

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



DLN: 93493133040493

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

Open to Public Inspection

calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number C Name of organization **B** Check if applicable Nova Southeastern University Inc Address change 59-1083502 E Telephone number Name change Nova Southeastern University (954) 262-5258 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 897,848,493 Terminated City or town, state or country, and ZIP + 4 Fort Lauderdale, FL 33314 Amended return Application pending Name and address of principal officer Is this a group return for George L Hanbury IIPhD 3301 College Avenue Fort Lauderdale, FL 33314 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► www.nova.edu K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association **L** Year of formation 1964 M State of legal domicile FL Summary Part I Briefly describe the organization's mission or most significant activities Nova Southeastern University's primary activity is to provide educational services Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 26 Number of independent voting members of the governing body (Part VI, line 1b) . 22 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 9,392 Total number of volunteers (estimate if necessary) . . . . 6 1,484 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,205,788 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -1,335,192 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 72,205,671 71,260,811 9 Program service revenue (Part VIII, line 2g) . 586,016,948 610,216,507 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,976,358 3,801,827 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 430,263 3,887,220 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 661,629,240 689,166,365 13 59,497,882 58,320,556 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 326,407,690 351,217,734 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  2,729,015 210,788,889 230,740,072 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 596.694.461 640,278,362 64,934,779 48,888,003 19 Revenue less expenses Subtract line 18 from line 12 . (Assets or delatables) **Beginning of Current End of Year** Year 1,069,954,961 1,101,239,245 20 Total assets (Part X, line 16) . Met./ 21 Total liabilities (Part X, line 26) . . 549,059,134 533,950,981 22 Net assets or fund balances Subtract line 21 from line 20 520,895,827 567,288,264 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 2013-05-13 Signature of officer Sign Here George L Hanbury IIPhD President and CEO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's Allison Franklin (see instructions) P00448640 Paid employed 🕨 🧧

300 North Greene Street

Greensboro, NC 27401

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name (or yours

if self-employed), address, and ZIP + 4

Preparer's

**Use Only** 

EIN 13-5565207

Phone no (336) 275-3394

Yes ┌ No

Form	990 (2011) Page <b>2</b>
Par	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
that of	mission of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs complement on-campus educational opportunities and resources with accessible, (continued on Schedule O) distance-learning programs ster academic excellence, intellectual inquiry, leadership, research, and commitment to community through engagement of students and ty members in a dynamic lifelong learning environment
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
	(Code ) (Expenses \$ 306,686,654 including grants of \$ 26,234,814 ) (Revenue \$ 535,278,721 )
	Instructional Services Nova Southeastern University (NSU) offers undergraduate, graduate and professional degrees, and certificate programs to more than 28,000 full and part-time students in a wide range of fields including medicine, dentistry, health sciences, computer sciences, law, education, business, manne biology, humanities, biological and environmental science, performing and visual arts, psychology and other social sciences. NSU's colleges and schools include the Graduate School of Computer and Information Sciences, College of Health Care Services, Oceanographic Center, Institute for the Study of Human Service, Health and Justice, Center for Psychological Studies, H. Wayne Huizenga School of Business and Entrepreneurship, College of Medical Sciences (continued on Schedule O) Mailman Segal Center for Human Development, College of Optometry, College of Pharmacy, Farquhar College of Arts and Sciences, College of Nursing, College of Osteopathic Medicine, Abraham S. Fischler School of Education, Shepard Broad Law Center, College of Dental Medicine and Graduate School of Humanities and Social Sciences. Courses are taught at four South Florida campuses, seven student educational centers, and at sites in more than 23 states, Puerto Rico, and foreign countries.
	(Code ) (Expenses \$ 76,606,229 including grants of \$ 174,637 ) (Revenue \$ 6,660,697 )
-1.5	Academic Support Library Program operates a 325,000 square feet main campus library and branch libraries. Other programs include computer services, museum of art operations, student education center operations and maintenance of facilities dedicated to instructional activities.
 4с	(Code ) (Expenses \$ 37,955,453 including grants of \$ 519,201 ) (Revenue \$ 35,628,899 )
-	Auxiliary Enterprises Health Profession Division provides outpatient medical services including dental, optometry, pharmacy, occupational and physical therapy. In addition, seven residence halls on the main campus serve undergraduate, graduate, health professions and law students, with a capacity for housing nearly 1,500 students. The Don Taft University Center is a state-of-the-art, 366,000-square-foot facility that features three NCAA competition courts in the main arena, as well as two intramural courts, group fitness and instruction rooms, cardio and weight training areas, squash courts, a rock climbing wall, and The Flight Deck (student lounge). The Performing and Visual Arts Wing of the Don Taft University Center houses the college's Division of Performing and Visual Arts and includes state (continued on Schedule 0) of the art classrooms and facilities that support the division's art, dance, music, and theatre majors
	(Code ) (Expenses \$ 132,213,499 including grants of \$ 31,391,904 ) (Revenue \$ 32,648,190 )
	Other Program Services include Agency ServicesPublic ServiceResearchScholarship and FellowshipDepreciation and InterestUnexpended Plant Expenses
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 132,213,499 including grants of \$ 31,391,904) (Revenue \$ 32,648,190)
4e	Total program service expenses►\$ 553,461,835

			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 instructions)? $^{f 2}$	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		N o
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		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 temporarily restricted endowments, permanent endowments, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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		N o
	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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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 $2 \cdot \cdot \cdot \cdot$	35b		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		N o
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		N o
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	
		F (	orm <b>990</b>	(2011)

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠١٧	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 48,158	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
h	year?	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
<del>'1</del> a	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 CJ , BF , JM			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>-</b>	Week the eventual products a product to a product to the state of the	-		NI -
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	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	6a		
	organization solicit any contributions that were not tax deductible?			
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).	7-	V	
а	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?	<b>7</b> c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		Νo
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		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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.		1	
а	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			
	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	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other	1		
_	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans  [13b]	1		
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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  $\,$  .  $\,$  .  $\,$  .

Se	ction A. Governing Body and Management			
			Yes	No
1_	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
7	filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
_	If "Yes," to line 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► AZ, CA, GA, IN, OR, FL			
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 made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Alyson Sılva

3301 College Avenue

Fort Lauderdale, FL 33314 (954) 262-5258

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

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

(A) Name and Title	(B) A verage hours per week (describe	A verage Position (do not check hours more than one box, unless person is both week an officer and a director/trustee)								(E) Reportable compensation from related organizations (W- 2/1099-	Estir amount compe from organiza	nated of other nsation the tion and
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC)	organi	
See Additional Data Table												
							┢┤					
to Total from continuation sheet		tion A			<u>.</u>		<u> </u>					
			•	•	•		<b> -</b>		5,106,931	0		555,033
2 Total number of individuals (in- \$100,000 of reportable compe						above	) who	o receive	ed more tha	n		
											Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					eye	mploy •	ee, d	or highes	t compens		<b>3</b> Yes	
4 For any individual listed on line										n from the	J 163	
organization and related organ individual	zations greater ti	nan \$15	• 0,00	•	l f "Y •	'es," cc	omple •	ete Sched	ule I for su		<b>4</b> Yes	
5 Did any person listed on line 1									janızatıon d	or individual for		
services rendered to the organ	ization / IT "Yes,"	compiet	e Scn	eaui	ејт	or suci	n per	son .			5	No
Section B. Independent Co												
1 Complete this table for your fiv \$100,000 of compensation fro or within the organization's tax	m the organizatio											
N	(A) ame and business ad	dress							Desci	( <b>B)</b> ription of services		C) ensation
Moss Miller Joint Venture LLC 614 S Federal Highway FT LAUDERDALE, FL 33301									Construction		:	.6,592,800
Panza Maurer Maynard & Neel PA 3600 N Federal Highway Ft LAUDERDALE, FL 33308									Legal Counse	el		4,308,214
Grycon LLC 4101 Ravenswood Road Ste 325 Dania Beach, FL 33312									Construction			2,190,237
Ernst & Young PO Box 406725 Atlanta, GA 30384									Accounting			952,334
Lewis Tein PL 3059 Grand Ave Ste 340									Legal Counse	el		604,536

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►21

Form 99								Page <b>9</b>
Part	<b>/111</b> 1	Statement of	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
ie ja	b	Membership du	es <b>1b</b>					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents <b>1c</b>	1,281,892				
#£	d	Related organiz	zations 1d					
ي. E	e	Government grant	s (contributions) 1e	39,724,218				
i Si	f	All other contribution	ons, gifts, grants, and 1f	30,254,701				
호	g	similar amounts no	ot included above ibutions included in					
d H		lines 1a-1f \$ _						
္မ	h	Total. Add lines	s 1a-1f	▶	71,260,811			
				Business Code				
Program Serwce Revenue	2a	Tuition and Fees		611710	559,280,256	559,280,256		
	ь	Auxilliary Operation	ns	611710	35,851,506		147,181	35,704,325
93	С							
ž b	d							
S)	e							
in an	f	All other progra	am service revenue		15,084,745	15,084,745		
ۆ خ		Total Add lines	s 2a-2f		610,216,507			
	д 3		ome (including dividen		610,216,307			
			ar amounts)		4,350,583			4,350,583
	4		stment of tax-exempt bond					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	249,668					
	b	Less rental expenses	92,133					
	С	Rental income	157,535					
	d	or (loss) Net rental inco	L me or (loss)		157,535			157,535
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	206,714,837					
	b	Less cost or other basis and sales expenses	207,263,593					
	c	Gain or (loss)	-548,756	<u> </u>	F40.7F6			540.756
	d 8a	Net gain or (los		<b>.►</b>	-548,756			-548,756
evenue	Ju	events (not inc \$1,251 of contributions						
Other Revenue			а	491,281				
ţ.	b		penses <b>b</b>	820,203				
0	c		(loss) from fundraising	events 🛌	-328,922			-328,922
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 <b>a</b>					
	b		penses b	L <sub>.</sub>				
	10a	Gross sales of returns and allo		vities				
	ь	Less costofg	<b>a</b> oods sold <b>b</b>	1,204,788 506,199				
	С		(loss) from sales of ınv		698,589		698,589	
		Miscellaneou	s Revenue	Business Code				
	11a	Grande Oaks L	LC	713910	3,360,018		3,360,018	
	b							
	С							
	d		ue					
	е		s 11a-11d	▶	3,360,018			
	12	Total revenue.	See Instructions .	· · •	689,166,365	574,365,001	4,205,788	39,334,765

## 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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	58,272,060	58,272,060		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	48,496	48,496		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,187,450	1,511,775	2,554,996	120,679
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	100.003	100.003		
7	described in section 4958(c)(3)(B) Other salaries and wages	109,003 278,930,688	109,003 248,540,311	29,293,981	1 006 206
	Pension plan contributions (include section 401(k) and section	278,930,688	248,540,311	29,293,981	1,096,396
8	403(b) employer contributions)	18,274,793			83,508
9	Other employee benefits	29,728,729	26,288,545	3,312,001	128,183
10	Payroll taxes	19,987,071	17,627,964	2,272,159	86,948
11	Fees for services (non-employees)				
а	Management				
b	Legal	9,240,381	113,389	9,126,992	
С	Accounting	1,114,627	44,800	1,069,827	
d	Lobbying	783,067		783,067	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	29,395,050	25,883,907	3,378,265	132,878
12	Advertising and promotion	9,987,847	7,585,739	2,402,108	
13	Office expenses	29,981,238		6,166,038	449,672
14	Information technology	9,500,023	8,009,933	1,479,807	10,283
15	Royalties				
16	Occupancy	46,992,140		7,820,767	16,715
17	Travel	7,099,173	5,887,956	1,170,294	40,923
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,166,615		292,376	2,418
20	Interest	14,594,740	14,594,017	723	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,004,939	31,195,491	1,772,311	37,137
23	Insurance	9,331,401	5,657,513	3,673,888	
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)				
а	Bad Debt Expense	7,954,522	5,344,255	2,610,267	
b	Small Equipment	5,930,994	5,724,732	202,496	3,766
c	Special Promotions	5,549,145	4,161,371	870,949	516,825
d	Dues and Membership	1,800,520	946,252	852,818	1,450
е					
f	All other expenses	5,313,650	4,503,388	809,028	1,234
25	Total functional expenses. Add lines 1 through 24f	640,278,362	553,461,835	84,087,512	2,729,015
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				
				Fo	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 49,832,646 18,224,922 1 1 48, 263, 764 2 60.116.517 2 3 22,463,473 3 12,347,542 23.578.090 23.828.344 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L . . . . . . . . . . . . 7 5,250,897 5,219,986 1.657.285 8 1.556.885 6.035,451 4.971.717 9 9 Prepaid expenses and deferred charges . . . . . . . 1,022,041,414 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 262,142,454 731,755,514 **10c** 759,898,960 144,261,326 172,765,922 11 11 22,911,098 21,482,614 12 Investments—other securities See Part IV, line 11 . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 13,976,328 15 15 20,794,925 1,069,954,961 16 1,101,239,245 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 56,946,844 17 51,356,539 17 Accounts payable and accrued expenses . 18 18 19 88,512,535 19 83,299,498 20 364, 100, 254 20 358.609.039 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 39,499,501 25 40,685,905 D . . . . 26 549,059,134 26 533,950,981 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 436,453,349 27 478,121,688 Unrestricted net assets . . . . 64,258,142 28 67,387,242 28 Temporarily restricted net assets . . . . . Fund 29 20,184,336 29 21,779,334 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 520.895.827 33 567.288.264 Total net assets or fund balances . . . . . 1,069,954,961 34 Total liabilities and net assets/fund balances . . . . . 1.101.239.245 34

Ра	Check if Schedule O contains a response to any question in this Part XI			. I	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		689.1	.66,365
2	Total expenses (must equal Part IX, column (A), line 25)	2			278,362
3	Revenue less expenses Subtract line 2 from line 1	3		48,8	388,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		520,8	395,827
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,4	195,566
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		567,2	288,264
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

**Employer identification number** 

### OMB No 1545-0047

### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

Nova Southeastern University Inc 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
L	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133040493

OMB No 1545-0047

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	ot	the	org	anıza	tior	1
Nova S	outl	neasi	tern	Unive	rsity	Inc

Employer identification number

59-1083502

<u>Part I-A</u>	Complete if the	he organization i	<u>s exempt undei</u>	r section 501(c)	or is a section	527 organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organiza	<u>tion is exemp</u>	<u>t under secti</u>	on 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. So of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. So of the excess over \$1,000,000  Fig. So of the excess over \$1,000			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

· · · · · · · · · · · · · · · · · · ·	1 ugc
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	•	(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		783,067	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			783,067	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Dai	+ TU-A. Complete if the organization is exempt under section $501(c)(A)$ section	2 501/6	\( <b>5</b> \ \ \	r section	

# 501(c)(6).

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

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

#### **Supplemental Information**

Taxable amount of lobbying and political expenditures (see instructions)

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities		The University has hired professional consultants that have engaged in direct lobbying. These consultants work on Nova Southeastern University's behalf meeting or calling on government officials or legislators requesting support for specific projects and programs regarding higher education, research funding and other legislation which could impact the University

DLN: 93493133040493

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	ne of the organization Southeastern University Inc			Emple	oyer identification number
	534.545.5 5 5 2			59-1	083502
Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		Other Similar F	unds o	or Accounts. Complete if the
		(a) Donor ad	rised funds	(1	<b>b)</b> Funds and other accounts
L	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
ļ	Aggregate value at end of year				
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	5		nor advis	sed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				
Dar	t II Conservation Easements. Complete	o if the organization	answered "Ves" 1	to Form	· · · · · · · · · · · · · · · · · · ·
•	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space	organization (check all tion or pleasure)	that apply) Preservation of ar Preservation of a	n historio certified	cally importantly land area historic structure
	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	ilified conservation con	tribution in the forn	n of a co	nservation  Held at the End of the Year
а	Total number of conservation easements			2a	ried at the Lid of the Tear
	Total acreage restricted by conservation easement	·s		2b	
	Number of conservation easements on a certified hi		ed in (a)	2c	
d	Number of conservation easements included in (c) a		(-,	2d	
			uched or terminati		o organization during
,	Number of conservation easements modified, transf the taxable year ►	ierreu, reieaseu, exting	uisiieu, or teriiiiiau	ed by the	e organization during
ŀ	Number of states where property subject to conserv	vation easement is loca	ted <b>►</b>		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ng, inspection, han	dling of	violations, and Yes No
,	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing	conservation easen	nents du	ring the year ►
•	A mount of expenses incurred in monitoring, inspect ► \$	ting, and enforcing cons	ervation easement	s during	the year
3	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of se	ction	┌ Yes ┌ No
1	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the org			
art	Organizations Maintaining Collectic Complete if the organization answered			or Oth	er Similar Assets.
a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition,	education or resear	ch in fur	
b	If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, educ			
	(i) Revenues included in Form 990, Part VIII, line	1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X				<b>▶</b> - \$
<u> </u>	If the organization received or held works of art, his	torical treasures, or ot	ner sımılar assets f	or financ	ial gain, provide the
	following amounts required to be reported under SFA				<b>,</b> ,

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>torical</u>	Treas	ures, or O	<u>the</u>	<u>r Similar As</u>	sets (c	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie followir	ng that a	are a significa	nt u	se of its collec	tion	
а	Public exhibition		d	<b>▽</b> Loa	an or ex	change progr	ams			
b	Scholarly research		e	┌ ot	her					
c	✓ Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and expla	ın hov	v they fur	ther the	e organization	's ex	empt purpose	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								┌ Yes	√ No
Pai	t IV Escrow and Custodial Arrang							es" to Form 9	90,	
	Part IV, line 9, or reported an ar	mount on Form 99	90, Pa	art X, lın	<u>e 21.</u>					
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for contr	ibutions	or other ass	ets i		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		г				
_						-	_	An	nount	
C	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F		e 21?						│ Yes	│ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered " Prior Year		) Form 990, Two Years Back		<u>t IV, line 10.</u> )Three Years Back	(e)Four	Years Bac
1a	Beginning of year balance	64,453,000	(2)	54,223,		46,189,00	-	59,078,000	+	rears bac
b	Contributions	5,654,623		6,187,	000	3,570,00	0	1,587,000		
c	Investment earnings or losses	911,786		7,509,	000	4,808,00	0	-12,779,000		
d	Grants or scholarships									
e	Other expenditures for facilities	1,443,368		3,466,	000	344,00	0	1,697,000		
_	and programs								1	
f ~	Administrative expenses	69,576,041		64,453,	000	54,223,00	0	46,189,000	,	
g	End of year balance	, ,		04,433,	000	34,223,00	<u> </u>	40,103,000	<u>′1                                    </u>	
2	Provide the estimated percentage of the year	ir end balance held a 56 000 %	as							
a	Board designated or quasi-endowment	36 000 %								
b	Permanent endowment - 31 000 %									
c	Term endowment ► 13 000 %							A.L.		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	tnat are r	ieid and	administered	ı ıor	tne	Yes	No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a(	ii)	Νo
b	If "Yes" to 3a(II), are the related organization	•					٠	3	<b>o</b>	
4	Describe in Part XIV the intended uses of th									
Pa	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa			1			T	
	Description of property			(a) Cost basis (inv		(b)Cost or ot basis (other		(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
1a	Land		•			72,145,	134		7	72,145,13
b	Buildings					636,565,	678	121,638,35	5 51	4,927,32
С	Leasehold improvements					18,621,	838	12,404,54	3	6,217,29
d	Equipment					117,197,	317	59,842,04	5 5	7,355,272
е	Other					177,511,	447	68,257,50	5 10	9,253,942

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

759,898,960

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	/=	Cost or end-of-year market v	alue
(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. Sec	e Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
——————————————————————————————————————	(B) Book value	Cost or end-of-year market v	alue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip		(b) Book v	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Other Current Liabilities	12,008,778		
Accrued Insurance	10,333,289		
Grande O aks O ther LT Liabilities	5,586,614		
LT REFUNDABLE PERKINS	4,762,307		
DEFERRED RENT LIABILITY	3,639,682		
DHHS LIABILITY	2,166,176		
HEALTH CENTERS REFUND PAYABLES			
LT AGENCY FUND LIABILITIES	1,685,601		
Annuities Payable	77,711		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	40,685,905		
( ( -) mile ZJ / mile ZJ	. +0.000.7051		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	<b>EXII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 5	<b>.</b>
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	рег н	eturn
•	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Also complete t		

Identifier	Return Reference	Explanation
	Part III, Line 1a	The Museum of Art acquires art for its collection through purchase or gift. As permitted by SFAS 116 (ASC 958), accounting for contributions received and contributions made, the Museum does not include its collection items as assets in the consolidated statement of financial position. Accordingly, no value has been assigned to the Museum's art collection. The University's policy requires any proceeds from sales of collection items to be used to acquire other items for the collection. Proceeds from the sale of collection items and expenditures for collection items purchased are reflected in the consolidated statement of activities separately from revenues and expenses.
	Part III, Line 4	Nova Southeastern University operates the Museum of Art/Fort Lauderdale In service to the public, the mission of the Museum is to actively engage diverse audiences in the appreciation of works of art through innovative exhibitions, education programs, publications, and collection activities. This mission is consistent with the University's exempt educational purpose.
Description of Intended Use of Endowment Funds	Part V, Line 4	The University's endowment consists of aproximately 251 individual endowments established for a variety of purposes. The University considers the following factors in making a determination to appropriate or accumulate donor restricted funds: a) the purposes of the institution b) the intent of the donors of the endowment fund c) the terms of the applicable instrument d) the long and short term needs of the institution e) general economic conditions f) possible effects of inflation or deflation g) the other resources of the institution h) perpetuation of the endowment
Description of Uncertain Tax Positions Under FIN 48	Part X	Accounting for Uncertainty in Income Taxes The University follows the guidance contained in ASC 740, Income Taxes ASC 740 addresses the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. There were no uncertain tax positions recorded in the consolidated financial statements for fiscal years 2011 and 2012.

### **Additional Data**

Software ID: Software Version:

**EIN:** 59-1083502

Name: Nova Southeastern University Inc

## Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) A mount
Other Current Liabilities	12,008,778
Accrued Insurance	10,333,289
Grande Oaks Other LT Liabilities	5,586,614
LT REFUNDABLE PERKINS	4,762,307
DEFERRED RENT LIABILITY	3,639,682
DHHS LIABILITY	2,166,176
HEALTH CENTERS REFUND PAYABLES	425,747
LT AGENCY FUND LIABILITIES	1,685,601
Annuities Payable	77,711

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133040493

OMB No 1545-0047

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools**

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

**Employer identification number** 

Nova Southeastern University Inc 59-1083502 Part I YES NO 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 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 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 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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

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)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	Consistent with all federal and state laws, rules, regulations, and/or local ordinances (e.g. Title VI, Title VI, Title III, Title II, Rehab Act, ADA, Title IX), it is the policy of Nova Southeastern University not to engage in discrimination or harassment against any persons because of race, color, religion or creed, sex, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders, and regulations. This nondiscrimination policy applies to admissions, enrollment, scholarships, loan programs, athletics, employment, and access to, participation in, and treatment in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, political beliefs or affiliations, and activities generally accorded or made available to students at NSU and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Students receive financial aid from the federal government State aid is provided through grants

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493133040493

OMB No 1545-0047

SCHEDULE F (Form 990)

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

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection** 

Name of the organization **Employer identification number** Nova Southeastern University Inc 59-1083502 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total offices in the employees or region (by type) (e q, program service, describe expenditures for region agents in region or fundraising, program specific type of region/investments ındependent services, investments, grants service(s) in region ın region contractors to recipients located in the region) 19 Program Services Central America/Caribbean 14 3,861,156 Academic Services North America 2 62,273 1 Program Services A cademic Studies Central America/Caribbean 3 Grants to Recipients 48,496 Located in Region

19

0

19

20

20

3,971,925

3,971,925

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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.

<u>Use Part V if a</u>	<u>additional space is nee</u>	eded.					
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Central America and the Caribbean	23	48,496	cash			
				-			<del>-</del>
							1
				-			<u> </u>
			<u> </u>				
		-		-	-		
							<del></del>
			<u> </u>		<u> </u>	<u> </u>	1

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
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)	Γ	Yes	굣	Νo
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)	<u> </u>	Yes	Γ	Νo
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)	Г	Yes	<u>\</u>	Νo
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)	Г	Yes	দ	Νo
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).	Г	Yes	ি	No

Schedule F (Form 990) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 59-1083502

Name: Nova Southeastern University Inc

Schedule F (Form 990) 2011

Page **5** 

#### Part V Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133040493

OMB No 1545-0047

2044

2011

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

Name of the organization Nova Southeastern University	Inc					Employer ider	tification number	
Tova Southeastern Oniversity	THE					59-1083502		
Part I Fundraising A	ctivities. Complete	e if the o	organiza	tion answered "Yes"	to Form	n 990. Part IV	. line 17.	
1 Indicate whether the orga	•					· ·	,	
a Mail solicitations	amedian raised rainas	ciii ougii (	an, or the	=				
<b>b</b> Internet and e-mail s	<u>_</u>							
c Phone solicitations	onercacions		a a	Special fundraising		=		
d  In-person solicitatio	ns		9	, opecial fallaration	ig evenie.	-		
·								
2a Did the organization have or key employees listed i							Γ yes ∇ No	
	·			•		_	, , , , , , , , , , , , , , , , , , , ,	
<b>b</b> If "Yes," list the ten higher to be compensated at lea								
	, , , , , , , , , , , , , , , , , , ,			1				
(i) Name and address of	(ii) Activity		<b>)</b> Did	(iv) Gross receipts		mount paid to	(vi) A mount paid to	
individual			serhave	from activity	`	etained by) iiser listed in	(or retained by)	
or entity (fundraiser)			ody or rol of			col (i)	organization	
		contrib	utions?			• •		
		Yes	No					
Total			.►					
3 List all states in which th licensing	e organization is regis	stered or	licensed t	co solicit funds or has b	een notif	ied it is exempt	from registration or	

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1  Nova Golf Classic (event type)	(b) Event #2  U School Main Event (event type)	(c) O ther Events  8 (total number)	(d) Total Events (Add col (a) through col (c))			
Revenue	1	Gross receipts	525,955			1,742,736			
	2	Less Charitable contributions	440,900	208,848	601,707	1,251,455			
	3	Gross income (line 1 minus line 2)	85,055	101,692	304,534	491,281			
	4	Cash prizes							
မှာ	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
ă	7	Food and beverages							
Direct	8	Entertainment							
莅	9	Other direct expenses .	344,258	65,606	410,339	820,203			
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	(820,203)			
	11	Net income summary Combine lir	nes 3 and 10 ın column (	d)		-328,922			
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
မှ မွ	2	Cash prizes							
xpenses	3	Non-cash prizes							
ш	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes				
	7	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	8 Net gaming income summary Combine lines 1 and 7 in column (d)							
9 a b	Ist	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?							
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>				
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- 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?								
13	Indicate the percentage of gamii	ag activity operated in		1 1					
a				13a					
b									
14		f the person who prepares the organiza							
	Name ►								
	Address ►								
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?								
		ed by the third party 🟲 \$							
С	C If "Yes," enter name and address								
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation ► \$								
	Description of services provided 🟲								
17 a	Director/officer								
b	nter 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 > \$								
Par	Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)								
	Identifier	ReturnReference	Explana	tion					
		•	•						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury

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

2011

DLN: 93493133040493

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Nova Southeastern University Inc. 59-1083502 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

art 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>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student Financial Assistance	12743	58,272,060			n/a

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Institutional grants awarded to students are recorded to individual student accounts and to each college departmental account using specific contra revenue account codes. The number of recipients and amount of awards varies by center and program. Funds set aside for scholarships are budgeted annually and included in the University's budget plan approved by the Board of Trustees.

DLN: 93493133040493

OMB No 1545-0047

Open to Public

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

Name of the organization Nova Southeastern University Inc

	59-108350	1 2		
Pa	art I Questions Regarding Compensation			
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Forn 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item			
		e		
	□ Travel for companions     □ Payments for business use of personal residence     □ Travel for companions     □ Payments for business use of personal residence     □ Payments for business use of person	:e		
	☐ 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		1	
	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 commit	tee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing orga or a related organization	anization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III		1	
5	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			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
3	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			
	ın Part III	8		Νo
•	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulat section 53 4958-6(c)?	ions <b>9</b>		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) George L Hanbury II PhD	(I) (II)	472,143 0	0	306,331 0	41,000 0	22,049 0	841,523 0	(
(2) Jacqueline A Travisano	(I) (II)	90,182 0	0 0	14,275 0	16,500 0	36,025 0	156,982 0	(
(3) Ray Ferrero Jr	(I) (II)	516,362 0	0	320,061 0	24,500 0	21,551 0	882,474 0	(
(4) Frederick Lippman	(I) (II)	356,019 0	0 0	50,395 0	24,500 0	1,095 0	432,009 0	(
(5) Francis A De Piano	(I) (II)	337,934 0	0 0	7,008 0	24,500 0	7,476 0	376,918 0	(
(6) H Wells Sıngleton	(I) (II)	317,144 0	0	13,672 0	24,500 0	15,481 0	370,797 0	(
(7) John Santullı	(I) (II)	230,815 0	0 0	<b>4,160</b> 0	24,265 0	14,448 0	273,688 0	(
(8) David M Fields	(I) (II)	285,914 0	0 0	5,259 0	24,500 0	13,260 0	328,933 0	(
(9) Joseph Harbaugh	(I) (II)	313,492 0	0 0	13,194 0	24,500 0	34,846 0	386,032 0	(
(10) Jan E Kronmiller	(I) (II)	299,251 0	0	2,741 0	23,853	22,104 0	347,949 0	(
(11) Anthony J Sılvagnı	(I) (II)	301,078 0	0	8,571 0	24,500 0	17,417 0	351,566 0	(
(12) Tracy A Favreau	(I) (II)	279,438 0	0	2,741 0	21,797 0	11,928 0	315,904 0	(
(13) Armando R Rodriguez	(I) (II)	279,110 0	0	0	0	0	279,110 0	(
(14) Randolph Pohlman	(I) (II)	244,833 0	0	4,808 0	24,500 0	13,938 0	288,079 0	(

Schedule J (Form 990) 2011 Page **3** 

### 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
		Supplemental Compensation Information A housing allowance is provided to the president of the University This allowance is fully taxable to the recipient The University pays for club dues on behalf of certain executives. These amounts are treated as taxable to the employee and included in his or her compensation.

Schedule J (Form 990) 2011

Schedule K (Form 990)

**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 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493133040493

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nova Southeastern University Inc

Employer identification number

59-1083502

Pa	art I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f) [	Description	of Purpose	<b>(g)</b> De	feased	Beh	On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
Α_	BCEFA 2004A2004B	52-1626969	115015DD8	04-01-2004	45,673	3,537 s	see Pa	art V I			х		X		X	
В	BCEFA 2004C	52-1626969	115015EX3	04-01-2004	35,750	0,000 s	see Part VI			Х		X		Х		
С	BCEFA 2008A	52-1626969	115015FY0	10-23-2008	60,000	0,000 s	see Pa	art V I			х		X		X	
D	BCEFA 2006	52-1626969	115015FR5	04-12-2006	99,95	99,951,270 see Part VI			Х		Х		Х			
Pa	rt III Proceeds					•				•	•		,			
	^				A			E	3		С		<u> </u>	D		
1_	A mount of bonds retired					2,250,0	000		1,800,000		5	525,000	1			
	A mount of bonds defeased															
3	Total proceeds of issue				4	15,673,			35,750,000		60,0	000,000	<del> </del>			
4	Gross proceeds in reserve funds					1,604,	188							9,	181,173	
5	Capitalized interest from proc Proceeds in refunding escrow															
6	Issuance costs from proceed:						407		120 100				<u> </u>		000 556	
7	Credit enhancement from proceeds				632,187 439,499				+		028,556					
8 9	Working capital expenditures				607,542		297,605	400,684		2,421,		421,361				
	Capital expenditures from pro	·										87,320,180				
10 11	O ther spent proceeds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>+</b>	18,116,6 24,712,9		•	35,012,896		58,5	916,844	<u> </u>	87,	320,180	
11 12	O ther unspent proceeds				-	±+,/⊥∠,	2 <b>4</b> 2						1			
13	Year of substantial completio	n			200	0.7		20	0.7		2008		1	2007		
					Yes	No		Yes	No No	Yes	7000	No	Yes		No	
14	Were the bonds issued as par	rt of a current refund	ing issue?		X				X			X			X	
15	Were the bonds issued as par	rt of an advance refu	nding issue?			Х			Х			Х			Х	
16	Has the final allocation of proceeds been made?			Х			Х		Х			Х		_		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			×		х		х		×						
Pai	rt IIII Private Business l	Use			<u> </u>									•		
1					Α			В		С			D			

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

Χ

No

Χ

Yes

Yes

Yes

Х

No

Χ

No

Χ

Χ

Par	rt IIII Private Business Use (Continued)									
	Tittade Sacrifess God (Continued)		A			В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3 <b>a</b>	Are there any management or service contracts that may result in private use?	business		х		х		х		х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		×		×		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government					2 480 %	)	0	%	3 360 °
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %	,	0	%	0 0
6	Total of lines 4 and 5			0 %		2 480 %	0	0 %	/0	3 360 °
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the	х		Х		Х		х	
Pai	rt IV Arbitrage			<u>'</u>						•
		Α			В		С		D	
		Yes	No	Yes	No	Y	'es	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		×			х		X
2	Is the bond issue a variable rate issue?		Х	Х			х			Х
		<del>1</del>	+					+		

•	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x		×		×	×
2	Is the bond issue a variable rate issue?	Х	Х		Х		Х
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	×		Х		Х	х
b	Name of provider						
С	Term of hedge						
d	Was the hedge superintegrated?						
е	Was a hedge terminated?						
4a	Were gross proceeds invested in a GIC?	Х		Х		Х	Х
ь	Name of provider	•		•			
С	Term of GIC						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						
5	Were any gross proceeds invested beyond an available temporary period?	x		x		х	x
6	Did the bond issue qualify for an exception to rebate?	Y		Y		Y	Y

### Part V Procedures To Undertake Corrective Action

#### Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
Part I, Column		First Group Row A (a)Broward County Educational Facilities (BCEFA)/Series 2004A/2004B (f) Refinance 1994 bonds and construction of University Center Row
(a)Full Name		B (a)Broward County Educational Facilities (BCEFA)/Series 2004C (f) Construction of Orlando Student Educational Center and University Center Row C (a)
of Bond Issue		Broward County Educational Facilities (BCEFA )/Series 2008A (f) Construction of chiller plant and dormitory building Row D (a)Broward County Educational
and (f)		Facilities (BCEFA)/Series 2006 (f) Construction of undergraduate dormitory and University Center Second Group Row A (a)Town of Davie, Florida/Series 2009
Description of		(f)Equipping and renovating University School Row B (a)Higher Educational Facility Financing Authority (HEFFA)/Series 2011 (f)Refinance 2000B bonds and
Purpose		construction of West Palm Beach Student Educational Center Row C (a)Higher Educational Facility Financing Authority (HEFFA)/Series 2012A (f)Refinance
		2002A/B bonds and to finance technology and related acquisitions

Schedule K

**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

DLN: 93493133040493

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Nova Southeastern University Inc

Employer identification number 1 50 1002502

	a coatmoustern omversity in	. •			59-1083502										
Pa	art I Bond Issues			_											
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	(f) Description of Purpose		(g) Defeased		Beh	On alf of suer		) Pool ancing
										Yes	No	Yes	No	Yes	No
A	Town of Davie 2009	59-6046527		05-29-2009	60,000	,000	see Pa	art V I			×		Х		X
В	HEFFA 2011	90-0058227	34073TCV7	02-15-2011	37,878	,793	see Part VI			х		Х		х	
c –	HEFFA 2012A	90-0058227	34073TFW2	06-05-2012	48,511	,454	see Pa	art V I			х		Х		Х
Pa	rt II Proceeds														
						4			В		С			D	
1	A mount of bonds retired					2,094	4,969		2,250,000						
2	A mount of bonds defeased	1													
3	Total proceeds of issue					60,000	0,000		37,878,793		48,	511,45	4		
4	Gross proceeds in reserve funds								1,821,473						
5	Capitalized interest from p	proceeds													
6	Proceeds in refunding esc	row													
7	Issuance costs from proce	eeds				491	1,850		650,626		-	737,36:	1		
8	Credit enhancement from	proceeds													
9	Working capital expenditu	res from proceeds													
10	Capital expenditures from	proceeds				59,508	8,150		22,278,960		2,8	832,830	٥		
11	Other spent proceeds								13,127,734		38,	774,09	3		
12	Other unspent proceeds										6,:	167,170	٥	,	
13	Year of substantial comple	etion			20	10		20	11						
					Yes	N	lo	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as	part of a current refun	iding issue?			×	<	X		X					
15	Were the bonds issued as	part of an advance ref	funding issue?			×	<		Х			Х			
16	Has the final allocation of proceeds been made?			Х			Х				Х				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			oport the final	Х			х		Х					
Pa	rt IIII Private Busines	s Use				·			1						
						A			В		С			D	
					l vaa	I N	la	V	l Na l	V	ı	Na	V	_	NI-

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

Χ

Yes

No

Χ

Yes

Yes

No

Χ

Χ

Par	t IIII Private Business Use (Continued)								
			4		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×		×		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %		0 %		0 %		
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 %			0 %		0 %		
6	Total of lines 4 and 5	0 %			0 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			

Part IV Arbitrage

		Α.		В		С		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?		Х		x		x		
2	Is the bond issue a variable rate issue?		X		X		Х		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×		x		х		
ь	Name of provider				•				
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	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?		Х		х		Х		
6	Did the bond issue qualify for an exception to rebate?		×		×		×		

### **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI **Supplemental Information**

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

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS

(a) Name of disqualified person

As Filed Data -

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

DLN: 93493133040493

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

1

### **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.

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

Open to Public
Inspection

(c)

Corrected?

No

Yes

temal Revenue Service

Name of the organization

Nova Southeastern University Inc

**Employer identification number** 

59-1083502

(b) Description of transaction

											+
2 Enter the amount of tax impose section 4958	ed on tl	ne orgar	_		disqualified perso		_	_	r • \$ —		
3 Enter the amount of tax, if any,	, on line	2, abo	ve, reimbursed	by the	e organization .			•	<b>*</b> \$		
art II Loans to and/or F					Dowt IV June 26	a	~ 000 [	= 7 Dowt \	/ line 20	_	
a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	(c)Original		(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From				Yes	No	Yes	No	Yes	No
								-			_
							-				
tal				\$							
rt IIII Grants or Assistan Complete if the orga						line 1	7				
(a) Name of interested pers		_	Relationship b	betwe	en interested per			nount of a	rant or ty	pe of ass	ıstanc
(a) manie or microscoa poro			and th	he org	ganızatıon		(-)			, pe o. acc	
											136,
		+									

Part IV Business Transactions Involving Interested Persons.

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

Complete ii the organizatio	on answered tes on	roilli 990, Pait IV, III	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) ReBro Inc	Entity owned by family member of Andrew DiBattista, Trustee	1,877,926	ReBro provides storage services to Nova Southeastern University		No
(2) Paramount Coffee Services Inc	Albert J Miniaci,Trustee, is an officer of Paramount Coffee Services, Inc	227,619	Paramount supplies coffee products and services to the University		No
(3) Law firm of GunsterYoakley & Stewart PA	Martin R Press,Trustee, is a shareholder of Gunster, Yoakley & Stewart, PA	111,453	Gunster, Yoakley & Stewart provides legal services to the University		No
(4) Donna Lippman	Family member of Fred Lippman, Key Employee	14,286	Employment at Nova Southeastern University		No
(5) Raymond G Ferrero III	Family member of Ray Ferrero, Jr , Key Employee	94,718	Employment at Nova Southeastern University		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

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**NonCash Contributions** 

DLN: 93493133040493

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Internal Revenue Service

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

Open to Public Inspection

Name of the organization Nova Southeastern University Inc

**Employer identification number** 

Ds	rt I Types of Property				59-1083502			
<u> </u>	Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do contribution	etermı	_	
1	Art—Works of art	X	7					
	Art—Historical treasures		,					
	Art—Fractional interests							
	Books and publications	X		0				
	Clothing and household							
J	goods	Х		8,000	Appraisal			
6	Cars and other vehicles							
7	Boats and planes	Х	1	0				
8	Intellectual property							
9	Securities—Publicly traded .							
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—O ther							
18	Collectibles	Х	4					
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	Х	1					
24	Archeological artifacts							
25	Other ► ( <u>See Part II</u> )	Х	83	0				
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received							
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29			1
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		No
b	If "Yes," describe in Part II							_ <b>_</b>
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### 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
Method for Determining Number of Contributors	Part I, Column (b)	NSU reports the number of contributions received throughout the year for each type of property listed Form 990, Schedule M, Part I,Other Types of Property Line 25 includes donations for various fundraising events and silent auctions, such as flowers center pieces and gift cards
Non Reporting of Revenue	Part I, Line 33	The contribution amount listed in Ic was not reported as revenue, as permitted under generally accepted accounting principles. A zero amount was reported because the organization does not capitalize its collections, as allowed under ASC 958-360-25, formerly known as SFAS 116. In other instances where no amounts were reported in column (c), contribution revenue was not recorded based on immateriality.

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493133040493

OMB No 1545-0047

Quen to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization Nova Southeastern University Inc	Employer identifi	cation number
	59-1083502	

ldentifier	Return Reference	Explanation
Contribution of cars, boats, airplanes and other vehicles	Part V, Line 7h	A foundation donated a marine vessel to Nova Southeastern University's Oceanographic Center and National Coral Reef Institute to promote the center's mssion and enhance it's research initiatives on the reefs of South Florida

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, Iine 1	Explain delegation of authority to an executive committee by the governing body. In accordance to Nova Southeastern University bylaws, the Executive Committee, established by the Board of Trustees (BOT), consists of the Chair of the BOT, the Vice Chair of the BOT, the President of the University, the Chairs of the Standing Committees and such other members of the BOT as designated by the Chair. The Executive Committee has the power to transact all business delegated to it by the BOT and shall, during periods between meetings of the BOT and for all matters of an urgent nature for which it is impractical or impossible to delay decisions until the next meeting of the BOT, have the power to transact all business of the BOT in the management of the Corporation, subject to any limitations otherwise imposed on the BOT as a whole. The Executive Committee shall have such additional powers as conferred upon it by the BOT, and shall report in writing to the BOT following each meeting.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	Significant changes to governing documents Nova Southeastern University's bylaws, dated December 5, 2011 comprise the following significant changes from the University's bylaws dated January 29, 2010 - The University Chancellor was removed as a trustee and officer from Nova Southeastern University - The title and responsibilities of the Chief Executive Officer of the University was changed from University Chancellor to the President - The minimum number of members of all committees established by the Board, including the Finance Audit, and Investment Committee, was changed from three to five

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 11	Describe the process used by the organization to review this Form 990. The Form 990 is prepared by the Nova Southeastern University finance staff and presented to the University's outside tax accountants (KPMG, LLP) for review. After review by the outside tax accountants, a draft copy of the Form 990 and all required schedules are provided for review to the Vice President of Finance/Chief Financial Officer, the Executive Vice President/Chief Operating Officer, and the President/Chief Executive Officer of the University. Upon completion of the internal review, the final Form 990 and all required schedules are made available to the Board of Trustees prior to filing

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Describe how the organization monitors and enforces compliance with it's conflict of interest policy. Nova Southeastern University (NSU) maintains a written Code of Conduct Policy which provides an overview of requirements in complying with applicable laws, rules, regulations, and adhering to ethical standards by its officers, employees, representatives, and agents in conducting NSU business. To aid in the identification of and correction of any actual or perceived violations of the University's Code of Conduct Policy, NSU has a written Compliance. Plan The Compliance Plan not only explains the compliance obligations of all NSU colleagues, it contains specific directives for key personnel and committees to uphold the Compliance Plan and ensure that their team members have sufficient information to comply with the applicable laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. In addition to the foregoing, each year, the University asks the governing Board of Trustees, officers, directors, and key employees to respond to a questionnaire and disclose on a yearly basis. The questionnaire is designed to collect information and monitor compliance.

Identifier	Return Reference	Explanation
		Process for determining compensation of Officers and Key positions Each year a comparative analysis is performed by a compensation analyst in human resources and is provided to the compensation committee appointed by the Chairman of the Board of NSU. The analysis is reported to the Executive Committee and then to the Board of Trustees of the University

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Nova Southeastern University's audited financial statements are part of its Annual Report which is made available on its website at http://www.nova.edu/cwis/fop/ In addition, the public at large may receive a copy of the report upon request

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -2,495,566

DLN: 93493133040493

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Nova Southeastern University Inc

59-1083502

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

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) NSU Grande Oaks LLC 3201 W Rolling Hills Circle Fort Lauderdale, FL 33328 20-4811801	Golf Course	FL	4,659,697	35,153,185	Nova Southeastern University Inc		
(2) NSU Park Plaza LLC 3301 College Ave Fort Lauderdale, FL 33314 03-0380632	Commercial Real Estate	FL	900,000	5,700,000	Nova Southeastern University Inc		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		I e if the organization	I on answered "Y	l 'es" on Form 990	, Part IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) On Public charity star (if section 501(c)(		Section 5 cont	g) 512(b)(1 trolled nization
(1) NSU Health Professions Division Foundation Inc						Yes	No
3200 South University Dr	Support	FL	501 (c) (3)	Line 11d, I	Nova Southeastern University Inc		No
Fort Lauderdale, FL 33328 65-0456144							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No	50135Y	1	Schedule R (F	orm 990	2011

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disprop allocati	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> ) Gener mana partr	ral or iging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	į
												i
												İ
												İ
												i
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) NSU Guaranty Insurance Company LTD c/o Willis Mgt PO Box 30600 KY1 12 Grand Cayman KY1-1203	Insurance Captive	CJ	Nova Southeastern University Inc	С	100	100	100 000 %
(2) The Pointe Corp Office Park Prop Owners Assn Inc 3301 College Ave Fort Lauderdale, FL 33314 46-0743930	Prop Owner's Assn (no activity)	FL	Nova Southeastern University Inc	С	100	100	100 000 %
							_
<b>1</b> •	*					Calcadada D. (	F 000\ 2011

Schedule R (Form 990) 2011		Рa	ge .
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or	or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  f Sale of assets to related organization(s)  g Purchase of assets from related organization(s)  h Exchange of assets the related organization(s)  i Lease of facilities, equipment, or other assets to related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s)  k Performance of services or membership or fundraising solicitations for related organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses		Yes	N
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		N
c Gift, grant, or capital contribution from related organization(s)	1c		N
d Loans or loan guarantees to or for related organization(s)	1d		N
e Loans or loan guarantees by related organization(s)	1e		N
f Sale of assets to related organization(s)	1f		N
g Purchase of assets from related organization(s)	<b>1</b> g		N
h Exchange of assets with related organization(s)	1h		N
i Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> i		N
j Lease of facilities, equipment, or other assets from related organization(s)	1 <u>j</u>		N
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		N
l Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		N
n Sharing of paid employees with related organization(s)	1n		N
• Reimbursement paid to related organization(s) for expenses	10		N
p Reimbursement paid by related organization(s) for expenses	1р		N
			<u> </u>
<b>q</b> Other transfer of cash or property to related organization(s)	1q	Yes	$\vdash$
r Other transfer of cash or property from related organization(s)	1r	Yes	匚

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

		•	
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NSU Guaranty Insurance Company LTD	Q	4,135,295	premiums paid
(2) NSU Guaranty Insurance Company LTD	R	722,546	claims reimbursed
(3)			
(4)			
(5)			
(6)			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets		(h) Disproprtionate allocations?		Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No													

Schedule R (Form 990) 2011

## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 59-1083502

Name: Nova Southeastern University Inc

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

#### 4d. Other program services

(Code ) (Expenses \$ 132,213,499 including grants of \$ 31,391,904 ) (Revenue \$ 32,648,190 )

Other Program Services include Agency ServicesPublic ServiceResearchScholarship and FellowshipDepreciation and InterestUnexpended Plant Expenses

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

<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Ronald G Assaf Chair	50	Х						0	0	0
Barry J Silverman Vice Chair	50	Х						0	0	0
W Tınsely Ellıs Secretary	50	Х		х				0	0	0
Mıtchell Berger Trustee	50	Х						0	0	0
Alan B Levan Trustee	50	Х						0	0	0
Albert J Miniaci Trustee	50	Х						0	0	0
Samuel Morrison Trustee	50	Х						0	0	0
Paul M Sallarulo Trustee	50	х						0	0	0
Franklin L Smith Trustee	50	Х						0	0	0
Rick Case Trustee	50	Х						0	0	0
Andrew J DıBattısta Trustee	50	Х						0	0	0
R Douglas Donn Trustee	50	х						0	0	0
Arthur J Falcone Trustee	50	Х						0	0	0
Silvia Flores Trustee	50	х						0	0	0
David W Horvitz Trustee	50	х						0	0	0
H Wayne Huizenga Trustee	50	Х						0	0	0
Royal F Jonas Trustee	50	х						30,000	0	0
Milton Jones Trustee	50	х						0	0	0
J Kenneth Tate Trustee	50	Х						0	0	0
Zachariah P Zachariah Trustee	50	х						0	0	0
Keith Brown Trustee	50	Х						0	0	0
Thomas E Lynch Trustee	50	Х						0	0	0
E Clay Shaw Jr Trustee	50	Х						0	0	0
Nell McMillan Lewis Trustee	50	Х						0	0	0
Mike Jackson Trustee	50	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, an							ust	ces, key Emplo	yees, ingliest		
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Martin R Press Trustee	50	х						0	0	0	
Mıchael Zager Trustee	50	Х						0	0	0	
George L Hanbury II PhD President/Chief Executive Officer	50	Х		х				778,474	0	63,049	
Jacqueline A Travisano Exec VP/Chief Operating Officer	37 50			х				104,457	0	52,525	
Ray Ferrero Jr University Chancellor	37 50				х			836,423	0	46,051	
Frederick Lippman Health Profess Div Chancellor	37 50				х			406,414	0	25,595	
Francis A De Piano Exec VP/Provost	37 50				х			344,942	0	31,976	
H Wells Singleton Dean/School of Education	37 50				х			330,816	0	39,981	
John Santullı VP/Facılıtıes Mgt	37 50				х			234,975	0	38,713	
David M Fields Dean/School of Business	37 50				х			291,173	0	37,760	
Joseph Harbaugh Professsor of Law	37 50					Х		326,686	0	59,346	
Jan E Kronmiller Div Chief Dev/Chair-Ortho	37 50					Х		301,992	0	45,957	
Anthony J Silvagni Dean/Professor	37 50					Х		309,649	0	41,917	
Tracy A Favreau Instructor/Asst Prog Dır	37 50					Х		282,179	0	33,725	
Armando R Rodriguez Adjunct Prof/Int'l Site Admin	37 50					Х		279,110	0	0	
Randolph Pohlman Professor(Former Key Employee)	37 50						Х	249,641	0	38,438	