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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

LEBANESE AMERICAN UNIVERSITY IS COMMITTED TO ACADEMIC EXCELLENCE, STUDENT-CENTEREDNESS, CIVIC ENGAGEMENT, THE ADVANCEMENT OF SCHOLARSHIP, THE EDUCATION OF THE WHOLE PERSON, AND THE FORMATION OF STUDENTS AS FUTURE LEADERS IN A DIVERSE WORLD

2

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

Yes

☒ No

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

3

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

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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

4a

(Code) (Expenses \$ 79,270,493 including grants of \$ 16,163,846) (Revenue \$ 126,302,285)

PROVIDES HIGHER EDUCATION TO 7,500 UNDERGRADUATE STUDENTS, 649 GRADUATE STUDENTS, AND 124 DOCTORAL-PROFESSIONAL PRACTICE STUDENTS

4b

(Code) (Expenses \$ 990,000 including grants of \$) (Revenue \$ 2,501,315)

SERVICES PROVIDED TO STUDENTS AND FACULTY, INCLUDING DORMITORIES, CAFETERIA AND PARKING

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 80,260,493

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a585	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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. .	2a189	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: LE, SZ, JO See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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	
c	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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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	No
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ EMILE N LAMAH 211 E 46TH ST NEW YORK, NY 100172935 (212) 203-4333	

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,275,638	109,000	1,011,752

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 57

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED CONTRACTORS & ENGINEERS SAL 240 BDARO STREET ST KARAM GROUP B BEIRUT LE	CONTRACTOR	8,557,398
MEDGULF PATRIARH HOWAYEK ST MEDGULF BUILDI BEIRUT LE	INSURANCE	3,974,368
ASSOCIATED CONSULTING ENGINEERS SAL VERDUN ST ABOU CHALACH BUILDING BEIRUT LE	CONSULTANT	931,920
QUALITY CONSTRUCTION COMPANY SARL HABIB BADARO STREET PARC SECTOR BEIRUT, BEIRUT LE	CONTRACTOR	780,934
AFAK GENERAL CONTRACTING SACRE COEUR HOSPITAL ST HABRE KH BAABDA LE	CONTRACTOR	709,681

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 17

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	902,640				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,584,363				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,269,771				
	g	Noncash contributions included in lines 1a-1f \$ 10,075,371						
	h	Total. Add lines 1a-1f		25,756,774				
Program Service Revenue			Business Code					
	2a	TUITION	611600	122,582,772	122,582,772			
	b	STUDENT FEES	611600	3,719,513	3,719,513			
	c	AUXILIARY ACTIVITIES	611600	1,839,983	1,839,983			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		128,142,268				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		9,133,816		-228,405	9,362,221	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			17,881,451	81,326				
			5,854,800	27,821				
			12,026,651	53,505				
	d	Net gain or (loss)		12,080,156			12,080,156	
	8a	Gross income from fundraising events (not including \$ 902,640 of contributions reported on line 1c) See Part IV, line 18	a	128,072				
	b	Less direct expenses	b	128,072				
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold . . .	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
	11a	MISCELLANEOUS	611600	661,332	661,332			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		661,332					
12	Total revenue. See Instructions		175,774,346	128,803,600	-228,405	21,442,377		

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	16,163,846	16,163,846		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,864,303	2,912,763	1,632,167	319,373
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,628,430	33,297,936	8,468,727	861,767
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,923,265	4,521,724	1,343,910	57,631
9	Other employee benefits	6,951,344	4,329,663	2,492,693	128,988
10	Payroll taxes	840,996	705,332	92,932	42,732
11	Fees for services (non-employees)				
a	Management	3,806,621	1,918,974	1,809,856	77,791
b	Legal	385,760	4,608	381,152	
c	Accounting	112,814	12,664	100,150	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,905,393		1,905,393	
g	Other				
12	Advertising and promotion	108,098	48,841	57,176	2,081
13	Office expenses	5,916,718	4,631,539	1,240,811	44,368
14	Information technology	1,472,017	1,412,228	47,922	11,867
15	Royalties				
16	Occupancy	6,810,849	1,505,251	5,066,796	238,802
17	Travel	2,513,164	1,753,435	633,476	126,253
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	587,828	458,481	109,829	19,518
20	Interest	4,051,765		4,051,765	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,284,894	2,808,020	3,459,369	17,505
23	Insurance	555,148	14,794	530,923	9,431
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPONSORED TUITION	2,923,074	2,911,932	11,142	
b	MISCELLANEOUS OTHER	1,263,664	838,881	367,945	56,838
c	LOSS ON EXCHANGE	698,196	9,581	688,530	85
d	PROVISION FOR BAD DEBTS	562,793		557,853	4,940
e					
f	All other expenses	158,458		158,458	
25	Total functional expenses. Add lines 1 through 24f	117,489,438	80,260,493	35,208,975	2,019,970
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,506,682	1	4,760,688
	2	Savings and temporary cash investments			125,049,329	2	127,895,956
	3	Pledges and grants receivable, net			7,026,424	3	12,060,440
	4	Accounts receivable, net			10,182,797	4	12,691,999
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			18,222	8	31,950
	9	Prepaid expenses and deferred charges			2,526,578	9	2,928,121
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	280,427,169			
	b	Less: accumulated depreciation	10b	75,732,201	128,741,962	10c	204,694,968
	11	Investments—publicly traded securities			199,814,484	11	209,308,042
	12	Investments—other securities. See Part IV, line 11			191,622,814	12	220,388,820
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			668,489,292	16	794,760,984
Liabilities	17	Accounts payable and accrued expenses			41,402,375	17	45,738,648
	18	Grants payable				18	
	19	Deferred revenue			6,303,340	19	7,927,894
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			9,624,833	23	20,942,669
	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 D			74,273,305	25	94,388,046
	26	Total liabilities. Add lines 17 through 25			131,603,853	26	168,997,257
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			499,970,618	27	577,745,666
	28	Temporarily restricted net assets			11,377,185	28	17,067,557
	29	Permanently restricted net assets			25,537,636	29	30,950,504
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			536,885,439	33	625,763,727
	34	Total liabilities and net assets/fund balances			668,489,292	34	794,760,984

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	175,774,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,489,438
3	Revenue less expenses Subtract line 2 from line 1	3	58,284,908
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	536,885,439
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,593,380
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	625,763,727

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization LEBANESE AMERICAN UNIVERSITY	Employer identification number 98-6001269
--	--

Part I

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIIPart 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
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 more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the 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 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number
98-6001269

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ 60,810

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐

Public exhibition

b

☒

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	245,704,159	245,391,649	227,162,497	236,087,243
b	Contributions	2,436,651	3,093,016	605,887	1,330,012
c	Investment earnings or losses	35,977,148	-176,095	20,145,826	-7,567,366
d	Grants or scholarships	-323,080	-326,695	349,662	332,286
e	Other expenditures for facilities and programs	-5,216,831	-791,793	821,393	949,231
f	Administrative expenses	-1,416,813	-1,485,924	1,351,506	1,405,877
g	End of year balance	277,161,234	245,704,159	245,391,649	227,162,495

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 88 830 %

b

Permanent endowment ▶ 11 170 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐

Yes

3a(ii)

☐

No

b

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

3b

☐

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		79,724,110		79,724,110
b Buildings		86,542,433	34,845,290	51,697,143
c Leasehold improvements				
d Equipment		57,158,579	40,886,911	16,271,668
e Other		57,002,047		57,002,047
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				204,694,968

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1175,774,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	117,489,438
3	Excess or (deficit) for the year Subtract line 2 from line 1	58,284,908
4	Net unrealized gains (losses) on investments	30,593,629
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-249
9	Total adjustments (net) Add lines 4 - 8	30,593,380
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	88,878,288

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1188,326,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	30,593,629
b	Donated services and use of facilities2b	33,220
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	-18,075,195
e	Add lines 2a through 2d2e	12,551,654
3	Subtract line 2e from line 13	175,774,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	175,774,346

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	199,447,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	33,220
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	33,220
3	Subtract line 2e from line 13	99,413,780
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	18,075,658
c	Add lines 4a and 4b4c	18,075,658
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	117,489,438

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	LAU'S COLLECTION IS COMPOSED OF OTTOMAN EMBROIDERIES AND ISLAMIC CERAMICS RELATED TO THE FATIMID PERIOD. THIS COLLECTION IS USED AS A REFERENCE IN THE ISLAMIC ART PROGRAM UNDER THE SCHOOL OF ARCHITECTURE AND DESIGN.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE UNIVERSITY'S OPERATIONS AS AND WHEN NEEDED IN ACCORDANCE WITH THE UNIVERSITY SPENDING POLICY OF UP TO 5% OF THE PREVIOUS 3 YEARS ROLLING AVERAGE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		ROUNDING -249
PART XII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL AID -16,163,846 INVESTMENT EXPENSES -1,905,393 FINANCIAL STATEMENT AMOUNTS IN THOUSANDS -3,697 GAIN/LOSS ON SALE OF ASSETS 27,877 FUNDRAISING EXP 128,322 TAXES -158,458
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 16,163,846 INVESTMENT FEES 1,905,393 FINANCIAL STATEMENT AMOUNTS IN THOUSANDS 4,160 GAIN/LOSS ON SALE OF ASSETS -27,877 TAXES 158,458 FUNDRAISING EXPENSES -128,322

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number
98-6001269

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

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	RACIALLY NONDISCRIMINATORY STATEMENTS ARE INCLUDED UNDER THE CONSTITUTION AND IN THE ADMISSION POLICY OF THE UNIVERSITY, BOTH ARE PUBLISHED ON THE UNIVERSITY'S WEBSITE. STATEMENTS ARE ALSO PUBLISHED IN THE UNIVERSITY YEARLY CATALOGUE.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE ORGANIZATION RECEIVES SCHOLARSHIP GRANTS FROM THE GOVERNMENT.

[illegible]

3 Enter total number of other organizations or entities ►

Part II

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HONOR SCHOLARSHIP	MIDDLE EAST AND NORTH AFRICA	785	2,758,790	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
MERIT SCHOLARSHIP	MIDDLE EAST AND NORTH AFRICA	82	1,385,931	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
DESIGNATED GRANTS	MIDDLE EAST AND NORTH AFRICA	1,286	2,949,151	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
HARDSHIP	MIDDLE EAST AND NORTH AFRICA	165	678,392	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
MINISTER DEPENDENTS	MIDDLE EAST AND NORTH AFRICA	4	47,969	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
DEPENDENT GRANTS	MIDDLE EAST AND NORTH AFRICA	118	1,696,843	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
GRADUATE ASSISTANCESHIP	MIDDLE EAST AND NORTH AFRICA	230	1,087,319	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE
FINANCIAL AID EMPLOYEE	MIDDLE EAST AND NORTH AFRICA	1,870	5,559,451	DIRECT DEPOSIT INTO STUDENT ACCOUNT			FAIR MARKET VALUE

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Part V

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ALL GRANT FUNDS RECEIVED BY LAU ARE MONITORED BY A GRANTS OFFICE AND THE COMPTROLLER'S OFFICE. DISBURSEMENT OF GRANT FUNDS IS MADE ACCORDING TO RELATED GRANT PROVISIONS, AND IN ACCORDANCE WITH UNITED STATES APPLICABLE RULES AND NORMS. GRANTS ARE AUDITED BY AN EXTERNAL AUDITOR (PRESENTLY ERNST & YOUNG) ACCORDING TO GAAS AND TO THE GRANTOR CONDITIONS, AND ARE REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES.

Identifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 THE ACCRUAL BASIS OF ACCOUNTING IS USED TO REPORT EXPENDITURES

Identifier	Return Reference	Explanation
EXPLANATION FOR ESTIMATED NUMBER OF RECIPIENTS		SCHEDULE F, PART III, COL (C) THE NUMBER OF RECIPIENTS LISTED IS THE ACTUAL NUMBER OF RECIPIENTS RECEIVING GRANTS AND ASSISTANCE. NO ESTIMATES WERE USED

Identifier	Return Reference	Explanation
		THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT THE GRANTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number
98-6001269

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		INAUGURAL GALA DINNER (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,030,712		1,030,712
	2	Less Charitable contributions	902,640		902,640
	3	Gross income (line 1 minus line 2)	128,072		128,072
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	52,880		52,880
	8	Entertainment	6,304		6,304
	9	Other direct expenses	68,888		68,888
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					0

Part III Gaming.

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization LEBANESE AMERICAN UNIVERSITY	Employer identification number 98-6001269
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☒ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a No	No
		4b No	No
		4c No	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a No	No
		5b No	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a No	No
		6b No	No
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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8 No	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT OF THE UNIVERSITY IS PROVIDED TRAVEL FOR SPOUSE, TAX GROSS-UP PAYMENTS, HOUSING ALLOWANCE, AND PERSONAL SERVICES. ALL REQUIRED AMOUNTS WERE REPORTED AS TAXABLE COMPENSATION.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number

98-6001269

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BANK OF BEIRUT	BOARD TRUSTEE MR SELIM SFEIR IS THE CHAIRMAN OF THE BANK	703,480	INTEREST ON CONSTRUCTION LOAN		No
(2) BANK OF BEIRUT	BOARD TRUSTEE MR SELIM SFEIR IS THE CHAIRMAN OF THE BANK	50,000	COMMISSIONS ON LETTERS OF GUARANTEES		No
(3) BANK OF BEIRUT	BOARD TRUSTEE MR SELIM SFEIR IS THE CHAIRMAN OF THE BANK	902,766	INTEREST ON DEPOSITS		No
(4) BANK OF BEIRUT	BOARD TRUSTEE MR SELIM SFEIR IS THE CHAIRMAN OF THE BANK	20,942,669	LOAN FOR CONSTRUCTION		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
		MR SALIM SFEIR HAS BEEN ELECTED AS A BOARD MEMBER WITH EFFECT FROM OCTOBER 01, 2009 MR SFEIR HAS A DIRECT INTEREST IN BANK OF BEIRUT S A L, A LEBANESE BANK WITH WHICH THE UNIVERSITY HAS HAD A VARIETY OF BUSINESS DEALINGS FOR MANY YEARS ALL TRANSACTIONS AND DEALINGS WITH BANK OF BEIRUT ARE CARRIED AT ARM'S LENGTH
		RELATIONSHIPS WITH BOARD MEMBERS ARE AUDITED ANNUALLY BY THE EXTERNAL AUDITOR AND A REPORT IS ISSUED AND REVIEWED BY THE AUDIT COMMITTEE AND THE BOARD

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number
98-6001269

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
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	X	1	838,500	FAIR MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other	X	1	9,168,100	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
COMPUTER				
25 Other ► (EQUIPMENT)	X	1	7,500	COST
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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)	REAL ESTATE-RESIDENTIAL-GIFT OF 5 APARTMENTS VALUED ACCORDING TO THE FAIR MARKET PRICE REAL ESTATE-OTHER- GIFT PART OF A BUILDING VALUED ACCORDING TO THE FAIR MARKET PRICE SET BY AN EXPERT SWORN BEFORE COURT COMPUTER EQUIPMENT- GIFT OF EQUIPMENT VALUED ACCORDING TO THEIR INVOICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization LEBANESE AMERICAN UNIVERSITY	Employer identification number 98-6001269
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS FORWARDED TO THE INTERNAL AUDIT DEPARTMENT FOR REVIEW AND CLEARANCE. THE FINAL FORM 990 WAS THEN REVIEWED AND CLEARED BY THE PRESIDENT CABINET. UPON CLEARANCE, COPIES OF THE FINAL FORM 990 WERE CIRCULATED TO ALL BOARD MEMBERS, EXCEPT FOR DETAILS OF EXECUTIVES' COMPENSATION WHICH WERE DISCLOSED TO THE CHAIRMAN OF THE BOARD AND THE CHAIR OF THE AUDIT COMMITTEE. THE FINAL FORM 990, EXCEPT FOR DETAILS OF EXECUTIVES' COMPENSATION, WAS REVIEWED AND DISCUSSED BY THE AUDIT COMMITTEE IN THE BOARD MEETING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	QUESTIONNAIRES ARE CIRCULATED YEARLY TO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES AND A REPORT IS ISSUED IN THIS REGARD AND AUDITED BY THE EXTERNAL AUDITORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE APPOINTMENT OF THE PRESIDENT IS SUBJECT TO A FORMAL SEARCH PROCESS UNDERTAKEN BY A SEARCH COMMITTEE COMPRISED OF SELECTED BOARD OF TRUSTEES MEMBERS WHILE EMPLOYING THE SERVICES OF A PROFESSIONAL RECRUITING AGENCY THE APPOINTMENT AND SETTING OF COMPENSATION IS APPROVED BY THE BOARD OF TRUSTEES THE COMPENSATION IS SET BASED ON THE COMPENSATION OF PREVIOUS PRESIDENTS, MARKET ASSESSMENT AND ADVICE OF THE RECRUITING AGENCY THE PRESIDENT'S COMPENSATION IS ANNUALLY REVIEWED BY THE LEGAL AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (COMPRISED OF SELECTED BOARD OF TRUSTEES MEMBERS) WHOSE RECOMMENDATION IS ULTIMATELY APPROVED BY THE FULL BOARD OF TRUSTEES SALARIES OF VICE PRESIDENTS ARE DETERMINED BY THE PRESIDENT BASED ON THE COMPENSATION OF PREVIOUS VPS, QUALIFICATIONS AND AVAILABILITY AND SUBJECT TO MARKET NORMS AND AVERAGES SALARIES OF THE DEANS ARE RECOMMENDED BY THE PROVOST, BASED ON THE COMPENSATION OF PREVIOUS DEANS, QUALIFICATIONS AND AVAILABILITY AND SUBJECT TO MARKET NORMS AND AVERAGES, AND ARE APPROVED BY THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS INCLUDING CONSTITUTION, BY LAWS, CONFLICT OF INTEREST AND OTHER POLICIES ARE APPROVED BY THE BOARD OF TRUSTEES AND ARE MADE PUBLIC THROUGH THE UNIVERSITY WEB PAGE. THE UNIVERSITY'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO ANY EXTERNAL PARTY UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 30,593,629 ROUNDING -249 TOTAL TO FORM 990, PART XI, LINE 5 30,593,380

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE POLICY FOR THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING THE YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 5	THE NUMBER OF EMPLOYEES LISTED ON PART I, LINE 5 IS THE NUMBER OF EMPLOYEES THAT RECEIVE FORM W-2 THE MAJORITY OF THE EMPLOYEES OF THE UNIVERSITY ARE NOT UNITED STATES CITIZENS,AND THEREFORE DO NOT RECEIVE FORM W-2 THE NUMBER OF EMPLOYEES EMPLOYED OUTSIDE THE UNITED STATES WAS 1,651 AT ITS HIGHEST POINT DURING THE TAX YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINES 8 AND 9	THE UNIVERSITY DOES NOT SPONSOR DONOR ADVISED FUNDS, THEREFORE THESE QUESTIONS ARE NOT APPLICABLE

Identifier	Return Reference	Explanation
	FORM 990, PART VII AND SCHEDULE J	SOME OF THE INDIVIDUALS LISTED ON PART VII AND SCHEDULE J DO NOT RECEIVE FORM W-2 BECAUSE THEY ARE FOREIGN INDIVIDUALS THEIR COMPENSATION HAS BEEN REPORTED IN THE COLUMN B ON SCHEDULE J AND COLUMN D ON PART VII PER IRS INSTRUCTIONS THE AVERAGE HOURS PER WEEK LISTED FOR THE BOARD MEMBERS IS AN ESTIMATE THE BOARD MEMBERS ARE UNPAID VOLUNTEERS THAT MEET FORMALLY TWICE PER YEAR IN FULL BOARD SESSIONS THEY MEET OCCASIONALLY THROUGH BOARD COMMITTEE MEETINGS DURING THE YEAR AND PROVIDE CONSULTATION TO THE PRESIDENT AS AND WHEN NEEDED

Identifier	Return Reference	Explanation
AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	THE HOURS REPORTED BELOW ARE THE HOURS DEVOTED BY THE OFFICERS TO THE RELATED ORGANIZATION DR ABDALLAH SFEIR - 1 MR EMILE LAMAH - 4 MR ROY MAJDALANI - 2 MR ELIE BADR - 2

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LEBANESE AMERICAN UNIVERSITY

Employer identification number
98-6001269

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LAU HEALTH FOUNDATION INC 211 E 46TH ST NEW YORK, NY 100172935 27-2049290	SUPPORT HEALTH AND MEDICAL EDUCATION PROGRAMS OPERATED BY THE SCHOOL	NY	501(C)(3)	LINE 11A, I	LEBANESE AMERICAN UNIVERSITY	Yes	

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MEDICAL CARE HOLDING SAL PO BOX 1305053 BEIRUT LE	HOLDING COMPANY	LE	LEBANESE AMERICAN UNIVERSITY	C	1,399,000	52,884,000	94 000 %
(2) UNIVERSITY MEDICAL CENTER - RIZK HOSPITAL PO BOX 1107-2130 BEIRUT LE	HOSPITAL	LE	LEBANESE AMERICAN UNIVERSITY	C	26,750,000	63,977,000	59 970 %
(3) MEDICAL CARE MANAGEMENT SAL PO BOX 135053 BEIRUT LE	MANAGE HEALTHCARE FACILITIES	LE	LEBANESE AMERICAN UNIVERSITY	C	8,000	54,000	86 480 %

Part V

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

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

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)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with 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)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL CARE HOLDING SAL	B	16,500,000	CASH TRANSFERRED
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 98-6001269

Name: LEBANESE AMERICAN UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR GEORGE FARIS TRUSTEE	1 00	X						0	0	0
DR CHARLES ELACHI CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
REV MS CHRISTINE CHAKOIAN TRUSTEE	1 00	X						0	0	0
HE AMB GILBERT CHAGOURY TRUSTEE	1 00	X						0	0	0
DR PAUL F BOULOS TRUSTEE	1 00	X						0	0	0
MRS EVA KOTITE FARHA TRUSTEE	1 00	X						0	0	0
MR ANTOINE FREM TRUSTEE	1 00	X						0	0	0
MR FRED ROGERS SECRETARY OF THE BOARD	1 00	X		X				0	0	0
MR SAMER KHOURY TRUSTEE	1 00	X						0	0	0
MR SALIM G SFEIR TRUSTEE	1 00	X						0	0	0
DR H JOHN SHAMMAS MD TRUSTEE	1 00	X						0	0	0
MR GHASSAN SAAB TRUSTEE	1 00	X						0	0	0
MR PETER TANNOUS TRUSTEE	1 00	X						0	0	0
DR GEORGE E THIBAUT MD TRUSTEE	1 00	X						0	0	0
DR BENITA FERRERO-WALDNER TRUSTEE	1 00	X						0	0	0
MR ARTHUR GABRIEL TRUSTEE	1 00	X						0	0	0
DR RAY IRANI TRUSTEE	1 00	X						0	0	0
MR WADIH JORDAN TRUSTEE	1 00	X						0	0	0
REV MR JOSEPH KASSAB TRUSTEE	1 00	X						0	0	0
MR RICHARD ORFALEA TRUSTEE	1 00	X						0	0	0
MR TODD PETZEL TRUSTEE	1 00	X						0	0	0
REV MR RONALD L SHIVE TRUSTEE	1 00	X						0	0	0
MR ABDALLAH YABROUDI TRUSTEE	1 00	X						0	0	0
MR CHARLES MULLER TRUSTEE	1 00	X						0	0	0
DR JOSEPH G JABBRA PRESIDENT	40 00			X				686,428	0	84,079

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DR ABDALLAH SFEIR PROVOST	40 00			X				249,974	9,000	43,776	
DR ELISE SALEM VP OF SEDM	40 00			X				184,887	0	29,510	
DR CEDAR MANSOUR VP, GENERAL COUNSEL	40 00			X				216,025	0	33,868	
MR EMILE LAMAH VP OF FINANCE, CFO	40 00			X				219,844	44,000	60,262	
MR ROY MAJDALANI VP OF HRUS	40 00			X				190,138	28,000	59,218	
MR RICHARD RUMSEY VP ADVANCEMENT	40 00			X				181,677	0	47,965	
DR GEORGE NASR DEAN	40 00				X			178,946	0	87,688	
DR SAID LADKI CHAIR - HOSPITALITY MANAGEMENT	40 00				X			166,800	0	70,883	
DR NANCY HOFFART FOUNDING DEAN	40 00				X			166,486	0	28,258	
DR ELIE BADR ASSISTANT PROVOST FOR ACAD PROGRAM	40 00				X			184,596	28,000	35,110	
DR N LYNN ECKHERT INTERIM DEAN	40 00				X			350,000	0	0	
DR PIERRE ZALLOUA INTERIM DEAN	40 00				X			205,779	0	44,009	
MR DAVID GROSNER SENIOR INVESTMENT OFFICER	40 00				X			194,445	0	22,320	
DR ABDALLAH DAH CHAIR- ECONOMICS	40 00				X			174,365	0	59,870	
DR ZEINAT KALAAOUI ASSISTANT DEAN FOR MEDICAL	40 00				X			153,776	0	26,590	
DR TONY ZREIK CHAIRPERSON-OBSTERICS GNYECOLOGY	40 00				X			241,473	0	35,200	
DR TARIK MIKDASHI PROFESSOR-DEPT OF INFO TECH & OP MGT	40 00					X		560,742	0	38,413	
DR WASSIM SHAHIN PROFESSOR-DEPT OF ECONOMICS	40 00					X		165,971	0	52,168	
DR CAMILLE ISSA PROFESSOR-DEPT OF CIVIL ENGINEERING	40 00					X		157,495	0	51,953	
DR EDDIE ABDALLAH PROFESSOR-DEPT OF GENERAL SURGERY	40 00					X		300,000	0	36,164	
DR ELIAS RAAD DIRECTOR OF EMBA/CHAIR/BANK/FI/ACC	40 00					X		145,791	0	64,448	

Software ID:
Software Version:
EIN: 98-6001269
Name: LEBANESE AMERICAN UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JOSEPH G JABBRA	(i) (ii)	376,901 0	100,000 0	209,527 0	28,268 0	55,811 0	770,507 0	0 0
DR ABDALLAH SFEIR	(i) (ii)	249,974 9,000	0 0	0 0	24,997 0	18,779 0	293,750 9,000	0 0
DR ELISE SALEM	(i) (ii)	184,887 0	0 0	0 0	9,244 0	20,266 0	214,397 0	0 0
DR CEDAR MANSOUR	(i) (ii)	216,025 0	0 0	0 0	16,202 0	17,666 0	249,893 0	0 0
MR EMILE LAMAH	(i) (ii)	219,844 44,000	0 0	0 0	42,483 0	17,779 0	280,106 44,000	0 0
MR ROY MAJDALANI	(i) (ii)	190,138 28,000	0 0	0 0	31,816 0	27,402 0	249,356 28,000	0 0
MR RICHARD RUMSEY	(i) (ii)	181,677 0	0 0	0 0	13,790 0	34,175 0	229,642 0	0 0
DR GEORGE NASR	(i) (ii)	178,946 0	0 0	0 0	61,798 0	25,890 0	266,634 0	0 0
DR SAID LADKI	(i) (ii)	166,800 0	0 0	0 0	39,642 0	31,241 0	237,683 0	0 0
DR NANCY HOFFART	(i) (ii)	166,486 0	0 0	0 0	8,125 0	20,133 0	194,744 0	0 0
DR ELIE BADR	(i) (ii)	184,596 28,000	0 0	0 0	13,778 0	21,332 0	219,706 28,000	0 0
DR N LYNN ECKHERT	(i) (ii)	350,000 0	0 0	0 0	0 0	0 0	350,000 0	0 0
DR PIERRE ZALLOUA	(i) (ii)	205,779 0	0 0	0 0	18,317 0	25,692 0	249,788 0	0 0
MR DAVID GROSNER	(i) (ii)	194,445 0	0 0	0 0	10,065 0	12,255 0	216,765 0	0 0
DR ABDALLAH DAH	(i) (ii)	174,365 0	0 0	0 0	51,249 0	8,621 0	234,235 0	0 0
DR ZEINAT KALAAOUI	(i) (ii)	153,776 0	0 0	0 0	18,587 0	8,003 0	180,366 0	0 0
DR TONY ZREIK	(i) (ii)	241,473 0	0 0	0 0	16,393 0	18,807 0	276,673 0	0 0
DR TARIK MIKDASHI	(i) (ii)	155,295 0	0 0	405,447 0	15,530 0	22,883 0	599,155 0	284,285 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR WASSIM SHAHIN	(i)	165,971	0	0	35,074	17,094	218,139	0
	(ii)	0	0	0	0	0	0	0
DR CAMILLE ISSA	(i)	157,495	0	0	35,948	16,005	209,448	0
	(ii)	0	0	0	0	0	0	0
DR EDDIE ABDALLAH	(i)	300,000	0	0	0	36,164	336,164	0
	(ii)	0	0	0	0	0	0	0
DR ELIAS RAAD	(i)	145,791	0	0	36,114	28,334	210,239	0
	(ii)	0	0	0	0	0	0	0