related fees	611,310	56,043,960	56,043,960		
<u>\$</u>	ь	Residence Hall room and board fees	611,310	8,748,289	8,748,289		
9.	c	Bookstore Sales	611,310	1,090,237	1,090,237		
ž	d	Camp Fees	611,310	1,490,221	1,490,221		
B		Student Activity income	<u> </u>				+
an	e		611,310	376,869	376,869		
Program Service Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f		67,749,576			
	3	Investment income (including dividends,		,			
		and other similar amounts)	` . ⊢	1,142,926			1,142,926
	4	Income from investment of tax-exempt bond pro-	• -	0			
				0			
	5	Royalties		· ·			
		(I) Real Gross Rents 698,381	(II) Personal				
	6a	Gross Rents 698,381 Less rental 155,335					
	Ь	expenses					
	c	Rental income 543,046 or (loss)					
	d	Net rental income or (loss)		543,046			543,046
		(i) Securities	(II) O ther				
	7a	Gross amount 16,783,213 from sales of assets other					
	ь	than inventory Less cost or 0ther basis and 16,906,320	10,311				
		sales expenses	10.244				
	C	Gain or (loss) -123,107	-10,311				
	d	Net gain or (loss)		-133,418			-133,418
Other Revenue	8a	Gross income from fundraising events (not including \$					
Œ		a	76,170				
핕	Ь	Less direct expenses b	40,759				
ᅙ	l c	Net income or (loss) from fundraising evo		35,411			35,411
_	9a	Gross income from gaming activities See Part IV, line 19					
	١.	a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activit	ies •	0			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	l c	Net income or (loss) from sales of invent	orv 🕨	0			
	<u> </u>	· · ·	Business Code				+
	11a	Insurance Reimbursement	900,099	485,000			485,000
	Ι.		900,099	229,011	229,011		+
	Ь	Community Cultural Affairs	,	·	229,011		45.70
	C	All Other Revenue	900,099	45,704			45,704
		All other revenue					
	e	Total. Add lines 11a-11d		759,715			
	12	Total revenue. See Instructions	· •	75,771,927	67,978,587		2,118,669
	•						Form 990 (2009)

	990 (2009)				Page 10
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,217,503	14,217,503		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,825,572	1,392,991	1,061,461	371,120
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	25,544,508	20,527,417	2,786,899	2,230,192
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	959,878	708,997	157,676	93,205
9	Other employee benefits	4,943,696	3,731,056	805,499	407,141
10	Payroll taxes	1,951,037	1,539,754	 	176,837
11	Fees for services (non-employees)	1,351,637	2,003,7.0.	25.,5	1, 0,00.
a	Management	528,694	335,480	65,047	128,167
h	Legal	39,962	333,400	39,962	120,107
c	Accounting	170,192		170,192	
_	-	0		170,192	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17			225 404	
f	Investment management fees	225,484		225,484	
g	Other	0			
12	Advertising and promotion	1,118,039		 	340,855
13	Office expenses	3,481,088	3,058,279	· · ·	245,302
14	Information technology	737,885	118,704	618,119	1,062
15	Royalties	0			
16	Occupancy	3,654,778	3,189,071	 	136,364
17	Travel	901,572	783,626	51,944	66,002
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	132,372	102,156	16,176	14,040
20	Interest	1,172,570	1,094,359	51,828	26,383
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,253,643	4,903,225	232,211	118,207
23	Insurance	2,228,433	2,100,691	84,651	43,091
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)				
а	Security	858,282	858,282		
b	STUDENT PROGRAMMING	938,509	938,509		_
с	STUDY TOURS/INSTRUCTION FEES	794,824	794,824	+ + +	_
d		416,323	392,064	+ + +	-
e	Dues and Subscriptions	249,415	164,685	· ·	22,599
f	All other expenses	2,755,388	2,204,586	 	442,653
25	Total functional expenses. Add lines 1 through 24f	76,099,647	63,881,170		4,863,220
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	70,033,047	03,001,170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,003,220
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing			20,427	1	23,321
	2	Savings and temporary cash investments			11,028,716		7,318,696
	3	Pledges and grants receivable, net	•		9,982,455	3	2,577,032
	4	Accounts receivable, net	•		739,263		526,337
	5	,			739,203	4	320,337
]	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, кеу	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			2,167,747	7	2,347,072
8	8	Inventories for sale or use			682,687	8	515,730
⋖	9	Prepaid expenses and deferred charges			2,029,505	9	1,251,427
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	128,005,727			
	Ь	Less accumulated depreciation	10b	58,725,726	61,355,991	10c	69,280,001
	11	Investments—publicly traded securities			27,188,352	11	28,799,889
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			150,802	15	153,937
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			115,345,945	16	112,793,442
	17	Accounts payable and accrued expenses .			5,588,031	17	4,219,588
	18	Grants payable				18	
	19	Deferred revenue			6,151,715	19	5,511,589
	20	Tax-exempt bond liabilities			26,523,116	20	24,671,577
68	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- 23		persons Complete Part II of Schedule L			2,376,727	22	1,950,930
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,051,132	25	2,278,367
	26	Total liabilities. Add lines 17 through 25			42,690,721	26	38,632,051
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ф		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			42,647,616	27	51,593,627
Fund Balance	28	Temporarily restricted net assets			12,339,789	28	3,635,229
핃	29	Permanently restricted net assets			17,667,819	29	18,932,535
3		Organizations that do not follow SFAS 117, check here ► □ and	ıd con	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			72,655,224	33	74,161,391
	34	Total liabilities and net assets/fund balances			115,345,945	34	112,793,442

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization LYNN UNIVERSITY INC

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Da	rt I	Poss	on for Dul	blic Charity Stat	ue (All org	anizations	must comr	alete this as	59-102311 art \ See unc			
				blic Charity Stat e foundation because						ou ucuons		
1	/igaiii			on of churches, or as:					` /			
2	, V			in section 170(b)(1)				X=X=X-7.				
3	<u> </u>			perative hospital serv				n 170(h)(1)(A)(iii)			
4	Ë			organization operate)/A)/iii) Ent	artha	
•	,			ty, and state	sa ili conjunc	tion with a r	ospital desc	. ii bed iii sect	170(1)(1)(A)(III). LIII	er the	
5	Γ	=	-	erated for the benefit	_	or university	owned or o	perated by a	governmenta	l unıt descril	 ped in	
	_		. , . , .	A)(iv). (Complete Pa	•							
6	<u> </u>			local government or	_							
7	ı	describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its s	upport from	a governmen	ital unit or fro	m the genera	al public	c
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	olete Part II)				
9	\sqcap	Anorga	nızatıon tha	t normally receives	(1) more tha	in 331/3% o	fits support	from contrib	utions, memb	ership fees,	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	xceptions, ar	nd (2) no more	e than 331/3°	% of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable in	come (less s	ection 511 ta	ax) from busi	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 5 0	9(a)(2). (C	omplete Part	III)			
10	Γ	Anorga	anızatıon org	anized and operated	exclusively	to test for p	ublic safety	See section 5	509(a)(4).			
11 e f g	Γ	one or in the box a	Type I Type I	anized and operated y supported organizations the type of supported by Type II ox, I certify that the con managers and other ceceived a written deceived a written deceived the organizations of the governing body of the	tions describ orting organiz c / organization i er than one c termination f ration accept	to be done section and control of the section and control or more publications the IRS seed any gift or alone or to	n 509(a)(1) complete line: Functional illed directly cly supporte that it is a cr contribute gether with p	or section 5 s 11e throug ly integrated or indirectly ed organization Type I, Type on from any o	09(a)(2) See h 11h d by one or moons described II or Type II	Type I Type I ore disqualified in section S	II - Ot ed pers 509(a)(organiz	. Check her ons 1) or
				r of a person describ						11g(ii		
		` '	•	ed entity of a person	` ,		ove?			11g(ii		
h				g information about t						[119(11	71	<u> </u>
	(i) Name Suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	Old you no organiza col (i) c	otify the ition in of your	(vi Is th organiza col (i) org in the U	ne tion in janized	A m	(vii) ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
Tota												

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not about	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Gross receipts from activities that						
3	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,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	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 carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 59-1023117

Name: LYNN UNIVERSITY INC

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
KEVIN ROSS PRESIDENT	400	×		x				340,679	0	158,957	
JAN CARLSSON TRUSTEE	2 0	Х						0	0	0	
MARY HENKE TRUSTEE	2 0	Х						0	0	0	
ARTHUR LANDGREN SECRETARY AND TRUSTEE	40 0	Х						49,957	0	2,425	
JOHN LANGAN TRUSTEE	2 0	Х						0	0	0	
CHRISTINE LYNN CHAIRPERSON	2 0	Х						0	0	0	
BRAD OSBORNE TRUSTEE	2 0	Х						0	0	0	
WILLIAM REHRIG TRUSTEE	2 0	Х						0	0	0	
VICTORIA RIXON TRUSTEE	2 0	Х						0	0	0	
PAUL ROBINO TRUSTEE	2 0	Х						0	0	0	
BILL SHUBIN TRUSTEE	2 0	Х						0	0	0	
STEPHEN SNYDER TRUSTEE	2 0	Х						0	0	0	
GREG MALFITANO SVP FOR ADMINISTRATION	40 0			х				234,204	0	112,604	
LAURIE LEVINE VP FOR BUSINESS & FINANCE	40 0			х				216,095	0	62,786	
JASON WALTON CHIEF OF STAFF	40 0			х				163,199	0	25,776	
CHRISTIAN G BONIFORTI CHIEF INFORMATION OFFICER	40 0			х				149,919	0	28,904	
PHILIP RIORDAN VP FOR STUDENT LIFE	40 0			х				143,504	0	19,652	
DELSIE PHILLIPS VP FOR ENROLLMENT MANAGEMENT	40 0			х				168,145	0	16,455	
JUDITH NELSON VP FOR DEVELOPMENT	40 0				х			219,132	0	13,674	
MARGARET RUDDY GENERAL COUNSEL	40 0				х			204,097	0	120,596	
CYNTHIA PATTERSON VP FOR ACADEMIC AFFAIRS	40 0				х			199,993	0	17,124	
MICHELE MORRIS VP FOR MARKETING & Comnctn	40 0				х			162,131	0	17,762	
DIANE DICERBO DIRECTOR OF ACADEMIC ADVISING	40 0					х		180,653	0	24,266	
RALPH NORCIO ASSOCIATE DEAN, BUSINESS SCHL	40 0					х		164,213	0	13,705	
MARSHA GLINES DEAN, INST FOR ACHVMNT & LRNG	40 0					x		151,174	0	14,374	

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

(A) Name and Title	(B) Average hours	Average Position (chec						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MATTHEW CHALOUX DIRECTOR, AUXILIARY SERVICES	40 0					х		153,110	0	25,805	
DONALD ROSS PRESIDENT EMERITUS	0 0						х	136,689	0	19,567	
RUSSELL BOISJOLY DEAN, BUSINESS SCHOOL	0 0						х	263,570	0	10,985	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Student Tuition and related fees	611,310	56,043,960	56,043,960		
Residence Hall room and board fees	611,310	8,748,289	8,748,289		
Bookstore Sales	611,310	1,090,237	1,090,237		
Camp Fees	611,310	1,490,221	1,490,221		
Student Activity income	611,310	376,869	376,869		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Security	858,282	858,282		
STUDENT PROGRAMMING	938,509	938,509		
STUDY TOURS/INSTRUCTION FEES	794,824	794,824		
Recruitment	416,323	392,064	24,259	
Dues and Subscriptions	249,415	164,685	62,131	22,599

DLN: 93493087002521

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** LYNN UNIVERSITY INC 59-1023117

	organization answered "Yes" to Form 99		dvised funds	(b) Funds and	other accoun	nts
Total	number at end of year	(2) 501101 4		+ '	_, unu		
	egate contributions to (during year)						
33	egate grants from (during year)						
	egate value at end of year						
	he organization inform all donors and donor advis	core in writing that t	ha accata hald in da	nor advi	s a d		
funds	s are the organization's property, subject to the o	organization's exclu	sive legal control?			☐ Yes	□ No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben erring impermissible private benefit					☐ Yes	┌ No
rt II	Conservation Easements. Complete	ıf the organızatıor	answered "Yes"	to Form	າ 990, Part I	V, line 7.	
Com	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali	on or pleasure)	Preservation of a Preservation of a	ı certified	l historic stru		a
ease	ment on the last day of the tax year				Held at the	e End of the	Year
Tota	I number of conservation easements			2a			
Tota	l acreage restricted by conservation easements			2b			
Num	ber of conservation easements on a certified his	toric structure inclu	ded ın (a)	2c			
Num	ber of conservation easements included in (c) ac	cquired after 8/17/0	6	2d			
	ber of conservation easements modified, transfe axable year ▶	rred, released, extin	guished, or termina	ted by th	e organizatior	n during	
Num	ber of states where property subject to conserva	ation easement is lo	ated -				
	the organization have a written policy regarding cement of the conservation easements it holds?		ring, inspection, ha	ndling of	violations, an	d Yes	┌ No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing	conservation ease	ments du	ırıng the year	<u> </u>	
A mo	unt of expenses incurred in monitoring, inspectir	ng, and enforcing coi	nservation easemen	ts during	the year ► \$		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the	e requirements of se	ection		☐ Yes	┌ N
balar the o	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the organization's accounting for conservations are assets.	the footnote to the or nents	ganization's financi	al staten	nents that des	cribes	
rt III	Organizations Maintaining Collectio Complete if the organization answered "			, or Oth	ner Similar	Assets.	
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition	, education or resea	rch ın fuı			2,
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	public exhibition, edi				•	
(i) _R	evenues included in Form 990, Part VIII, line 1				► \$		2,40
(ii) A	ssets included in Form 990, Part X				► \$	2,07	76,229
	e organization received or held works of art, histo wing amounts required to be reported under SFAS			for financ			
Reve	nues included in Form 990, Part VIII, line 1				► \$		
^	ats included in Form 990 Part Y				b . A		

Par	444 Organizations Maintaining Co	ollections of Art	<u>, His</u>	torical Tre	eası	ires, or O	<u>the</u>	r Similar <i>I</i>	4sse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e following th	nat ai	re a significa	nt u	se of its colle	ectio	n	
а	Public exhibition		d	Loan o	rexc	hange progr	ams				
ь	Scholarly research		e	C Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	they further	the	organızatıon	's ex	empt purpos	e ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ular	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answered	Y" b	es" to Form	1990	Ο,	
_	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ions	or other ass	etsı	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г			•		
_							_	-	A moı	unt	
ر د	Beginning balance					<u> </u>	1c				
d	Additions during the year					<u> </u>	1d				
e	Distributions during the year					<u> </u>	1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fe		21?							Yes	No
	If "Yes," explain the arrangement in Part XI\			1 1137		F 000	<u> </u>	1 T) (1 4)			
Рα	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Yes)Prior Year				T IV, IINE II Three Years Ba		e)Four Y	ears Back
.a	Beginning of year balance	16,992,187		17,767,724	+ • •		1	,	(- , ,	
b	Contributions	1,264,716		972,502							
c	Investment earnings or losses	1,151,151		-1,748,039			\top				
d	Grants or scholarships	67,698		0							
e	Other expenditures for facilities	155,000		0							
	and programs						+				
f	Administrative expenses	19,185,356		16,992,187			+				
g	End of year balance	, ,		10,992,107							
2	Provide the estimated percentage of the year	1 202 0/	is								
а	Board designated or quasi-endowment	1 303 % %									
Ь	Permanent endowment - 98 697 % %										
С	Term endowment ► %										
За	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	nat are neid	and a	administered	for	tne		Yes	No
	(i) unrelated organizations							3	Ba(i)	1	No
	(ii) related organizations							3	a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization						•		3b		
1	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S						<u> </u>		
	Description of investment			(a) Cost or of basis (investm		(b)Cost or ot basis (other		(c) Accumulat depreciation		(d) Boo	ok value
la	Land			110	,000	1,145,	045				1,255,04
b	Buildings		•			87,903,	,339	32,305,	776	5.	5,597,563
c	Leasehold improvements										
d	Equipment					25,493,	378	20,256,	724		5,236,654
e	Other					13,353,	965	6,163,	226		7,190,739

69,280,001

	Form 990, Part X, line 12	
(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		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	,	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	.
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	.
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Financial Derivative	(, line 25. (b) A mount 0 2,227,410	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	75,771,927
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,099,647
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-327,720
4	Net unrealized gains (losses) on investments	4	1,116,040
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	717,848
9	Total adjustments (net) Add lines 4 - 8	9	1,833,888
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,506,168
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	62,883,933
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-12,858,604
3	Subtract line 2e from line 1	3	75,742,537
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 225,484		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	29,390
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	75,771,927
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	61,852,754
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 196,094	1	
e	Add lines 2a through 2d	2e	196,094
3	Subtract line 2e from line 1	3	61,656,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 225,484		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	14,442,987
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	76,099,647
D	+ XIV Supplemental Information		

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

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 IV, 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. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Eupplemental Information	Return Reference	Schedule D, Part III, Line 4 The University has a collection of A frican Art, displayed in the library The collection of A frican Art includes sculptures, carvings and textile arts, which are displayed in open areas of the University library for the enjoyment of the public. The study of these pieces is incorporated into courses in art history, art appreciation and intercultural studies. Schedule D, Part V, Line 4 University endowment funds The University's endowment consists of approximately 45 individual funds established for a variety of educational purposes, scholarly development, and to enhance student life on campus. Its endowment includes both donor-restricted and funds, classified by the Board of Trustees, to function as endowments and to further these goals. Schedule D, Part X - FIN 48 Footnote Lynn University is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The University accounts for its income tax related matters under FASB ASC 740 (formerly FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No 109). ASC 740 clarifies the accounting and financial statement reporting for uncertainty in income taxe recognized in an entity's financial statements. ASC 740 also prescribes a recognition threshold and measurement standard.
		for the financial statement recognition and measurement of a ta position taken or expected to be taken in a tax return. In addition, ASC 740 provides guidance on de-recognition, classification, interest and penalties, accounting in interim
		periods, disclosure and transition Schedule D, Part XI, Line 8 Gain (loss) - Pension related changes - 717,848 Schedule D, Part XII, Line 2d Student Aid - (14,217,503) Gain (loss) - Spl
		Interest agreement - 9,110 Total - (14,208,393) Schedule D, Part XII, Line 4b Rental Expenses - (155,335) Fundraising Expenses - (40,759) Total - (196,094) Schedule D, Part XIII,
		Line 2d rental Expenses - 155,335 Fundraising Expenses- 40,759 Total - 196,094 Schedule D, Part XIII, Line 4b Student Aid - 14,217,503

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

LYNN UNIVERSITY INC

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	59-102311/		l	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	Lynn University does not discriminate on the basis of race, color, gender, religion, nationality, ethnic origin, disability and/or age in the administration of its educational and admissions policies, scholarships and loan programs, athletic and/or other school administered programs			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νο
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

DLN: 93493087002521

OMB No 1545-0047

2009

Statement of Activities Outside the United States

Open to Public

Department of the Treasury

SCHEDULE F

(Form 990)

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

Internal	Revenue Service					Inspect ion
	e of the organization N UNIVERSITY INC					entification number
				de de distribuit de la compa	59-102311	
Ра	Tt I General Info			ide the United States	s. Complete if the orgar	nzation answered
1	For grantmakers. Do	es the organiza	ation maintain i	records to substantiate	the amount of the grant	s or
	assistance, the grant	ees' eligibility fo	or the grants o	assistance, and the se	lection criteria used to a	ward
	the grants or assistar	ıce?				. Tyes T
2	For grant makers. Descr United States	ibe in Part IV the	organization's p	rocedures for monitoring tl	ne use of grant funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
	ral America and the obean	0	0	Program Services	Study Tours	146,73
East	Asia and the Pacific	0	0	Program Services	Study Tours	149,54
	pe (Including Iceland and nland)	0	0	Program Services	Study Tours	174,94
	pe (Including Iceland and nland)	0	0	Program Services	Semester A broad	138,53
Sub-	Saharan Afrıca	0	0	Program Services	Study Tours	20,14

629,899 Totals ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50082W

Schedule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information require	d ın Part I, line 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
Supplemental Information		Method Used to Account for Expenditures The University accounts for revenue and expenditures on the accrual basis Direct expenditures for study tours are tracked separately Description of Study Abroad Program Lynn University offers its students a variety of study abroad opportunities all around the world These programs provide intercultural and historical perspective, enhancing the educational mission of the school

DLN: 93493087002521

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Name of the organization LYNN UNIVERSITY INC

Employer identification number

59-1023117

	Activities. Comple ilers are not require		zation answered "Yes this part.	" to Form 990, Part IV	/, line 17.
 Mail solicitations Internet and e-mail Phone solicitations In-person solicitat Did the organization had or key employees liste If "Yes," list the ten high 	I solicitations ions ive a written or oral agr d in Form 990, Part VI ghest paid individuals o	eement with any I) or entity in coi er entities (fundra	g Special fundrais individual (including offic inection with professiona	on-government grants overnment grants ing events ers, directors, trustees I fundraising activities? ments under which the fu	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser hav custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
「otal		>			
3 List all states in whic licensing	h the organization is re	gistered or licen	sed to solicit funds or has	s been notified it is exem	pt from registration or

Par	t II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lii eipts greater than \$5	ne 18, or ,000.	repor	ted
			(a) Event #1 Golf Tournament	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)		, (C),	
ang.	1	Gross receipts	92,897	54,813	1		14	7,710
Revenue	2	Less Charitable contributions	67,430	4,110)		7	1,540
	3	Gross income (line 1 minus line 2)	25,467	50,703	3		7	6,170
	4	Cash prizes						
မွ	5	Non-cash prizes	969					969
Expenses	6	Rent/facility costs	15,574	4,798	3		2	0,372
	7	Food and beverages	9,028	7,114			1	6,142
Direct	8	Entertainment						
^	9	Other direct expenses .	396	2,880)			3,276
	10	Direct expense summary Add lin					4	0,759
	11	Net income summary Combine li	<u> </u>		.			5,411
Pari	31111	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col		
Rev							ol (c))	
	1	Gross revenue						
မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
			Г No	Гио	ΓNο			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	ıbıne lınes 1, column d, aı	nd line 7				
		· · ·	· · · · · · · · · · · · · · · · · · ·				Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate						
		No," Explain	3			· 9a		
10a	Wer	e any of the organization's gaming	licenses revoked, susper	ided or terminated during	the tax year?	10a		
b	If"Y	res," Explain						
11		s the organization operate gaming				11		
12		he organization a grantor, beneficia ned to administer charitable gaming						
				· ·	Schedule G (Form	' 12 990 or 990	 -EZ) 20) 009

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

Schedule I

(Form 990)

DLN: 93493087002521 OMB No 1545-0047

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

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

Open to Public

Department of the Treasury Internal Revenue Service Inspect ion Name of the organization **Employer identification number** LYNN UNIVERSITY INC 59-1023117 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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" to 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 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Athletic Scholarship Awards	135	3,132,266			
A cademic Scholarship A wards	837	6,278,219			
Need Based Scholarship Awards	507	4,807,018			

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

Part IV Supple	mentar information. Complete	e this part to provide the information required in Part 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	THE UNIVERSITY AWARDS GRANTS AND LOANS BASED ON A SCHOLARSHIP PROGRAM AND THE FEDERAL GOVERNMENT REQUIREMENTS FOR ALL PROGRAMS, THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MUST BE FILLED OUT AND ELIGIBLITY IS DETERMINED BASED ON THE INFORMATION PROVIDED THE GRANT AWARDED IS CREDITED TO THEIR TUITION AT LYNN UNIVERSITY
•		

DLN: 93493087002521

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

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

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	► Attach to Form 990. ► See separate instructions.						
Name of the organization LYNN UNIVERSITY INC		Employer identi	fication number					
		59-1023117						
Part I Ouestions Rega	rding Compensation							

	Questions Regarding compensation		Τ.,	Τ
1a	Check the appropriate box(es) if the organization provided any of the following to or 1990, Part VII, Section A, line 1a Complete Part III to provide any relevant informations.		Yes	No
	First-class or charter travel	esidence for personal use		
		use of personal residence		
	┌── Tax idemnification and gross-up payments ┌── Health or social club d	ues or initiation fees		
	Discretionary spending account Personal services (e.g.	, maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written polic reimbursement orprovision of all the expenses described above? If "No," complete		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expense officers, directors, trustees, and the CEO/Executive Director, regarding the items of	•	Yes	
3	Indicate which, if any, of the following the organization uses to establish the competorganization's CEO/Executive Director Check all that apply	nsation of the		
	▼ Compensation committee ▼ Written employment co	ontract		
	☑ Independent compensation consultant ☑ Compensation survey	· · · · · · · · · · · · · · · · · · ·		
	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 with or a related organization	n respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plai	n? 4t	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangemen	1t? 4c	:	Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts fo	or each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pacompensation contingent on the revenues of	y or accrue any		
а	The organization?	5a	1	Νο
b	Any related organization?	5t	,	Νο
	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 parcompensation contingent on the net earnings of	y or accrue any		
а	The organization?	6a	1	Νο
Ь	Any related organization?	68)	Νo
	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 pr payments not described in lines 5 and 6? If "Yes," describe in Part III	ovide any non-fixed 7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a co subject to the initial contract exception described in Regs section 53 4958-4(a)(3 in Part III			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption proceds section 53 4958-6(c)?	dure described in Regulations		

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)(1)-(111) 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 (I) Base compensation (I) Davis Recompensation (II) Davis Recompensation (III) Other compensation (III) Other compensation (III) Compensation (III) Other compen									
(i) Base incentive reportable compensation reportable compensation compensation reportable	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table			(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation			benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Supplemental Information		Part I, line 1a Kevin Ross has a discretionary spending account which is part of his employment contract and included in his taxable compensation. The University pays the premium (\$1,873) for a LTC policy for Arthur Landgren's wife. He is taxed for the full amount. The University pays for country club memberships for the purpose of fundraising and development for Kevin Ross, President, Donald Ross, President Emeritus and former trustee, and Greg Malfitano, SVP for administration. For Kevin Ross it was determined that \$3,812 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$3,812 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano it was determined that \$2,317 was related to personal use, and therefore included in taxable income for the year. For Greg Malfitano \$1,32,331 was related to personal use, and therefore included in taxable income for

Software ID: Software Version:

EIN: 59-1023117

Name: LYNN UNIVERSITY INC

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

		<u>ı - Officers, Direc</u>	tors, irustees, ke	<u>y Empioyees, and</u>	nd Highest Compensated Employees						
(A) Name	-	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form			
		(i) Base Compensation (ii) Bonds & incentive compensation		(iii) Other compensation	compensation	belletits	(5)(1) (5)	990 or Form 990-EZ			
KEVIN ROSS	(I) (II)	269,830 0	27,563 0	43,286 0	49,152 0	109,805 0	499,636 0	0 0			
GREG MALFITANO ((I) (II)	218,105 0	0	16,099 0	91,275 0	21,329 0	346,808	0			
	(I) (II)	215,345 0	0	750 0	41,145 0	21,641	278,881 0	0			
	(I) (II)	163,199 0	0	0	8,352 0	17,424 0	188,975 0	0			
CHRISTIAN G BONIFORTI ((I) (II)	148,206 0	0	1,713	7,788 0	21,116	178,823	0			
	(I) (II)	143,504 0	0	0	66 0	19,586	163,156 0	0			
DELSIE PHILLIPS ((I) (II)	167,551 0	0	594 0	8,536 0	7,919 0	184,600	0			
	(I) (II)	216,214 0	0	2,918	10,951	2,723	232,806	0			
MARGARET RUDDY ((I) (II)	203,415 0	0	682 0	119,623	973 0	324,693	0			
	(I) (II)	199,993 0	0	0	10,086	7,038	217,117	0			
MICHELE MORRIS ((I) (II)	161,507 0	0	624 0	8,308	9,454	179,893	0			
	(I) (II)	180,041	0	612	5,883	18,383	204,919	0			
RALPH NORCIO ((I) (II)	163,907 0	0	30 <i>6</i> 0	6,560 0	7,145 0		0			
	(I) (II)	150,660 0	0	514 0	7,635 0	6,739 0	165,548	0			
	(I) (II)	90,699 0	0	172,871	4,014 0	6,971 0	274,555	0			
MATTHEW CHALOUX ((I) (II)	141,724 0	0	11,386	7,365	18,440	178,915	0			
	(I) (II)	124,299 0	0	12,390	0	19,567	156,256	0			

DLN: 93493087002521

Supplemental Information on Tax Exempt Bonds

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization
LYNN UNIVERSITY INC

Employer identification number

59-1023117

Pa	art I Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased		On alf of uer
											Yes	No	Yes	No
A	Palm Beach County Educational Facilities Authority	52-1562288	696506AC8	06-30-	2009	5,4	88,116	See Schedule O				x		Х
Pa	Part II Proceeds			•	•	_		•			•	•		
				A	١	E	3	•	C	D)		E	
1	Total proceeds of issue		5,488,116	5										
2	Gross proceeds in reserve funds				(
3	Proceeds in refunding or defeasan		(
4 Other unspent proceeds					(
5	Issuance costs from proceeds		69,450											
6	Working capital expenditures from	n proceeds			(
7	Capital expenditures from proceed	ds			906,166	5								
8	Year of substantial completion			20	09			•		•				
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?	Х										
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?			Х									
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	Х										
Pa	rt IIII Private Business Use											•	•	
					Ą	E	3	(<u> </u>	D)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		×									
2	Are there any lease arrangements which may result in private busine	financed property	Х											
For	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Insti	ructions for Form 990			Cat No 5	0193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A B		3	(С	D			E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 330 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 480 %								
6	Total of lines 4 and 5		0 810 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Pai	TTIV Arbitrage		•	-	•	•	•	-	•		

	1.1.510. a.g.		A	E	3	(С	1)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×								
6	Did the bond issue qualify for an exception to rebate?		х								
4									ا ام ما ما م	o V /Form 00/	11 2000

DLN: 93493087002521

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

LYNN UNIVERSITY INC						5.	9-10231	17		
Part I Excess Benefit Trar Complete if the organizat						4) organı	zations	only).	40h	
1 (a) Name of disqu			Tes on form 950			n of transa		i aic v , iiiie	(c) Co	rrected?
				(-,					Yes	No
									-	
									_	
2 Enter the amount of tax impossection 4958	ed on tl	ne orgar • •		or disqualified pers			ear unde •	r • \$		
3 Enter the amount of tax, If any	on line	2, abo	ve, reimbursed by	the organization .			🕨	* \$		
Part II Loans to and/or F										
Complete if the organiz			d "Yes" on Form 9	990, Part IV, line 26	5, or F	orm 990-E	Z, Part V (f)			
(a) Name of interested person and purpose	or fro	oan to m the zation?	(c)O riginal principal amour	nt (d)Balance due		a) In ault?	A pprov	ved d or	(g) Writte agreemen	
	То	From			Yes	No	Yes	No	Yes	No
Total				•		•			·	
Part III Grants or Assistan Complete if the orga					V. line	e 27.				
(a) Name of interested pers			b) Relationship be	tween interested pe			ount of a	rant or type	e of assist	ance
NA			and the	organization						36,483
										•
Part IV Business Transact	ione 1	[myoly	ing Interests	d Dorsons						
Complete if the orga					√, line	e 28a, 28	b, or 28	c.		
(a) Name of interested person) Relationship veen interested erson and the	(c) A mount of transaction		(d) Desci	ription of	transactioi	organı	arıng of zatıon's nues?		
		organization							No	
		+			\dashv					1
		1			\dashv					
				1						

NonCash Contributions

DLN: 93493087002521

OMB No 1545-0047

(Form 990)

SCHEDULE M

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Open to Public Inspection

Name of the organization LYNN UNIVERSITY INC

Employer identification number

59-1023117

Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	1		opinions of experts			
	Art—Historical treasures .			2,400	opinions of experts			
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	7	170,701	Cost / Selling Price			
	Securities—Closely held stock .			,	•			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	contribution—Other							
	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Grand Piano)	Х	1	12,000	Opinions of Experts			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29	-	1	
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part I	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		N o_
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization LYNN UNIVERSITY INC

Employer identification number

59-1023117

	eturn erence	Explanation
Supplemental Information		Part III, Line 4(d) - Children's Summer Camps and Other Special Educational Programs. During the summer months betw een academic years for traditional college students, a portion of the university's educational facilities are used to provide instruction to a combined enrolliment of approximately 3,000 children attending three three-wiek summer camp sessions and to groups of adults enrolled in special educational programs. Part VI - Governance, Management and Disclosure 2 - Kevin Ross and Donald Ross have a family relationship 11 - A draft of Form 990 was prepared by Ernst & Young, based on audited financial statements and other information provided by University management. Following a review by the CFO and Director of Accounting, minor revisions were incorporated into a revised draft, which was posted to the Board portal prior to a general meeting of the Board of Trustees. All Board members had the opportunity to review the Form 990 and make comments and ask questions prior to the final filling. The final return incorporated any changes recommended by the Board members 12(c) - Each year, all officers, directors, trustees and key employees are required to sign a disclosure letter detailing any relationships or business transactions where a potential conflict might exist. These disclosures are reviewed by the CFO, and the Chief of Staff/Board Liaison. In the event of a conflict of interest, or the appearance of any such conflict, it is incumbent upon the relevant Board member(s) or director(s) to notify the Board of the conflict and recuse themselves from participation in the discussion and vote regarding any related issues or transactions. 15 - Compensation (a) The President's compensation and benefit package is reviewed annually by the executive committee of the Board utilizes an outside compensation expert to provide independent information about industry practices and benchmarking among comparable organizations, in determining an appropriate pactermined goals in addition, the Board utilizes an outside compen