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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
NATIONAL UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
11355 NORTH TORREY PINES ROAD

Room/suite

City or town, state or country, and ZIP + 4
LA JOLLA, CA 920371011

D Employer identification number
23-7172306

E Telephone number
(858) 642-8100

G Gross receipts $ 297,361,822

F Name and address of principal officer
RICHARD CARTER
11355 N TORREY PINES RD
LA JOLLA, CA 92037

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NU EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NATIONAL UNIVERSITY IS A POST SECONDARY LEVEL EDUCATIONAL INSTITUTION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,245
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,281
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,861

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,573,129	3,424,571
	9 Program service revenue (Part VIII, line 2g)	167,766,677	178,934,987
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,558,910	14,410,369
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,656,367	6,516,387
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,555,083	203,286,314
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,126,882	774,935
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	88,223,439	95,880,381
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶447,119		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	70,738,332	81,409,986
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	160,088,653	178,065,302
	19 Revenue less expenses Subtract line 18 from line 12	18,466,430	25,221,012

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	557,095,491	641,906,974
	21 Total liabilities (Part X, line 26)	55,035,821	54,036,140
	22 Net assets or fund balances Subtract line 21 from line 20	502,059,670	587,870,834

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2012-05-10 Date

RICHARD CARTER EXECUTIVE VP OF ADMIN AND BUSINESS — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DANIEL P SCHREIBER	Preparer's signature: DANIEL P SCHREIBER	Date: 2012-05-03	Check if self-employed ☐	PTIN
Firm's name ▶ JGD & ASSOCIATES LLP				Firm's EIN ▶
Firm's address ▶ 5355 MIRA SORRENTO PLACE SUITE 700 SAN DIEGO, CA 921213825				Phone no ▶ (858) 587-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS TO MEET THE CHANGING NEEDS OF DIVERSE LEARNERS WITHIN OUR NATION AND AROUND THE GLOBE SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 118,742,185 including grants of $ 774,935) (Revenue $ 178,934,987)

NATIONAL UNIVERSITY, AN ACCREDITED UNIVERSITY, PROVIDES POST SECONDARY INSTRUCTION AND EDUCATION AT THE UNDERGRADUATE AND GRADUATE LEVELS AT 28 SITES WITHIN THE STATES OF CALIFORNIA AND NEVADA THE UNIVERSITY OFFERS OVER 100 DEGREE PROGRAMS AND 80 CREDENTIAL AND CERTIFICATE PROGRAMS APPROXIMATELY 178,000 INDIVIDUALS HAVE GRADUATED FROM THE UNIVERSITY SINCE ITS INCEPTION IN 1971 APPROXIMATELY 22,300 INDIVIDUALS ATTENDED CLASSES DURING THE TAX YEAR ENDING JUNE 30, 2011

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 118,742,185

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	649		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,245		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	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 15a or 15b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHELLE BELLO ASSOCIATE VP FINANCE
11355 NORTH TORREY PINES ROAD
LA JOLLA, CA 920371011
(858) 642-8636

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,410,029	0	477,541

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 88

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL MEDIA SYSTEMS INC DBA GLOBAL MED 30252 TOMAS SUITE 200 RANCHO SANTA MARGARITA, CA 92688	MARKETING & CONSULTING	6,496,179
E-STORM CORP INC 530 BUSH STREET SUITE 600 SAN FRANCISCO, CA 94108	MARKETING & CONSULTING	5,737,992
CLEAR CHANNEL BROADCASTING INC PO BOX 659512 SAN ANTONIO, TX 78265	MARKETING & CONSULTING	3,200,274
ROEL CONSTRUCTION COMPANY 3366 KURTZ ST SAN DIEGO, CA 92110	CONSTRUCTION/CONSULTING	2,425,358
CEDARCRESTONE PO BOX 402521 ATLANTA, GA 30384	CONSULTING	1,032,470

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 ▶ 103

Part VIII 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	650,004			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,774,567			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		3,424,571			
Program Service Revenue		Business Code				
	2a STUDENT TUITION	611710	178,934,987	178,934,987		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		178,934,987			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		4,265,886	4,265,886		
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	2,868,208	53,719			
	b Less rental expenses	940,130	46,438			
	c Rental income or (loss)	1,928,078	7,281			
	d Net rental income or (loss) . . . . . ▶		1,935,359		7,281	1,928,078
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	103,198,030				
	b Less cost or other basis and sales expenses	92,834,297	219,250			
	c Gain or (loss)	10,363,733	-219,250			
	d Net gain or (loss) . . . . . ▶		10,144,483	10,144,483		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a		79,190			
	b Less direct expenses . . . b		35,393			
	c Net income or (loss) from fundraising events . . ▶		43,797			43,797
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	4,537,231	4,537,231		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		4,537,231			
	12 **Total revenue.** See Instructions . . . ▶		203,286,314	197,882,587	7,281	1,971,875

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	774,935	774,935		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,065,336		3,065,336	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	70,930,167	52,914,693	17,678,557	336,917
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	16,364,689	11,740,035	4,550,742	73,912
10 Payroll taxes	5,520,189	4,465,113	1,043,435	11,641
a Fees for services (non-employees) Management				
b Legal	11,657,691	7,924,144	3,730,797	2,750
c Accounting	298,163	37,589	260,574	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,026,018	1,359,790	662,933	3,295
14 Information technology				
15 Royalties				
16 Occupancy	9,076,416	5,579,688	3,496,728	
17 Travel	1,677,250	1,094,741	580,286	2,223
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,233,523	709,811	1,523,052	660
20 Interest	341,203	341,203		
21 Payments to affiliates	982,969		982,969	
22 Depreciation, depletion, and amortization	12,183,170	8,516,036	3,667,134	
23 Insurance	1,145,112	18,322	1,126,790	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PRINTING	17,845,450	12,156,973	5,683,240	5,237
b DONATIONS	4,936,117		4,936,117	
c CONSULTING	3,212,189	3,212,189		
d SMALL EQUIPMENT	2,655,282	1,856,042	799,240	
e TELEPHONE	2,041,706	1,424,754	614,553	2,399
f All other expenses	9,097,727	4,616,127	4,473,515	8,085
25 **Total functional expenses.** Add lines 1 through 24f	178,065,302	118,742,185	58,875,998	447,119
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		22,462,254	2	38,603,073
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,280,023	4	13,496,785
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		6,245,711	7	6,160,692
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 233,249,382			
	b	Less accumulated depreciation	10b 124,657,449	107,203,765	10c	108,591,933
	11	Investments—publicly traded securities		208,495,085	11	264,763,691
	12	Investments—other securities See Part IV, line 11		148,966,170	12	180,545,827
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		37,442,483	15	29,744,973
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		557,095,491	16	641,906,974
Liabilities	17	Accounts payable and accrued expenses		31,723,740	17	22,247,111
	18	Grants payable			18	
	19	Deferred revenue		10,108,412	19	20,102,779
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,267,251	23	10,978,459
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		936,418	25	707,791
	26	**Total liabilities.** Add lines 17 through 25		55,035,821	26	54,036,140
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		487,075,755	27	570,823,956
	28	Temporarily restricted net assets		2,949,117	28	4,676,479
	29	Permanently restricted net assets		12,034,798	29	12,370,399
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		502,059,670	33	587,870,834
	34	Total liabilities and net assets/fund balances		557,095,491	34	641,906,974

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	203,286,314
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,065,302
3	Revenue less expenses Subtract line 2 from line 1	3	25,221,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	502,059,670
5	Other changes in net assets or fund balances (explain in Schedule O)	5	60,590,152
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	587,870,834

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated 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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 23-7172306
Name: NATIONAL UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STACY ALLISON TRUSTEE	30	X						0	0	0
FELIPE BECERRA TRUSTEE	90	X						0	0	0
JOHN BUCHER TRUSTEE	30	X						0	0	0
RICHARD CHISHOLM TRUSTEE	30	X						0	0	0
JEANNE CONNELLY CHAIR, TRUSTEE	30	X						0	0	0
GERALD CZARNECKI TRUSTEE	30	X						0	0	0
KATE GRACE TRUSTEE	30	X						0	0	0
CHERYL KENDRICK TRUSTEE	30	X						0	0	0
DR DONALD KRIPKE TRUSTEE	30	X						0	0	0
DR JERRY LEE II SEE SCH O CHANCELLOR, TRUSTEE	23 00	X		X				585,753	0	161,090
JEAN LEONARD TRUSTEE	30	X						0	0	0
HERBERT MEISTRICH VICE CHAIR, TRUSTEE	30	X						0	0	0
CARLOS RODRIGUEZ TRUSTEE	30	X						0	0	0
DR ALEXANDER SHIKHMAN TRUSTEE	30	X						0	0	0
JAY STONE TRUSTEE	90	X						0	0	0
JUDITH SWEET TRUSTEE	30	X						0	0	0
THOMAS TOPUZES BOARD SECRETARY, TRUSTEE	30	X						0	0	0
JACQUELINE TOWNSEND KONSTANTUROS TRUSTEE	90	X						0	0	0
WH KNIGHT JR TRUSTEE	30	X						0	0	0
MICHAEL R MCGILL TRUSTEE	30	X						0	0	0
RUTHANN HEINRICH TRUSTEE	30	X						0	0	0
DR E LEE RICE TRUSTEE	30	X						0	0	0
RICHARD E CARTER EXECUTIVE VP ADMIN AND BUSINESS	60 00			X				316,499	0	32,331
PATRICIA POTTER PRESIDENT	60 00			X				349,500	0	32,331
HOWARD E EVANS DEAN	40 00				X			172,998	0	17,591

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA BEAN ASSOCIATE PROVOST	40 00				X			190,056	0	15,181
MICHELLE BELLO ASSOC V P FINANCE	55 00				X			186,418	0	21,272
EILEEN HEVERON PROVOST	45 00				X			207,806	0	29,601
MICHAEL LACOURSE DEAN SCHOOL OF HEALTH AND	40 00				X			168,150	0	24,279
CYNTHIA LARSON-DAUGHERTY PRESIDENT - SPLC	45 00				X			168,638	0	21,107
WILLIAM BRUVOLD PRESIDENT, NUS INST PUBLI	40 00				X			163,246	0	11,393
ROBERT FREELEN V P , ALUMNI RELATIONS	40 00				X			182,417	0	7,680
CHARLES TATUM FACULTY	40 00					X		142,231	0	21,833
DAREN UPHAM ASSOC V P REGIONAL OPERA	40 00					X		141,914	0	20,623
KALANI BEYER DEAN SCHOOL OF EDUCATION	40 00					X		148,313	0	16,443
MAUREEN O'HARA FACULTY	40 00					X		143,286	0	22,295
CLIFFORD RUSSELL PROFESSOR	40 00					X		142,804	0	22,491

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	329,317,483	284,483,003	352,026,290		
b Contributions	10,337,601	5,484,181	656,972		
c Investment earnings or losses	66,556,652	39,350,299	-68,200,259		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	406,211,736	329,317,483	284,483,003		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 96 000 %
- b Permanent endowment ▶ 3 000 %
- c Term endowment ▶ 1 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,340,181		30,340,181
b Buildings		58,092,183	17,284,631	40,807,552
c Leasehold improvements		44,418,030	22,049,755	22,368,275
d Equipment		73,753,127	61,363,200	12,389,927
e Other		26,645,861	23,959,863	2,685,998
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				108,591,933

Part VII Investments—Other Securities. See 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN TAX EXEMPT NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL	630,889	C
(B) MARKETABLE ALTERNATIVE INVESTMENTS	120,086,046	F
(C) COMMONFUND - PRIVATE INTL	8,633,813	F
(D) COMMONFUND - PRIVATE VENTURE	39,595,393	F
(E) COMMONFUND - PRIVATE EQUITY	3,779,290	F
(F) INVESTMENT IN TAX EXEMPT WESTMED COLLEGE	3,816,960	C
(G) INVESTMENT IN TAX EXEMPT JOHN F KENNEDY UNIVERSITY	4,003,436	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	180,545,827	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO JOHN F KENNEDY UNIVERSITY	707,791
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	707,791

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	203,286,314
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	178,065,302
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,221,012
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	60,590,152
9	Total adjustments (net) Add lines 4 - 8	9	60,590,152
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	85,811,164

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	264,342,742
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	58,368,740		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	3,243,373		
e	Add lines **2a** through **2d**			2e	61,612,113
3	Subtract line **2e** from line **1**			3	202,730,629
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	555,685		
c	Add lines **4a** and **4b**			4c	555,685
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	203,286,314

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	178,531,578
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,021,961		
e	Add lines **2a** through **2d**			2e	1,021,961
3	Subtract line **2e** from line **1**			3	177,509,617
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	555,685		
c	Add lines **4a** and **4b**			4c	555,685
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	178,065,302

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS ENSURING NATIONAL UNIVERSITY'S ABILITY TO SUSTAIN AND ENHANCE QUALITY, COST EFFECTIVE EDUCATION OPPORTUNITIES FOR FUTURE ADULT LEARNERS THE ENDOWMENT WILL BE USED TO STRENGTHEN NATIONAL UNIVERSITY'S ABILITY TO SUSTAIN AND ENHANCE QUALITY, COST EFFECTIVE EDUCATION OPPORTUNITIES FOR FUTURE ADULT LEARNERS INVESTMENT EARNINGS ARE GENERALLY REINVESTED, INASMUCH AS NATIONAL UNIVERSITY DOES NOT OPERATE AT A DEFICIT SPECIFIC GIFTS TO THE TRUE ENDOWMENT CAN BE DIRECTED TOWARDS SPECIFIC PURPOSES SUCH AS SCHOLARSHIPS, THE LIBRARY, OR ENDOWED CHAIRS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ASC 740-10 PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN NU HAS NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS AND DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2011 AND 2010 NU RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WITHIN THE PROVISION FOR INCOME TAXES IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2011 AND 2010, NU DID NOT RECOGNIZE ANY PENALTIES OR INTEREST RELATED TO INCOME TAXES AS OF JUNE 30, 2011, THE FEDERAL INCOME TAX RETURNS OPEN TO EXAMINATION ARE 2007, 2008 AND 2009 AND THE CALIFORNIA INCOME TAX RETURNS OPEN TO EXAMINATION ARE 2006, 2007, 2008 AND 2009
		PART XII, LINE 2D EQUITY IN TAX EXEMPT AFFILIATES AND RENTAL EXPENSES
		PART XII, LINE 4B LOSS ON SALE OF EQUIPMENT
		PART XI, LINE 8 EQUITY IN TAX EXEMPT AFFILIATE EARNINGS AND NET UNREALIZED GAINS
		PART XIII, LINE 2D RENTAL EXPENSES
		PART XIII, LINE 4B LOSS ON SALE OF ASSETS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	ALL ADVERTISING PLACED IN THE MEDIA CONTAINS THE FOLLOWING STATEMENT "ADMISSION IS OPEN TO ALL QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, CREED, AGE OR ETHNIC ORIGIN"
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES SEOG AND PERKINS GRANTS FROM THE U S GOVERNMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	0	24	ATTEND SEMINARS AND CONFERENCES		49,464
NORTH AMERICA	0	3	ATTEND SEMINARS AND CONFERENCES, RESEARCH		13,759
EAST ASIA AND THE PACIFIC	1	68	PROGRAM SERVICE, TRAVEL	SEE PAGE 2 PART III MAJOR PROGRAM SERVICES - SIMILIAR ACTIVITY AS IN UNITED STATES	639,857
MIDDLE EAST & NORTH AFRICA	0	1	ATTEND SEMINARS AND CONFERENCES		3,175
SOUTH AMERICA	1	43	PROGRAM SERVICE, TRAVEL	SEE PAGE 2 PART III MAJOR PROGRAM SERVICES - SIMILIAR ACTIVITY AS IN UNITED STATES	404,474
SOUTH ASIA	0	102	STUDENT RECRUITING AND MARKETING		145,357
3a Sub-total	2	241			1,256,086
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	2	241			1,256,086

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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 Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 23-7172306
Name: NATIONAL UNIVERSITY

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	79,190			79,190
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	79,190			79,190
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,079			3,079
	6 Rent/facility costs	25,816			25,816
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,498			6,498
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				35,393
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				43,797

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) VARIOUS SCHOLARSHIPS	878	774,935			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NATIONAL UNIVERSITY IDENTIFIES ELIGIBLE GRANTEES RELATED TO EDUCATIONAL AND COMMUNITY PURPOSES GRANTEES ARE MONITORED AS APPROPRIATE THROUGH PERIODIC REPORTS AND SITE INSPECTIONS
OTHER INFORMATION	PART IV	NATIONAL UNIVERSITY OFFERS VARIOUS TYPES OF ACADEMIC AND NEED BASED SCHOLARSHIPS TO STUDENTS IN AN EFFORT TO MAKE QUALITY HIGHER EDUCATION AFFORDABLE THE FOLLOWING ARE SOME, BUT NOT ALL, OF THE SCHOLARSHIPS OFFERED COLLEGIATE HONOR AWARD, COMMUNITY SCHOLARSHIP, MILITARY TUITION SCHOLARSHIP, NEED BASED GRANT SCHOLARSHIP, PRESIDENTIAL TUITION SCHOLARSHIP, PROMISING SCHOLAR AWARD, AND TRANSFER TO TRIUMPH SCHOLARSHIP

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☑ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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 pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**	Yes	
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR JERRY LEE II SEE SCH O	(i)	228,000	123,310	234,443	139,050	22,040	746,843	0
	(ii)	0	0	0	0	0	0	0
(2) RICHARD E CARTER	(i)	316,499	0	0	17,150	15,181	348,830	0
	(ii)	0	0	0	0	0	0	0
(3) PATRICIA POTTER	(i)	349,500	0	0	17,150	15,181	381,831	0
	(ii)	0	0	0	0	0	0	0
(4) HOWARD E EVANS	(i)	172,998	0	0	12,097	5,494	190,589	0
	(ii)	0	0	0	0	0	0	0
(5) DEBRA BEAN	(i)	190,056	0	0	0	15,181	205,237	0
	(ii)	0	0	0	0	0	0	0
(6) MICHELLE BELLO	(i)	186,418	0	0	13,023	8,249	207,690	0
	(ii)	0	0	0	0	0	0	0
(7) EILEEN HEVERON	(i)	207,806	0	0	14,420	15,181	237,407	0
	(ii)	0	0	0	0	0	0	0
(8) MICHAEL LACOURSE	(i)	168,150	0	0	12,212	12,067	192,429	0
	(ii)	0	0	0	0	0	0	0
(9) CYNTHIA LARSON-DAUGHERTY	(i)	168,638	0	0	484	20,623	189,745	0
	(ii)	0	0	0	0	0	0	0
(10) WILLIAM BRUVOLD	(i)	163,246	0	0	11,393	0	174,639	0
	(ii)	0	0	0	0	0	0	0
(11) ROBERT FREELEN	(i)	182,417	0	0	6,635	1,045	190,097	0
	(ii)	0	0	0	0	0	0	0
(12) CHARLES TATUM	(i)	142,231	0	0	9,114	12,719	164,064	0
	(ii)	0	0	0	0	0	0	0
(13) DAREN UPHAM	(i)	141,914	0	0	0	20,623	162,537	0
	(ii)	0	0	0	0	0	0	0
(14) KALANI BEYER	(i)	148,313	0	0	9,861	6,582	164,756	0
	(ii)	0	0	0	0	0	0	0
(15) MAUREEN O'HARA	(i)	143,286	0	0	9,576	12,719	165,581	0
	(ii)	0	0	0	0	0	0	0
(16) CLIFFORD RUSSELL	(i)	142,804	0	0	9,772	12,719	165,295	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	UNDER PATRICIA POTTER'S EMPLOYMENT CONTRACT, SHE IS PROVIDED THE PRESIDENT'S RESIDENCE, WHERE SHE CAN HOST RECEPTIONS AND CONDUCT OTHER BUSINESS UNDER DR LEE'S EMPLOYMENT CONTRACT, HE IS REIMBURSED FOR CERTAIN EXPENSES FOR HOUSING RECEPTIONS AND CONDUCTING OTHER UNIVERSITY RELATED BUSINESS DR LEE IS THE OWNER OF THE RESIDENCE UNDER DR LEE'S EMPLOYMENT CONTRACT, HE HAS THE USE OF A MEMBERSHIP AT A COUNTRY CLUB, THOUGH HE PAYS FOR MEALS AND INCIDENTAL EXPENSES
	PART I, LINE 4B	DR JERRY LEE, RICHARD CARTER, AND PATRICIA POTTER PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING FISCAL YEAR ENDING JUNE 30, 2011, HOWEVER, THEY DID NOT RECEIVE ANY PLAN DISTRIBUTIONS
	PART I, LINE 5	DR LEE IS ELIGIBLE EACH YEAR, BASED ON PERFORMANCE METRICS THAT INCLUDE NEW REVENUES, INCREASE IN GROSS REVENUES, AND CHANGES IN THE EXPENSE/REVENUE RATIO OF NATIONAL UNIVERSITY, AND OTHER MEMBERS OF THE NATIONAL UNIVERSITY SYSTEM ("NUS"), FOR AN ANNUAL INCENTIVE AWARD THAT IS CONTRIBUTED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OTHER AWARD METRICS INCLUDE STUDENT ENROLLMENTS, ENDOWMENTS, AND FACILITIES DEVELOPMENT/UTILIZATION THE DOLLAR AMOUNT OF THE AWARD DEPENDS ON WHETHER EACH METRIC REACHES A THRESHOLD LEVEL, A TARGET LEVEL, OR A MAXIMUM LEVEL THE AWARD IS NOT COMPUTED AS A PERCENTAGE OF REVENUE THE PERFORMANCE METRICS, AWARD LEVELS, AND THE MAXIMUM DOLLAR AMOUNTS ARE SET ANNUALLY IN ADVANCE BY THE BOARD OF TRUSTEES OR ITS DELEGATED COMMITTEE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7172306
Name: NATIONAL UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JERRY LEE II SEE SCH O	(I)	228,000	123,310	234,443	139,050	22,040	746,843	0
	(II)	0	0	0	0	0	0	0
RICHARD E CARTER	(I)	316,499	0	0	17,150	15,181	348,830	0
	(II)	0	0	0	0	0	0	0
PATRICIA POTTER	(I)	349,500	0	0	17,150	15,181	381,831	0
	(II)	0	0	0	0	0	0	0
HOWARD E EVANS	(I)	172,998	0	0	12,097	5,494	190,589	0
	(II)	0	0	0	0	0	0	0
DEBRA BEAN	(I)	190,056	0	0	0	15,181	205,237	0
	(II)	0	0	0	0	0	0	0
MICHELLE BELLO	(I)	186,418	0	0	13,023	8,249	207,690	0
	(II)	0	0	0	0	0	0	0
EILEEN HEVERON	(I)	207,806	0	0	14,420	15,181	237,407	0
	(II)	0	0	0	0	0	0	0
MICHAEL LACOURSE	(I)	168,150	0	0	12,212	12,067	192,429	0
	(II)	0	0	0	0	0	0	0
CYNTHIA LARSON-DAUGHERTY	(I)	168,638	0	0	484	20,623	189,745	0
	(II)	0	0	0	0	0	0	0
WILLIAM BRUVOLD	(I)	163,246	0	0	11,393	0	174,639	0
	(II)	0	0	0	0	0	0	0
ROBERT FREELEN	(I)	182,417	0	0	6,635	1,045	190,097	0
	(II)	0	0	0	0	0	0	0
CHARLES TATUM	(I)	142,231	0	0	9,114	12,719	164,064	0
	(II)	0	0	0	0	0	0	0
DAREN UPHAM	(I)	141,914	0	0	0	20,623	162,537	0
	(II)	0	0	0	0	0	0	0
KALANI BEYER	(I)	148,313	0	0	9,861	6,582	164,756	0
	(II)	0	0	0	0	0	0	0
MAUREEN O'HARA	(I)	143,286	0	0	9,576	12,719	165,581	0
	(II)	0	0	0	0	0	0	0
CLIFFORD RUSSELL	(I)	142,804	0	0	9,772	12,719	165,295	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

Schedule L (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) CHERYL KENDRICK	TRUSTEE	10,809
(2) FELIPE BECERRA	TRUSTEE	10,035

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN BUCHER	TRUSTEE	260,856	SEE SCH O JOHN BUCHER, CEO OF JOHN BUCHER REAL ESTATE CO, INC , PROVIDED REAL ESTATE SERVICES TO THE UNIVERSITY DURING THE 2010-2011 FISCAL YEAR THE FIRM RECEIVED ARMS LENGTH FEES OF $260,856 DURING FYE 6/30/11		No
(2) DR E LEE RICE	TRUSTEE	20,000	SEE SCH O DR E LEE RICE PROVIDED CONSULTING SERVICES TO THE UNIVERSITY DURING THE 2010-2011 FISCAL YEAR HE RECEIVED ARMS LENGTH FEES OF $20,000 DURING FYE 6/30/11		No
(3) FELIPE BECERRA	TRUSTEE	199,164	SEE SCH O FELIPE BECERRA, MANAGING PARTNER AND OWNER OF CREDITOR IUSTUS ET REMEDIUM LLP, COLLECTED ACCOUNTS FOR THE UNIVERSITY DURING THE 2010-2011 FISCAL YEAR THE FIRM RECEIVED ARMS LENGTH FEES OF $199,164 DURING FYE 6/30/11		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493131028322

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE DRAFT FORM 990 WAS DISTRIBUTED TO SENIOR MANAGEMENT THE FINAL VERSION OF FORM 990 WAS DISTRIBUTED TO THE EXECUTIVE COMMITTEE ON A PASSWORD-PROTECTED WEBSITE, LINKED TO AN E-MAIL SENT TO THE TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES HAS PERIODICALLY REVIEWED AND APPROVED (BY A MAJORITY OF DISINTERESTED TRUSTEES) THE BUSINESS TRANSACTIONS WITH TRUSTEES OR THEIR AFFILIATED PROFESSIONAL SERVICE FIRMS SUCH REVIEWS INCLUDE CONSIDERATION OF DATA ON COMPARABLE SERVICE PROVIDERS THE INTERESTED TRUSTEES WERE EXCUSED FROM BOARD SESSIONS DURING WHICH THOSE BUSINESS TRANSACTIONS WERE DISCUSSED, AND ABSTAINED FROM VOTING ON SUCH TRANSACTIONS THE MOST RECENT SUCH REVIEW OCCURRED DURING FISCAL YEAR 2010-11 SEE ALSO STATEMENTS ON SCHEDULE O WITH REFERENCE TO SCHEDULE L THE CONFLICT OF INTEREST POLICY WAS REVIEWED AND UPDATED BY THE BOARD IN OCTOBER, 2009 QUESTIONNAIRES HAVE BEEN DISTRIBUTED COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WAS REVIEWED BY THE BOARD AT THE FEBRUARY, 2011 MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE PRESIDENT OF THE UNIVERSITY IS REVIEWED BY THE BOARD AT THE TIME OF HIRING AND AS NECESSARY THEREAFTER COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED OR REVIEWED BY THE PRESIDENT, IN COORDINATION WITH THE CHANCELLOR OF THE NATIONAL UNIVERSITY SYSTEM ("NUS") IN BOTH CASES, COMPENSATION IS DETERMINED WITH REGARD TO COMPENSATION PAID TO SENIOR EXECUTIVES OF COMPARABLE NON-PROFIT AND PROPRIETARY INSTITUTIONS IN EDUCATION AND OTHER FIELDS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAINS, NET 58,368,740 EQUITY EARNINGS OF TAX-EXEMPT AFFILIATE (NATIONAL U VIRTUAL HIGH SCHOOL) 241,819 EQUITY EARNINGS OF TAX-EXEMPT AFFILIATE (WESTMED) 280,683 EQUITY EARNINGS OF TAX-EXEMPT AFFILIATE (JOHN F KENNEDY UNIVERSITY) 1,698,910 TOTAL TO FORM 990, PART XI, LINE 5 60,590,152

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE FISCAL YEAR 2010-2011, THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE ORGANIZATION PURSUES ITS MISSION WITH DUE REGARD TO ITS LEVELS OF ACCREDITATION THE BOARD OF TRUSTEES UPDATED ITS MISSION AT A MEETING IN 2010

Identifier	Return Reference	Explanation
RELATED PARTY TRANSACTIONS	SCHEDULE L, RELATED PARTY TRANSACTIONS	MR BECERRA, MR RICE AND MR BUCHER PROVIDED SERVICES TO THE UNIVERSITY AND SERVED ON ITS BOARD OF TRUSTEES TRUSTEES ARE NOT COMPENSATED FOR BOARD SERVICE AND MR BECERRA, MR RICE AND MR BUCHER ARE NOT EMPLOYEES OF THE UNIVERSITY THE UNIVERSITY'S RETENTION OF MR BECERRA, MR RICE AND MR BUCHER WAS APPROVED BY DISINTERESTED BOARD MEMBERS AFTER SURVEYING MARKET RATES FOR SIMILAR SERVICES AND DETERMINED THE RATES CHARGED BY COMPARABLE FIRMS THEY WERE EXCUSED FROM BOARD SESSIONS DURING WHICH TRANSACTIONS IN WHICH THEY HAD A FINANCIAL INTEREST WERE DISCUSSED, AND ABSTAINED FROM VOTING ON SUCH TRANSACTIONS THE UNIVERSITY HAS REPORTED ALL FEES, COMMISSIONS, AND OTHER COMPENSATION PAID TO TRUSTEES DURING THE 2010-2011 FISCAL YEAR

Identifier	Return Reference	Explanation
GRANTS DESCRIPTION	FORM 990, PART VIII, LINE 1F, GRANTS	THE UNIVERSITY RECEIVES SEOG, PELL, SMART, AND ACG GRANTS FROM THE U S GOVERNMENT THESE GRANTS ARE DISBURSED TO A LARGE NUMBER OF STUDENTS DETAILED LISTS ARE MAINTAINED BY THE UNIVERSITY

Identifier	Return Reference	Explanation
DR LEE COMPENSATION	FORM 990, PART VII, COMPENSATION	AS CHANCELLOR OF THE NATIONAL UNIVERSITY SYSTEM ("NUS") PURSUANT TO THE AFFILIATION AGREEMENT, DR LEE GUIDES THE STRATEGIC DIRECTION OF THE NU AFFILIATES HE HAS SPEARHEADED THE CREATION AND GROWTH OF THE NUS SINCE ITS INCEPTION IN 2001 DURING THE FISCAL YEAR 2008-2009, HE LED THE NEGOTIATIONS THAT CULMINATED IN JOHN F KENNEDY UNIVERSITY BECOMING AN AFFILIATE OF THE NUS THANKS TO THAT AFFILIATION, THE NUS NOW INCLUDES AN INSTITUTION THAT IS ACCREDITED TO AWARD DOCTORAL DEGREES SEE STATEMENT ON SCHEDULE O THAT REFERENCES SCHEDULE R, FOR A DESCRIPTION OF THE NUS THE CHANCELLOR'S COMPENSATION IS ALLOCATED AMONG OTHER NUS AFFILIATES SEE FORM 990 FILED BY SYSTEM MANAGEMENT GROUP ("SMG") NONE OF DR LEE'S COMPENSATION IS ALLOCATED TO ANY OTHER ORGANIZATION OUTSIDE THE NUS

Identifier	Return Reference	Explanation
COMPENSATION RELATED PARTY	FORM 990, PART VII AND SCHEDULE J, PART II	ALL COMPENSATION FOR CERTAIN OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES IS ALLOCATED THROUGH SMG SMG EXISTS TO ALLOCATE SUPPORT AMONGST THE VARIOUS NUS AFFILIATES COMPENSATION THAT WOULD NORMALLY BE REQUIRED ON FORM 990, PART VII AND SCHEDULE J, PART II IS AS FOLLOWS A B(I) B(II) B(III) C D E NAME BASE BONUS OTHER DEFERRED NONTAX TOTAL ---------- ---------- DR JERRY C LEE(II) 132,000 71,390 135,730 80,502 12,760 432,382

Identifier	Return Reference	Explanation
	SCHEDULE R, RELATED ORGANIZATIONS	THE NUS IS AN ALLIANCE OF EDUCATIONAL INSTITUTIONS, SERVING DIVERSE LEARNERS FROM HIGH SCHOOL TO DOCTORAL PROGRAMS THE NUS INCLUDES 5 INDEPENDENT NON-PROFIT ORGANIZATIONS EXEMPT UNDER IRC SECTION 501(C)(3) NATIONAL UNIVERSITY, NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL, WESTMED COLLEGE, JOHN F KENNEDY UNIVERSITY (WHICH OFFERS DOCTORAL PROGRAMS AS WELL AS A LAW SCHOOL), AND SYSTEM MANAGEMENT GROUP (SMG) SMG IS A SUPPORTING ORGANIZATION EXEMPT UNDER IRC SECTION 509(A)(3) WHICH PROVIDES SUPPORT AND SERVICES TO ITS TAX-EXEMPT AFFILIATES IN THE NUS SPECTRUM PACIFIC LEARNING COMPANY LLC AND NATIONAL UNIVERSITY INTERNATIONAL LLC ARE WHOLLY-OWNED BY NATIONAL UNIVERSITY, AND ARE TREATED AS DISREGARDED ENTITIES FOR TAX PURPOSES ANOTHER AFFILIATE OF THE NUS IS NATIONAL UNIVERSITY ACADEMY, A CHARTER SCHOOL UNDER THE RECENTLY-CLARIFIED [2009] INSTRUCTIONS TO FORM 990, NATIONAL UNIVERSITY REPORTS 3 "RELATED ORGANIZATIONS" 2 DISREGARDED ENTITIES (SPECTRUM PACIFIC LEARNING CENTER, LLC AND NATIONAL UNIVERSITY INTERNATIONAL, LLC) AND 1 SUPPORTING ORGANIZATION (SMG) NONE OF THE OTHER AFFILIATES OF THE NUS ARE "RELATED ORGANIZATIONS" TO NATIONAL UNIVERSITY (ACCORDING TO THE DEFINITIONS IN THE INSTRUCTIONS), BECAUSE THE TRUSTEES AND OFFICERS OF NATIONAL UNIVERSITY, ACTING IN THOSE CAPACITIES, HAVE NO AUTHORITY TO REMOVE, REPLACE, OR APPOINT A MAJORITY OF THE GOVERNING BODY OF THOSE OTHER AFFILIATES THE BOARD OF TRUSTEES OF EACH AFFILIATE, ACTING IN ITS INDEPENDENT CAPACITY, PERIODICALLY APPOINTS ITS OWN NEW TRUSTEES MOREOVER, NONE OF THE OTHER AFFILIATES OF THE NUS, NOTWITHSTANDING THE OVERLAPPING COMPOSITION OF THEIR BOARDS OF TRUSTEES, CAN PROPERLY BE VIEWED AS A PARENT OR CHILD OF NATIONAL UNIVERSITY BECAUSE OF THEIR FUNCTIONAL INDEPENDENCE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SPECTRUM PACIFIC LEARNING COMPANY 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 23-7172306	E-LEARNING SOLUTION AND SERVICE PROVIDER	CA	484,089	4,094,913	NATIONAL UNIVERSITY
(2) NATIONAL UNIVERSITY INTERNATIONAL 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 23-7172306	GLOBAL MARKETING AND DISTRIBUTION CHANNEL FOR ALL AFFILIATES ONLINE PROGRAMS	CA	883,491	2,854,370	NATIONAL UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SYSTEM MANAGEMENT GROUP 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 20-1269904	PROVIDE ADMINSTRATIVE SERVICES TO AFFILIATED INSTITUTIONS	CA	501(C)(3)	509(A)(3)	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131028322

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
NATIONAL UNIVERSITY	FORM 990 PAGE 10	23-7172306

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	12,183,170
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	