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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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
LYNN UNIVERSITY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
3601 North Military Trail

Room/suite

City or town, state or country, and ZIP + 4
Boca Raton, FL 33431

D Employer identification number
59-1023117

E Telephone number
(561) 237-7181

G Gross receipts $ 105,506,907

F Name and address of principal officer
KEVIN ROSS
3601 North Military Trail
Boca Raton, FL 33431

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW LYNN EDU

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

L Year of formation 1972

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF LYNN UNIVERSITY IS TO PROVIDE THE EDUCATION, SUPPORT AND ENVIRONMENT THAT ENABLE STUDENTS TO REACH THEIR FULL POTENTIAL AND TO PREPARE FOR SUCCESS IN THE WORLD

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,155
6	Total number of volunteers (estimate if necessary)	**6**	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,674,671	3,305,103
9	Program service revenue (Part VIII, line 2g)	67,749,576	65,929,017
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,009,508	2,281,532
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,338,172	701,280
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,771,927	72,216,932
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,217,503	13,909,944
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)	36,224,691	37,565,976
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,808,784		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	25,657,453	25,223,142
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	76,099,647	76,699,062
19	Revenue less expenses Subtract line 18 from line 12	-327,720	-4,482,130

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	112,793,442	107,880,023
21	Total liabilities (Part X, line 26)	38,632,051	36,646,623
22	Net assets or fund balances Subtract line 21 from line 20	74,161,391	71,233,400

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

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

LAURIE LEVINE VP BUSINESS AND FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 33301				Phone no ▶ (954) 202-8600

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

FOUNDED IN 1962 AND LOCATED IN BOCA RATON, FLORIDA, LYNN UNIVERSITY IS A PRIVATE, COEDUCATIONAL INSTITUTION ACCREDITED BY THE SOUTHERN ASSOCIATION ON OF COLLEGES AND SCHOOLS (SACS) AND WHOSE PRIMARY PURPOSES ARE (CONTINUED ON SCHEDULE 0)

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 $ 35,175,673 including grants of $ 11,980,427) (Revenue $ 54,325,772)

ACADEMIC INSTRUCTION - THE UNIVERSITY OFFERS BACHELOR'S, MASTER'S AND A DOCTORAL DEGREE THE ACADEMIC PROGRAM IS DESIGNED FOR TRADITIONAL AGED STUDENTS, AS WELL AS A GROWING POPULATION OF ADULT LEARNERS TODAY, MORE THAN 2,100 STUDENTS COME FROM THE LOCAL SOUTH FLORIDA COMMUNITY, THE UNITED STATES, AND MORE THAN 80 NATIONS PRESENTLY, THE UNIVERSITY OFFERS FOUR MASTER'S DEGREES WITH 18 SPECIALIZATIONS AS WELL AS ONE DOCTORAL DEGREE AND FOUR BACHELOR'S DEGREES WITH 30 MAJORS, AND WITHIN THEM, 8 SPECIALIZATIONS LYNN UNIVERSITY IS PROUD OF ITS TRADITION OF EDUCATING MEN AND WOMEN WHO ASSUME POSITIONS OF RESPONSIBILITY IN THEIR PROFESSIONS AND BECOME LEADERS IN THEIR CHOSEN PROFESSIONS (CONTINUED ON SCHEDULE O)

4b (Code) (Expenses $ 15,745,619 including grants of $) (Revenue $ 675,832)

STUDENT ACTIVITIES AND PROGRAMS - A PROGRAM OF ACTIVITIES COMPLEMENTS THE ACADEMIC PROGRAM STUDENTS CHOOSE THOSE ACTIVITIES THAT WILL CONTRIBUTE TO THEIR PERSONAL DEVELOPMENT AND ENJOYMENT - STUDENT GOVERNMENT, SERVICE CLUBS, SPORTS, SOCIAL FRATERNITIES, AND NUMEROUS SPECIAL INTEREST ORGANIZATIONS IN ADDITION, THE UNIVERSITY OFFERS A FORMAL LEADERSHIP CERTIFICATION PROGRAM, AVAILABLE TO ALL STUDENTS (CONTINUED ON SCHEDULE O)

4c (Code) (Expenses $ 12,260,708 including grants of $ 1,929,517) (Revenue $ 9,646,751)

RESIDENCE HALLS, FOOD SERVICE AND BOOKSTORE - THE UNIVERSITY MAINTAINS FIVE RESIDENCE HALLS THAT PROVIDE FULL LIVING ACCOMMODATIONS FOR MORE THAN HALF OF ITS UNDERGRADUATE STUDENT POPULATION EACH ROOM IS FURNISHED TO MEET STUDENTS' NEEDS, INCLUDING TELEPHONE, TV CABLE, AND WIRELESS INTERNET SERVICE STUDENTS LIVING ON CAMPUS ARE REQUIRED TO BE ON THE UNIVERSITY MEAL PLAN THE PLAN INCLUDES "FREEDOM" OPTIONS THAT LET STUDENTS DINE IN THE CAMPUS GRILL OR COFFEE SHOP DURING OFF HOURS COMMUTER STUDENTS, FACULTY AND VISITORS CAN PURCHASE MEALS DIRECTLY THROUGH THE UNIVERSITY'S FOOD SERVICE VENDOR THE LYNN UNIVERSITY BOOKSTORE OFFERS TEXT AND OTHER TRADE BOOKS, SCHOOL-BRANDED CLOTHING AND ACCESSORIES, AS WELL AS VARIOUS OTHER SUPPLIES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,333,200 including grants of $) (Revenue $ 1,533,421)

4e **Total program service expenses** ▶ $ 64,515,200

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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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	2,506		
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		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,155		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		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 ▶

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 ▶

Laurie Levine VP-Bus Fin
3601 North Military Trail
Boca Raton, FL 33431
(561) 237-7181

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)**								3,227,566	0	815,330

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 ▶ 31

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
G4S SECURE SOLUTIONS (USA) INC (PREVIOUSLY WACKENHUT) 1395 UNIVERSITY BOULEVARD JUPITER, FL 33458	SECURITY SERVICES	574,336
FIRE ENGINE RED PO BOX 1851 PHILADELPHIA, PA 19105	STDN SRCH CONSULTING	256,775
GERRITTS CONSTRUCTION 8177 GLADES ROAD BOCA RATON, FL 33434	GENERAL CONSTRUCTION	245,866
MINDPOWER INCORPORATED 337 GEORGIA AVE SE ATLANTA, GA 30312	MARKETING STRATEGY	236,431
SUNNYLAND IRRIGATION 3114 45TH ST WEST PALM BEACH, FL 33407	IRRIGATION DESIGN & CONSTRUCTION	222,085

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 ▶ 11

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	57,323				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	583,830				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,663,950				
	g Noncash contributions included in lines 1a-1f $	268,515				
	h **Total.** Add lines 1a-1f . . . . . ▶		3,305,103			
Program Service Revenue		Business Code				
	2a STUDENT TUITION AND RELATED FEES		54,325,772	54,325,772		
	b RESIDENCE HALL, ROOM AND BOARD FEES		8,749,481	8,749,481		
	c BOOKSTORE SALES		897,270	897,270		
	d CAMP FEES		1,533,421	1,533,421		
	e STUDENT ACTIVITY INCOME		423,073	423,073		
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . . ▶		65,929,017			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,104,080			1,104,080
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	589,771				
	b Less rental expenses	218,974				
	c Rental income or (loss)	370,797	0			
	d Net rental income or (loss) . . . . . ▶		370,797			370,797
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	34,171,396	45,855			
	b Less cost or other basis and sales expenses	32,587,512	452,287			
	c Gain or (loss)	1,583,884	-406,432			
	d Net gain or (loss) . . . . . ▶		1,177,452	0	0	1,177,452
Other Revenue	8a Gross income from fundraising events (not including $ 57,323 of contributions reported on line 1c) See Part IV, line 18 . . . a		75,807			
	b Less direct expenses . . . b		31,202			
	c Net income or (loss) from fundraising events . . ▶		44,605		0	44,605
	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 . . . ▶		0	0	0	0
	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 . . ▶		0	0	0	0
	Miscellaneous Revenue	Business Code				
	11a COMMUNITY CULTURAL AFFAIRS	900099	252,759	252,759		
	b OTHER	900099	33,119			33,119
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . ▶		285,878			
	12 **Total revenue.** See Instructions . . . ▶		72,216,932	66,181,776	0	2,730,053

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	13,909,944	13,909,944		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,446,059	889,507	1,163,956	392,596
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	26,344,263	21,512,013	2,633,814	2,198,436
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	961,183	711,770	158,701	90,712
9 Other employee benefits	5,716,839	4,317,138	915,036	484,665
10 Payroll taxes	2,097,632	1,658,179	252,007	187,446
a Fees for services (non-employees) Management	486,962	250,919	45,637	190,406
b Legal	3,180		3,180	
c Accounting	155,463		155,463	
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	212,012		212,012	
g Other	538,297	538,297		
12 Advertising and promotion	1,232,932	820,744	67,627	344,561
13 Office expenses	3,545,272	3,089,729	193,122	262,421
14 Information technology	727,907	136,904	589,913	1,090
15 Royalties	0			
16 Occupancy	5,559,567	5,131,934	305,082	122,551
17 Travel	957,287	776,407	71,642	109,238
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	150,494	111,646	28,507	10,341
20 Interest	1,083,199	1,010,950	47,877	24,372
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,408,736	5,047,973	239,066	121,697
23 Insurance	294,876	172,542	81,067	41,267
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 BOOKSTORE-COST OF GOODS SOLD	652,070	652,070		
b STUDENT PROGRAMMING	880,155	880,155		
c STUDY TOURS/INSTRUCTIONAL FEES	670,253	670,253		
d RECRUITMENT	675,034	646,476	28,558	
e DUES AND SUBSCRIPTIONS	318,347	178,771	101,966	37,610
f All other expenses	1,671,099	1,400,879	80,845	189,375
25 **Total functional expenses.** Add lines 1 through 24f	76,699,062	64,515,200	7,375,078	4,808,784
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	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		23,321	1	12,541
	2	Savings and temporary cash investments		7,318,696	2	3,873,210
	3	Pledges and grants receivable, net		2,577,032	3	1,225,405
	4	Accounts receivable, net		526,337	4	302,296
	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		2,347,072	7	2,329,378
	8	Inventories for sale or use		515,730	8	495,137
	9	Prepaid expenses and deferred charges		1,251,427	9	1,129,579
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 129,896,122			
	b	Less accumulated depreciation	10b 64,041,621	69,280,001	10c	65,854,501
	11	Investments—publicly traded securities		28,799,889	11	32,497,478
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		153,937	15	160,498
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		112,793,442	16	107,880,023
Liabilities	17	Accounts payable and accrued expenses		4,219,588	17	3,555,941
	18	Grants payable			18	
	19	Deferred revenue		5,511,589	19	6,235,030
	20	Tax-exempt bond liabilities		24,671,577	20	22,797,171
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,229,297	25	4,058,481
	26	**Total liabilities.** Add lines 17 through 25		38,632,051	26	36,646,623
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		51,593,627	27	47,669,129
	28	Temporarily restricted net assets		3,635,229	28	3,857,527
	29	Permanently restricted net assets		18,932,535	29	19,706,744
		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		74,161,391	33	71,233,400
	34	Total liabilities and net assets/fund balances		112,793,442	34	107,880,023

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	72,216,932
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,699,062
3	Revenue less expenses Subtract line 2 from line 1	3	-4,482,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	74,161,391
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,554,139
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	71,233,400

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	

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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).

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 59-1023117
Name: LYNN UNIVERSITY INC

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			
KEVIN ROSS PRESIDENT	40	X		X				328,156	0	161,983
JAN CARLSSON TRUSTEE	2	X						0	0	0
MARY HENKE TRUSTEE-PART YEAR	2	X						0	0	0
ARTHUR LANDGREN SECRETARY AND TRUSTEE	40	X		X				48,972	0	33,454
JOHN LANGAN TRUSTEE	2	X						0	0	0
CHRISTINE LYNN CHAIRPERSON	2	X		X				0	0	0
BRAD OSBORNE TRUSTEE	2	X						0	0	0
WILLIAM REHRIG TRUSTEE	2	X						0	0	0
VICTORIA RIXON TRUSTEE	2	X						0	0	0
PAUL ROBINO TRUSTEE	2	X						0	0	0
BILL SHUBIN TRUSTEE	2	X						0	0	0
STEPHEN SNYDER TRUSTEE/VICE CHAIR	2	X		X				0	0	0
GREG MALFITANO SVP FOR ADMINISTRATION	40			X				244,365	0	103,387
LAURIE LEVINE VP FOR BUSINESS AND FINANCE	40			X				205,647	0	71,697
JASON WALTON CHIEF OF STAFF	40			X				168,830	0	28,861
CHRISTIAN G BONIFORTI CHIEF INFORMATION OFFICER	40			X				152,422	0	31,700
PHILIP RIORDAN VP FOR STUDENT LIFE	40			X				148,155	0	63,131
DELSIE PHILLIPS VP FOR ENROLLMENT MANAGEMENT	40			X				169,024	0	13,995
JUDITH NELSON VP FOR DEVELOPMENT	40			X				211,470	0	13,068
MARGARET RUDDY GENERAL COUNSEL	40			X				196,525	0	86,256
CYNTHIA PATTERSON VP FOR ACADEMIC AFFAIRS	40			X				199,056	0	17,139
MICHELE MORRIS VP FOR MARKETING & COMNCTN	40			X				155,854	0	19,363
DIANE DICERBO DIRECTOR OF ACADEMIC ADVISING	40					X		168,658	0	65,474
RALPH NORCIO ASSOCIATE DEAN, BUSINESS SCHOOL	40					X		159,468	0	15,374
MARSHA GLINES DEAN, INST FOR ACHIEVEMENT AND LEARNING	40					X		145,395	0	14,730

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			
MATTHEW CHALOUX DIRECTOR, AUXILIARY SERVICES	40					X		153,378	0	27,493
DONALD ROSS PRESIDENT EMERITUS	10						X	133,342	0	21,035
GARETH FOWLES VP FOR ENROLLMENT MANAGEMENT	40			X				101,616	0	11,980
GREGG COX ACADEMIC DEAN	40					X		137,233	0	15,210
SEE SCHEDULE J FOR ADDITIONAL INFORMATION ON COMPENSATION		X	X	X	X	X		0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,333,200 including grants of $) (Revenue $ 1,533,421)

CHILDREN'S SUMMER CAMPS AND OTHER SPECIAL EDUCATIONAL PROGRAMS - DURING THE SUMMER MONTHS BETWEEN ACADEMIC YEARS FOR TRADITIONAL COLLEGE STUDENTS, A PORTION OF THE UNIVERSITY'S EDUCATIONAL FACILITIES ARE USED TO PROVIDE INSTRUCTION TO A COMBINED ENROLLMENT OF APPROXIMATELY 3,000 CHILDREN ATTENDING THREE THREE-WEEK SUMMER CAMP SESSIONS AND TO GROUPS OF ADULTS ENROLLED IN SPECIAL EDUCATIONAL PROGRAMS

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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 ▶ $ 16,395

(ii) Assets included in Form 990, Part X ▶ $ 2,092,624

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	19,185,356	16,992,187	17,767,724		
b	Contributions	774,209	1,264,716	972,502		
c	Investment earnings or losses	2,098,654	1,151,151	-1,748,039		
d	Grants or scholarships	402,223	67,698	0		
e	Other expenditures for facilities and programs	524,359	155,000	0		
f	Administrative expenses		0	0		
g	End of year balance	21,131,637	19,185,356	16,992,187		

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

- a Board designated or quasi-endowment ▶ 1 183 %
- b Permanent endowment ▶ 98 817 %
- c Term endowment ▶ 0 %

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	110,000	1,145,045		1,255,045
b Buildings		88,633,610	35,291,155	53,342,455
c Leasehold improvements				0
d Equipment		25,625,705	22,089,893	3,535,812
e Other		14,381,762	6,660,573	7,721,189
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				65,854,501

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation 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	0
FINANCIAL DERIVATIVE	1,896,058
ANNUITIES PAYABLE	38,729
DEFERRED COMPENSATION PAYABLE	2,123,694
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,058,481

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	72,216,932
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,699,062
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,482,130
4	Net unrealized gains (losses) on investments	4	1,126,347
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	427,792
9	Total adjustments (net) Add lines 4 - 8	9	1,554,139
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,927,991

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	59,484,035
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,126,347		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	262,712		
e	Add lines **2a** through **2d**			2e	1,389,059
3	Subtract line **2e** from line **1**			3	58,094,976
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	212,012		
b	Other (Describe in Part XIV)	4b	13,909,944		
c	Add lines **4a** and **4b**			4c	14,121,956
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	72,216,932

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

1	Total expenses and losses per audited financial statements			1	62,827,282
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	250,176		
e	Add lines **2a** through **2d**			2e	250,176
3	Subtract line **2e** from line **1**			3	62,577,106
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	212,012		
b	Other (Describe in Part XIV)	4b	13,909,944		
c	Add lines **4a** and **4b**			4c	14,121,956
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	76,699,062

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
Collections of art - description of collections	Schedule D, Part III, Line 4	THE UNIVERSITY HAS A COLLECTION OF AFRICAN ART, DISPLAYED IN THE LIBRARY THE COLLECTION OF AFRICAN ART INCLUDES SCULPTURES, CARVINGS AND TEXTILE ARTS, WHICH ARE DISPLAYED IN OPEN AREAS OF THE UNIVERSITY LIBRARY FOR THE ENJOYMENT OF THE PUBLIC THE STUDY OF THESE PIECES IS INCORPORATED INTO COURSES IN ART HISTORY, ART APPRECIATION AND INTERCULTURAL STUDIES
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 45 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF EDUCATIONAL PURPOSES, SCHOLARLY DEVELOPMENT, AND TO ENHANCE STUDENT LIFE ON CAMPUS ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS, CLASSIFIED BY THE BOARD OF TRUSTEES, TO FUNCTION AS ENDOWMENTS AND TO FURTHER THESE GOALS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE FLORIDA NONPROFIT CORPORATION ACT THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT EVALUATED THE UNIVERSITY'S TAX POSITIONS AND CONCLUDED THAT THE UNIVERSITY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (FASB ASC) WITH FEW EXCEPTIONS, THE UNIVERSITY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	U S DEPARTMENT OF EDUCATION FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK-STUDY, FEDERAL PERKINS LOAN, FEDERAL PELL GRANT, FEDERAL DIRECT STUDENT LOANS, ACADEMIC COMPETITIVENESS GRANT, SMART GRANT, AND TEACH GRANT FLORIDA DEPARTMENT OF EDUCATION FLORIDA MINORITY TEACHER'S FUND, FLORIDA RESIDENT ACCESS GRANT, FLORIDA WORK EXPERIENCE PROGRAM, FLORIDA PRIVATE STUDENT ASSISTANCE GRANT AND FLORIDA BRIGHT FUTURES SCHOLARSHIP PROJECT

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY TOURS	34,900
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY TOURS	163,325
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDY TOURS	148,215
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SEMESTER ABROAD	33,950
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY TOURS	21,870
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			402,260

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 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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
METHOD USED TO ACCOUNT FOR EXPENDITURES	SCHEDULE F	THE UNIVERSITY ACCOUNTS FOR REVENUE AND EXPENDITURES ON THE ACCRUAL BASIS DIRECT EXPENDITURES FOR STUDY TOURS ARE TRACKED SEPARATELY DESCRIPTION OF STUDY A BROAD PROGRAM LYNN UNIVERSITY OFFERS ITS STUDENTS A VARIETY OF STUDY ABROAD OPPORTUNITIES ALL AROUND THE WORLD THESE PROGRAMS PROVIDE INTERCULTURAL AND HISTORICAL PERSPECTIVE, ENHANCING THE EDUCATIONAL MISSION OF THE SCHOOL

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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 AUCTION (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	72,013	61,117		133,130
	2 Less Charitable contributions	52,656	4,667		57,323
	3 Gross income (line 1 minus line 2)	19,357	56,450	0	75,807
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes	4,025			4,025
	6 Rent/facility costs	6,985	4,941		11,926
	7 Food and beverages	8,342	5,106		13,448
	8 Entertainment				0
	9 Other direct expenses	414	1,389		1,803
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				31,202
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				44,605

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

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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) ATHLETIC SCHOLARSHIP AWARDS	141	3,178,628			
(2) ACADEMIC SCHOLARSHIP AWARDS	959	7,356,285			
(3) NEED BASED SCHOLARSHIP AWARDS	474	3,375,031			

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
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE UNIVERSITY AWARDS GRANTS AND LOANS BASED ON A SCHOLARSHIP PROGRAM AND THE FEDERAL GOVERNMENT REQUIREMENTS FOR ALL PROGRAMS, THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MUST BE FILLED OUT AND ELIGIBLITY IS DETERMINED BASED ON THE INFORMATION PROVIDED THE GRANT AWARDED IS CREDITED TO THEIR TUITION AT LYNN UNIVERSITY

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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**	Yes	
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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
Discretionary spending account	Schedule J, Part I, Line 1a	KEVIN ROSS HAS A DISCRETIONARY SPENDING ACCOUNT WHICH IS PART OF HIS EMPLOYMENT CONTRACT AND INCLUDED IN HIS TAXABLE COMPENSATION
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE PRESIDENT OF LYNN UNIVERSITY IS REQUIRED TO OCCUPY UNIVERSITY-OWNED HOUSING AS A CONDITION OF EMPLOYMENT THE ANNUAL FAIR RENTAL VALUE OF THE HOUSING OF $88,017 IS INCLUDED IN THE PRESIDENT'S COMPENSATION AS A NONTAXABLE BENEFIT
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE UNIVERSITY PAYS FOR COUNTRY CLUB MEMBERSHIPS FOR THE PURPOSE OF FUNDRAISING AND DEVELOPMENT FOR KEVIN ROSS, PRESIDENT, DONALD ROSS, PRESIDENT EMERITUS AND FORMER TRUSTEE, AND GREG MALFITANO, SVP FOR ADMINISTRATION FOR KEVIN ROSS IT WAS DETERMINED THAT 100% WAS RELATED TO BUSINESS USE, AND THEREFORE EXCLUDED FROM TAXABLE INCOME FOR THE YEAR FOR DONALD ROSS IT WAS DETERMINED THAT $3,750 WAS RELATED TO PERSONAL USE, AND THEREFORE INCLUDED IN TAXABLE INCOME FOR THE YEAR FOR GREG MALFITANO IT WAS DETERMINED THAT $2,441 WAS RELATED TO PERSONAL USE, AND THEREFORE INCLUDED IN TAXABLE INCOME FOR THE YEAR
Severance or change-of-control payment	Schedule J, Part I, Line 4a	DURING THE YEAR ENDED DECEMBER 31, 2010, MS PHILLIPS RECEIVED A PAYMENT OF $23,850 WHICH WAS ON HER SEPARATION FROM SERVICE
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE UNIVERSITY MAINTAINS A NONQUALIFIED SUPPLEMENTAL DEFERRED COMPENSATION PLAN FOR THE CURRENT PRESIDENT, DR KEVIN M ROSS, TO SUPPLEMENT THE RETIREMENT BENEFIT PROGRAM MAINTAINED BY THE UNIVERSITY, AND TO ENCOURAGE THE RETENTION OF THE PRESIDENT'S SERVICES FOR A SUBSTANTIAL PERIOD OF TIME THE PLAN IS UNFUNDED, AND VESTS ON JULY 1, 2016, OR UPON DEATH OR DISABILITY OF THE PRESIDENT, CHANGE IN CONTROL OF THE UNIVERSITY OR EARLY TERMINATION OF THE PLAN NO BENEFITS WERE PAID UNDER THE EXECUTIVE PLAN FOR THE YEAR ENDED JUNE 30, 2011 THE CHANGE IN ACTUARIAL VALUE FOR KEVIN ROSS WAS $34,526 THE UNIVERSITY MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO RECOGNIZE THE VITAL AND SUBSTANTIAL SERVICES RENDERED BY THE UNIVERSITY'S SENIOR EXECUTIVES, AND PROVIDE APPROPRIATE BENEFITS IN RECOGNITION OF LONG, CONTINUOUS SERVICE FOR THE BETTERMENT OF THE UNIVERSITY THE SERP CONSTITUTES AN UNFUNDED PROMISE TO PAY, IN THE FUTURE, AN ANNUAL BENEFIT EQUAL TO A PERCENTAGE OF FINAL AVERAGE SALARY PARTICIPANTS BECOME 100% VESTED UPON REACHING RETIREMENT THE AGE OF 65, ASSUMING CONTINUOUS SERVICE TO THE UNIVERSITY IN THE EVENT OF CHANGE IN CONTROL OF THE UNIVERSITY, OR TERMINATION OF THE PLAN, PARTICIPANTS WILL RECEIVE A LUMP-SUM DISTRIBUTION EQUAL TO THE ACTUARIALLY DETERMINED VALUE OF THE PLAN BENEFIT NO BENEFITS WERE PAID UNDER THE EXECUTIVE PLAN FOR THE YEAR ENDED JUNE 30, 2011 THE CHANGE IN ACTUARIAL VALUE FOR EACH INDIVIDUALS AS FOLLOWS GREG MALFITANO $79,292, LAURIE LEVINE $35,764, AND MARGARET RUDDY $75,441
Non-fixed payments	Schedule J, Part I, Line 7	THE BOARD OF DIRECTORS HAS THE AUTHORITY TO APPROVE A BONUS FOR KEVIN ROSS DURING 2010, THE BOARD APPROVED AND PAID HIS BONUS IN THE AMOUNT OF $33,075

Additional Data

Return to Form

Software ID: 10000128
Software Version: v2010.1.0
EIN: 59-1023117
Name: LYNN UNIVERSITY INC

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				
KEVIN ROSS	(I)	258,199	33,075	36,882	47,995	113,988	490,139	0
	(II)	0	0	0	0	0	0	0
GREG MALFITANO	(I)	221,328	0	23,037	79,869	23,518	347,752	0
	(II)	0	0	0	0	0	0	0
LAURIE LEVINE	(I)	204,925	0	722	46,596	25,101	277,344	0
	(II)	0	0	0	0	0	0	0
JASON WALTON	(I)	155,170	13,660	0	8,043	20,818	197,691	0
	(II)	0	0	0	0	0	0	0
CHRISTIAN G BONIFORTI	(I)	141,791	9,917	714	7,523	24,177	184,122	0
	(II)	0	0	0	0	0	0	0
PHILIP RIORDAN	(I)	144,988	3,167	0	7,750	55,381	211,286	0
	(II)	0	0	0	0	0	0	0
DELSIE PHILLIPS	(I)	144,717	0	24,307	6,981	7,014	183,019	0
	(II)	0	0	0	0	0	0	0
JUDITH NELSON	(I)	208,311	0	3,159	10,545	2,523	224,538	0
	(II)	0	0	0	0	0	0	0
MARGARET RUDDY	(I)	195,818	0	707	85,285	971	282,781	0
	(II)	0	0	0	0	0	0	0
CYNTHIA PATTERSON	(I)	192,399	6,657	0	9,713	7,426	216,195	0
	(II)	0	0	0	0	0	0	0
MICHELE MORRIS	(I)	155,164	0	690	8,000	11,363	175,217	0
	(II)	0	0	0	0	0	0	0
DIANE DICERBO	(I)	168,029	0	629	5,665	59,809	234,132	0
	(II)	0	0	0	0	0	0	0
RALPH NORCIO	(I)	159,154	0	314	7,346	8,028	174,842	0
	(II)	0	0	0	0	0	0	0
MARSHA GLINES	(I)	144,867	0	528	7,352	7,378	160,125	0
	(II)	0	0	0	0	0	0	0
MATTHEW CHALOUX	(I)	134,894	0	18,484	7,093	20,400	180,871	0
	(II)	0	0	0	0	0	0	0
DONALD ROSS	(I)	122,444	0	10,898	0	21,035	154,377	0
	(II)	0	0	0	0	0	0	0
GREGG COX	(I)	136,758	0	475	7,000	8,210	152,443	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LYNN UNIVERSITY INC

Employer identification number
59-1023117

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PALM BEACH COUNTY EDUCATIONAL FACILITIES AUTHORITY	52-1562288	696506AC8	06-30-2009	5,488,116	FINANCE RENOVATION OF DORM AND PURCHASE OF PRESIDENT'S RESIDENCE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	5,488,116			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	69,450			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	906,166			
11	Other spent proceeds	4,512,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 06 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 13 %						
6	Total of lines 4 and 5		0 19 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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) NA	N/A	94,439

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS	FORM 990, SCHEDULE L, PART III	AS PER IRS INSTRUCTIONS FOR 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE COLUMNS (A) AND (B) SHOULD BE LEFT BLANK FOR THESE LINES

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LYNN UNIVERSITY INC

Employer identification number
59-1023117

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		500	MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	244,257	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )		See Add'l Data		
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

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

Part II

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

Identifier	Return Reference	Explanation

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 59-1023117
Name: LYNN UNIVERSITY INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (GRAND PIANO)	X	1	5,000	OPINIONS OF EXPERTS
Other ► (ORNAMENTS)	X	1	800	MARKET VALUE
Other ► (TRUMPETS)	X	1	1,300	MARKET VALUE
Other ► (GOLF CLUBS)	X	1	263	MARKET VALUE
Other ► (JAY HAIDE CELLO)	X	1	4,950	OPINIONS OF EXPERTS
Other ► (HARDANGER FIDDLE)	X	1	4,895	OPINIONS OF EXPERTS
Other ► (CELLO ANCIENNE)	X	1	4,950	OPINIONS OF EXPERTS
Other ► (BREECHES BIBLE)	X	1	1,600	OPINIONS OF EXPERTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132014472

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
LYNN UNIVERSITY INC

Employer identification number
59-1023117

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	CHILDREN'S SUMMER CAMPS AND OTHER SPECIAL EDUCATIONAL PROGRAMS - DURING THE SUMMER MONTHS BETWEEN ACADEMIC YEARS FOR TRADITIONAL COLLEGE STUDENTS, A PORTION OF THE UNIVERSITY'S EDUCATIONAL FACILITIES ARE USED TO PROVIDE INSTRUCTION TO A COMBINED ENROLLMENT OF APPROXIMATELY 3,000 CHILDREN ATTENDING THREE THREE-WEEK SUMMER CAMP SESSIONS AND TO GROUPS OF ADULTS ENROLLED IN SPECIAL EDUCATIONAL PROGRAMS

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	EDUCATION, THE PRESERVATION, DISCOVERY, DISSEMINATION AND CREATIVE APPLICATION OF KNOWLEDGE, AND THE PREPARATION OF ITS GRADUATES WITH THE ACADEMIC FOUNDATION FOR LIFELONG LEARNING SERVICE, SCHOLARLY ACTIVITY INCLUDING RESEARCH, AND ONGOING PROFESSIONAL DEVELOPMENT ALLOW THE FACULTY, IN CONJUNCTION WITH THE ENTIRE UNIVERSITY COMMUNITY, TO FULFILL ITS PURPOSES FACILITATING LEARNING AND FOSTERING THE INTELLECTUAL LIFE OF THE UNIVERSITY LYNN STRESSES INDIVIDUALIZED LEARNING, INNOVATIVE APPROACHES AND AN INTERNATIONAL FOCUS AMONG ITS STUDENTS AND FACULTY THE UNIVERSITY OFFERS BACCALAUREATE, MASTER'S, AND DOCTORAL DEGREES AS WELL AS CERTIFICATE AND NON-CREDIT CONTINUING EDUCATION PROGRAMS BREADTH, DEPTH, AND APPLICATION OF LEARNING ARE THE BASES FOR COMPETENCIES IN ALL PROGRAMS GRADUATE CURRICULA PROMOTE ADVANCED OR EXPERT KNOWLEDGE AND SCHOLARSHIP PROGRAMS ARE DELIVERED THROUGH A VARIETY OF VENUES, INCLUDING A TRADITIONAL RESIDENTIAL CAMPUS SETTING AND DISTANCE EDUCATION

Identifier	Return Reference	Explanation
PROGRAM ACCOMPLISHMENT	FORM 990, PART III, LINE 4A	THE UNIVERSITY IS COMMITTED TO STUDENT-CENTERED LEARNING, WHERE FACULTY AND STAFF PROVIDE PERSONALIZED ATTENTION TO STUDENTS WHO HAVE VARYING LEVELS OF ACADEMIC PROFICIENCY AND ARE MOTIVATED TO EXCEL. A FULL RANGE OF ACADEMIC AND SUPPORT PROGRAMS ARE COORDINATED TO SERVE THE INCREASINGLY DIVERSE NEEDS OF UNDERGRADUATE AND GRADUATE STUDENTS. ADDITIONAL AND SPECIALIZED ACADEMIC SUPPORT SERVICES ARE OFFERED TO PROVIDE ACADEMIC ASSISTANCE TO HELP STUDENTS REMAIN IN COLLEGE AND GRADUATE. THESE SERVICES ARE OFFERED TO STUDENTS IN A VARIETY OF FORMS WITH A VARYING FEE SCHEDULE. AN ACADEMIC RESOURCE NAMED THE INSTITUTE FOR ACHIEVEMENT AND LEARNING IS AVAILABLE TO ALL STUDENTS, INCLUDING THOSE WITH DIAGNOSED LEARNING DIFFERENCES. MATH, COMPUTER, AND OTHER SUBJECT-AREA TUTORS ASSIST STUDENTS. THE UNIVERSITY, SMALL BY DESIGN, PROVIDES AN ENVIRONMENT WITHIN AND OUTSIDE THE CLASSROOM IN WHICH A COMMUNITY OF LEARNERS CAN PURSUE ACADEMIC EXCELLENCE AND DEVELOP THEIR SKILLS AS RESPONSIBLE GLOBAL CITIZENS. FACULTY, STAFF, AND STUDENTS CONTRIBUTE TO AN ATMOSPHERE THAT NURTURES CREATIVITY, FOSTERS ACHIEVEMENT, VALUES DIVERSITY, AND ENCOURAGES VOLUNTARISM. EACH JANUARY 12, ALL FACULTY, STAFF AND STUDENTS PERFORM COMMUNITY SERVICE DURING "KNIGHTS UNITE DAY OF CARING," A PROGRAM WHICH HONORS THE FOUR STUDENTS AND TWO PROFESSORS WHO DIED IN THE HAITI EARTHQUAKE IN 2010 WHILE PERFORMING COMMUNITY SERVICE. LYNN'S ACADEMIC CURRICULA AND PROGRAMS ARE STRUCTURED TO PROVIDE A BALANCE BETWEEN THE THEORETICAL AND THE PRACTICAL, ALONG WITH OPPORTUNITIES TO BECOME INVOLVED IN COMMUNITY-BASED ORGANIZATIONS AND INDUSTRIES. EDUCATION AND SERVICE ARE FULLY INTEGRATED TO MEET THE CHANGING NEEDS OF THE LOCAL AND GLOBAL COMMUNITY. THIS INTEGRATIVE DESIGN PREPARES OUR GRADUATES TO MEET THE DYNAMIC NEEDS OF THE EMERGING GLOBAL SOCIETY. A RIGOROUS, NEW CORE CURRICULUM-THE DIALOGUES OF LEARNING-WAS LAUNCHED FALL SEMESTER 2008. CORE COURSES ARE REQUIRED THROUGH ALL FOUR YEARS IN THE BACHELOR'S DEGREE PROGRAM. IN EACH CORE CLASS, FACULTY MEMBERS MEASURE STUDENT OUTCOMES IN COMPETENCY AREAS INCLUDING WRITING, QUANTITATIVE REASONING, AND SCIENTIFIC AND TECHNOLOGICAL LITERACY. PRESENTED IN SEMINAR RATHER THAN LECTURE FORMAT, THE CORE COURSES ARE ORGANIZED AROUND LIFE'S BIG QUESTIONS. DIALOGUES OF SELF AND SOCIETY, DIALOGUES OF BELIEF AND REASON, DIALOGUES OF JUSTICE AND CIVIC LIFE. EACH JANUARY, ALL STUDENTS ARE REQUIRED TO ATTEND A J-TERM COURSE. THOSE ARE FOCUSED ON INNOVATION AND OFFER INTENSE TWO-AND-A-HALF WEEK EXPERIENCES THAT INCLUDE TRAVEL, CIVIC ACTIVISM, AND OTHER CREATIVE APPROACHES TO LEARNING. ALL FRESHMEN ARE REQUIRED TO PARTICIPATE IN THE CITIZENSHIP PROJECT DURING THE J-TERM

Identifier	Return Reference	Explanation
PROGRAM ACCOMPLISHMENT	FORM 990, PART III, LINE 4B	SOCIAL ACTIVITIES INCLUDE GAME SHOWS, DANCES, COMEDIANS, LIVE MUSIC, INTERNATIONAL FESTIVALS, FILMS, POOL PARTIES, SPORTS DAYS, INTRAMURAL SPORTS, AWARD DINNERS AND NOVELTY ENTERTAINMENT INDIVIDUAL INTERESTS RANGING FROM THE FINE ARTS TO PROFESSIONAL FOOTBALL, BASEBALL, BASKETBALL AND HOCKEY TO GOURMET DINING CAN BE FOUND IN SOUTH FLORIDA LYNN UNIVERSITY HOLDS MEMBERSHIP IN THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA), DIVISION II, AND THE SUNSHINE STATE ATHLETIC CONFERENCE INTERCOLLEGIATE ATHLETIC PROGRAMS ARE OPEN TO ALL STUDENTS IN ACCORDANCE WITH NCAA AND INSTITUTIONAL ELIGIBILITY STANDARDS INTERCOLLEGIATE TEAMS INCLUDE MEN'S AND WOMEN'S SOCCER, MEN'S AND WOMEN'S BASKETBALL, MEN'S AND WOMEN'S GOLF, MEN'S AND WOMEN'S TENNIS, BASEBALL, SOFTBALL, AND VOLLEYBALL ALL STUDENT-ATHLETES ARE REQUIRED TO ATTEND SEMINARS ON SUBSTANCE ABUSE AND NCAA STANDARDS THROUGHOUT THE SCHOOL YEAR IN 2010-11, 73% OF THE STUDENT-ATHLETES EARNED A 3 00 GPA OR HIGHER (118 OUT OF 169 IN THE FALL AND 120 OUT OF 161 IN THE SPRING), WITH 11% EARNING A PERFECT 4 00 GPA THE ATHLETIC DEPARTMENT GPA FOR THE ACADEMIC YEAR WAS 3 34, WITH NINE OF THE 11 ATHLETIC PROGRAMS AVERAGING ABOVE A 3 00 GPA AS A TEAM THE VOLLEYBALL TEAM EARNED A DEPARTMENT-HIGH 3 77 GPA THE WOMEN'S TEAMS AVERAGED 3 47 GPA WITH THE MEN'S TEAM POSTING A 3 18 AVERAGE GPA IN ADDITION TO INTERCOLLEGIATE SPORTS, STUDENTS ARE ENCOURAGED TO PARTICIPATE IN A WIDE RANGE OF INTRAMURAL PROGRAMS, INCLUDING BASKETBALL, FLAG FOOTBALL, SOFTBALL, TENNIS AND VOLLEYBALL AT LEAST ONE REGISTERED NURSE OR PHYSICIAN'S ASSISTANT IS ON DUTY DURING DAYTIME HOURS IN THE HEALTH CENTER, AND WORKS IN CONJUNCTION WITH COMMUNITY MEDICAL SERVICES TO PROVIDE AMPLE HEALTH CARE THE HEALTH CENTER PROVIDES TREATMENT FOR MINOR AILMENTS WHEN FURTHER CARE IS NEEDED, REFERRALS ARE MADE TO LOCAL PHYSICIANS AND HEALTH CARE AGENCIES ANOTHER HEALTH CENTER STAFF MEMBER ORGANIZES WELLNESS ACTIVITIES INCLUDING YOGA AND EXERCISE CLASSES AS WELL AS STUDENTS' STRENGTH TRAINING IN LYNN'S GYM COUNSELING IS PROVIDED ON A PRIVATE OR GROUP BASIS AND RECORDS ARE MAINTAINED IN STRICT CONFIDENCE BY THE DIRECTOR OF COUNSELING STUDENTS ARE ALSO URGED TO CONSULT THEIR INDIVIDUAL INSTRUCTORS, RESIDENT ASSISTANTS, AND APPROPRIATE MEMBERS OF THE UNIVERSITY COMMUNITY, ALL OF WHOM ARE PROFESSIONALLY FOCUSED ON ASSISTING STUDENTS IN ADDITION, ALCOHOL AND SUBSTANCE ABUSE LITERATURE AND REFERRAL SERVICES ARE CONTINUALLY AVAILABLE THROUGH THE COUNSELING CENTER MULTICULTURAL AND WOMEN'S CENTERS PROVIDE PROGRAMMING AND COUNSELING SERVICES AS WELL THE CENTER FOR CAREER DEVELOPMENT PROVIDES A VARIETY OF SERVICES TO ASSIST STUDENTS IN EVALUATING, CHOOSING AND PLANNING A CAREER PROFESSIONAL STAFF AND CAREER COUNSELORS ARE AVAILABLE TO HELP STUDENTS SET THEIR CAREER GOALS, INVESTIGATE EMPLOYMENT OPPORTUNITIES AND INTERVIEW WITH COMPANIES FOR WHICH THEY WOULD LIKE TO WORK OR INTERN A LIBRARY IN THE CENTER PROVIDES INFORMATION ABOUT A BROAD CROSS-SECTION OF EMPLOYERS, CAREERS, INTERNSHIP OPPORTUNITIES, SALARY SURVEYS, CORPORATE TRAINING PROGRAMS, CAREER AND ONLINE JOB OPPORTUNITIES THE CENTER FOR INTERNATIONAL PROGRAMS AND SERVICES IS AN IMPORTANT SOURCE OF INFORMATION AND PROVIDES ASSISTANCE TO INTERNATIONAL STUDENTS WHILE THEY ARE IN THE UNITED STATES CIPS STAFF ALSO ASSIST WITH DOCUMENTATION FOR STUDY ABROAD PROGRAMS CAMPUS MINISTRY AT LYNN UNIVERSITY IS CONCERNED WITH THE PERSONAL GROWTH OF ALL STUDENTS THE UNIVERSITY SEEKS TO HELP ITS STUDENTS UNDERSTAND HOW SPIRITUALITY IS EXPERIENCED BY PEOPLE AND ENCOURAGES THEM TO SEEK A FITTING RESPONSE TO ITS PRESENCE IN THEIR LIVES A LOVING CONCERN IS SHARED FOR STUDENTS OF ALL FAITHS, RESPECTING THEIR FREEDOM TO MAINTAIN AND EXPRESS THEIR OWN SPIRITUAL CONVICTIONS, AND FACILITATING ACCESS TO THEIR OWN SPIRITUAL LEADERS FOR WORSHIP, STUDY AND COUNSEL

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	KEVIN ROSS AND DONALD ROSS - FAMILY RELATIONSHIP, CHRISTINE LYNN AND JAN CARLSSON - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11a	A DRAFT OF FORM 990 WAS REVIEWED BY CROWE HORWATH BASED ON AUDITED FINANCIAL STATEMENTS AND OTHER INFORMATION PROVIDED BY UNIVERSITY MANAGEMENT FOLLOWING A REVIEW BY THE CFO AND DIRECTOR OF ACCOUNTING, MINOR REVISIONS WERE INCORPORATED INTO A REVISED DRAFT, WHICH WAS POSTED TO THE BOARD PORTAL PRIOR TO A GENERAL MEETING OF THE BOARD OF TRUSTEES THE FORM 990 WAS PRESENTED TO THE FULL BOARD MEETING ON MAY 10, 2012, PROVIDING THE TRUSTEES AN OPPORTUNITY TO REVIEW AND DISCUSS PRIOR TO FILING WITH IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH YEAR, ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO SIGN A DISCLOSURE LETTER DETAILING ANY RELATIONSHIPS OR BUSINESS TRANSACTIONS WHERE A POTENTIAL CONFLICT MIGHT EXIST THESE DISCLOSURES ARE REVIEWED BY THE CFO, AND THE CHIEF OF STAFF/BOARD LIAISON IN THE EVENT OF A CONFLICT OF INTEREST, OR THE APPEARANCE OF ANY SUCH CONFLICT, IT IS INCUMBENT UPON THE RELEVANT BOARD MEMBER(S) OR DIRECTOR(S) TO NOTIFY THE BOARD OF THE CONFLICT AND RECUSE THEMSELVES FROM PARTICIPATION IN THE DISCUSSION AND VOTE REGARDING ANY RELATED ISSUES OR TRANSACTIONS

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE PRESIDENT'S COMPENSATION AND BENEFIT PACKAGE IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THIS COMMITTEE EVALUATES PERFORMANCE AGAINST PRE-DETERMINED GOALS IN ADDITION, THE BOARD UTILIZES AN OUTSIDE COMPENSATION EXPERT TO PROVIDE INDEPENDENT INFORMATION ABOUT INDUSTRY PRACTICES AND BENCHMARKING AMONG COMPARABLE ORGANIZATIONS, IN DETERMINING AN APPROPRIATE PER CENT INCREASE THE FIRM ALSO PROVIDES INSIGHT REGARDING OTHER BENEFITS AND NON-CASH COMPENSATION THE UNIVERSITY RETAINED AN OUTSIDE EXPERT TO DO A COMPENSATION STUDY OF ALL EMPLOYEES, INCLUDING OFFICERS OF THE ORGANIZATION THIS COMPREHENSIVE STUDY WAS PERFORMED FIVE YEARS AGO, AND PROVIDED GUIDANCE REGARDING ANNUAL INCREASES AS NEW POSITIONS ARE CREATED, OR MARKET CONDITIONS WARRANT, THIS EXPERT IS CONSULTED ON A CASE-BY-CASE BASIS THE UNIVERSITY PROVIDES BENEFITS ACCORDING TO WRITTEN STANDARD POLICIES IF ANY BENEFIT IS PROVIDED OUTSIDE OF THESE POLICIES, BOARD APPROVAL IS REQUIRED

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE PRESIDENT CONDUCTS ANNUAL PERFORMANCE REVIEWS OF ALL OFFICERS, BASED ON PRE-DETERMINED GOALS HE THEN MAKES RECOMMENDATIONS REGARDING COMPENSATION TO THE CHAIR OF THE BOARD FOR APPROVAL THE UNIVERSITY RETAINED AN OUTSIDE EXPERT TO DO A COMPENSATION STUDY OF ALL EMPLOYEES, INCLUDING OFFICERS OF THE ORGANIZATION THIS COMPREHENSIVE STUDY WAS PERFORMED FIVE YEARS AGO, AND PROVIDED GUIDANCE REGARDING ANNUAL INCREASES AS NEW POSITIONS ARE CREATED, OR MARKET CONDITIONS WARRANT, THIS EXPERT IS CONSULTED ON A CASE-BY-CASE BASIS THE UNIVERSITY PROVIDES BENEFITS ACCORDING TO WRITTEN STANDARD POLICIES IF ANY BENEFIT IS PROVIDED OUTSIDE OF THESE POLICIES, BOARD APPROVAL IS REQUIRED

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THEREFORE, THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. THE CONFLICT OF INTEREST POLICY IS PROVIDED UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 1126347, GAIN (LOSS) - PENSION RELATED CHANGES - 83904, GAIN/LOSS ON DERIVATIVE - 331352, LOSS RELATED TO CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 12536,