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

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

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

If "Yes," describe these changes on Schedule O

4a	(Code)	(Expenses \$ 148,620,750	including grants of \$ 1,002,375)	(Revenue \$ 207,596,801)
NATIONAL UNIVERSITY, AN ACCREDITED UNIVERSITY, PROVIDES POST SECONDARY INSTRUCTION AND EDUCATION AT THE UNDERGRADUATE AND GRADUATE LEVELS AT 27 SITES WITHIN THE STATES OF CALIFORNIA AND NEVADA. THE UNIVERSITY OFFERS OVER 100 DEGREE PROGRAMS AND 80 CREDENTIAL AND CERTIFICATE PROGRAMS. APPROXIMATELY 191,000 INDIVIDUALS HAVE GRADUATED FROM THE UNIVERSITY SINCE ITS INCEPTION IN 1971. APPROXIMATELY 23,400 INDIVIDUALS ATTENDED CLASSES DURING THE TAX YEAR ENDING JUNE 30, 2013.				

[illegible][illegible]

4e	Total program service expenses	148,620,750
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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	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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	No
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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b 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.	527	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	3,417	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: OC 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	22	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this 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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA , FL , GA , VA , NJ
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 ☐ Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MICHELLE BELLO ASSOCIATE VP FINANCE 11355 NORTH TORREY PINES ROAD LA JOLLA, CA (858) 642-8636

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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,799,489	0	564,086

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 ▶ 119

		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
GLOBAL MEDIA SYSTEMS INC DBA GLOBAL MED 30252 TOMAS SUITE 200 RANCHO SANTA MARGARITA CA 92688	MARKETING & CONSULTING	9,308,623
E-STORM CORP INC 530 BUSH STREET SUITE 600 SAN FRANCISCO CA 94108	MARKETING & CONSULTING	5,220,401
CLEAR CHANNEL BROADCASTING INC PO BOX 659512 SAN ANTONIO TX 78265	MARKETING & CONSULTING	3,522,334
SUFFOLK CONSTRUCTION COMPANY INC 18400 VON KARMAN AVE SUITE 1000 IRVINE CA 92612	CONSTRUCTION/CONSULTING	3,366,543
JOHNSON AND JENNINGS 6165 GREENWICH DRIVE SUITE 180 SAN DIEGO CA 92122	CONSTRUCTION/CONSULTING	3,018,855
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 ▶5		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	1,762,642					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,620,909					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f		5,383,551					
Program Service Revenue	2a	STUDENT TUITION	Business Code 611710	205,093,740	205,093,740				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		205,093,740					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,788,674			5,788,674		
4		Income from investment of tax-exempt bond proceeds . . .							
5		Royalties							
6a		Gross rents	(i) Real	(ii) Personal					
			3,230,081	37,579					
			b	Less rental expenses				870,901	25,014
			c	Rental income or (loss)				2,359,180	12,565
d		Net rental income or (loss)	2,371,745		12,565	2,359,180			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			66,556,874	226,650					
			b	Less cost or other basis and sales expenses				46,212,078	579,542
			c	Gain or (loss)				20,344,796	-352,892
d		Net gain or (loss)	19,991,904			19,991,904			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	57,415					
			b	Less direct expenses				b	42,577
			c	Net income or (loss) from fundraising events . . .				14,838	
9a		Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses				b	
			c	Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a						
	b		Less cost of goods sold	b					
	c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code							
11a	OTHER REVENUE	900099	2,503,061	2,503,061					
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		2,503,061						
12	Total revenue. See Instructions		241,147,513	207,596,801	12,565	28,154,596			

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).

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.	1,002,375	1,002,375		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,601,431		3,601,431	
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.	81,825,290	65,459,804	16,165,402	200,084
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	17,149,094	13,169,680	3,939,537	39,877
10	Payroll taxes.	6,374,684	5,303,292	1,059,247	12,145
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,514,868	1,523,457	990,840	571
c	Accounting.	310,850		310,850	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,511,137	915,417	595,377	343
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,176,766	5,559,102	3,615,579	2,085
12	Advertising and promotion.				
13	Office expenses.	2,804,746	2,256,304	545,924	2,518
14	Information technology.				
15	Royalties.				
16	Occupancy.	10,931,596	7,025,163	3,906,433	
17	Travel.	2,237,143	1,646,779	590,364	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,349,409	834,108	1,515,274	27
20	Interest.	129,359	129,359		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,602,261	12,549,933	5,051,849	479
23	Insurance.	1,204,379		1,204,379	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PRINTING	23,259,341	16,657,912	6,601,384	45
b	CONSULTING	4,547,191	4,547,191	0	0
c	SMALL EQUIPMENT	2,777,432	1,980,309	797,123	0
d	BAD DEBT EXPENSE	2,305,050	2,270,524	34,526	0
e	All other expenses	12,026,793	5,790,041	6,236,015	737
25	Total functional expenses. Add lines 1 through 24e.	205,641,195	148,620,750	56,761,534	258,911
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		32,712,756	2	48,242,380
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		38,001,686	4	25,422,362
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		6,129,121	7	8,071,126
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	246,101,233		
	b	Less accumulated depreciation	10b	128,985,013	119,990,248	10c 117,116,220
	11	Investments—publicly traded securities		250,303,890	11	263,275,081
	12	Investments—other securities See Part IV, line 11		189,596,429	12	216,424,090
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		33,759,732	15	29,642,558
	16	Total assets. Add lines 1 through 15 (must equal line 34)		670,493,862	16	708,193,817
Liabilities	17	Accounts payable and accrued expenses		20,604,035	17	14,988,716
	18	Grants payable			18	
	19	Deferred revenue		32,108,304	19	26,853,095
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		9,561,884	23	8,145,309
	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		14,016,621	25	17,760,426
	26	Total liabilities. Add lines 17 through 25		76,290,844	26	67,747,546
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		576,898,213	27	621,312,276
	28	Temporarily restricted net assets		4,367,263	28	5,806,889
	29	Permanently restricted net assets		12,937,542	29	13,327,106
	Organizations that do not follow SFAS 117 (ASC 958), 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		594,203,018	33	640,446,271
	34	Total liabilities and net assets/fund balances		670,493,862	34	708,193,817

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	241,147,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	205,641,195
3	Revenue less expenses Subtract line 2 from line 1	3	35,506,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	594,203,018
5	Net unrealized gains (losses) on investments	5	23,606,752
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-12,869,817
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	640,446,271

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7172306

Name: NATIONAL UNIVERSITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
STACY ALLISON TRUSTEE	30	X						0	0	0
FELIPE BECERRA TRUSTEE	30	X						0	0	0
JOHN BUCHER TRUSTEE	30	X						0	0	0
RICHARD CHISHOLM TRUSTEE	30	X						0	0	0
JEANNE CONNELLY TRUSTEE	30	X						0	0	0
GERALD CZARNECKI TRUSTEE	30	X						0	0	0
RANDY ALIMENT TRUSTEE	30	X						0	0	0
CHERYL KENDRICK TRUSTEE	30	X						0	0	0
DR DONALD KRIPKE TRUSTEE	30	X						0	0	0
DR JERRY LEE II SEE SCH O CHANCELLOR EMERITUS, TRUSTEE	21 00	X		X				914,114	0	209,002
JEAN LEONARD TRUSTEE	30	X						0	0	0
HERBERT MEISTRICH CHAIR, TRUSTEE	30	X						0	0	0
CARLOS RODRIGUEZ TRUSTEE	30	X						0	0	0
DR ALEXANDER SHIKHMAN TRUSTEE	30	X						0	0	0
JAY STONE TRUSTEE	30	X						0	0	0
HIEP QUACH TRUSTEE	30	X						0	0	0
THOMAS TOPUZES BOARD SECRETARY, TRUSTEE	30	X						0	0	0
JACQUELINE TOWNSEND KONSTANTUROS VICE CHAIR, TRUSTEE	30	X						0	0	0
WH KNIGHT JR TRUSTEE	30	X						0	0	0
MICHAEL R MCGILL TRUSTEE	30	X						0	0	0
RUTHANN HEINRICH TRUSTEE	30	X						0	0	0
DR E LEE RICE TRUSTEE	30	X						0	0	0
RICHARD E CARTER SEE SCH O EXECUTIVE VP ADMIN AND BUS	5 00			X				0	0	0
PATRICIA POTTER PRESIDENT	60 00			X				394,163	0	33,078
DEBRA BEAN ASSOCIATE PROVOST	45 00				X			222,446	0	15,578

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 (list any hours for related organizations below dotted line)	(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			
MICHELLE BELLO ASSOC V P FINANCE	55 00				X			195,182	0	20,959
EILEEN HEVERON PROVOST	45 00				X			241,519	0	30,772
MICHAEL LACOURSE DEAN SCHOOL OF HEALTH AND	45 00				X			199,797	0	34,784
WILLIAM BRUVOLD PRESIDENT, NUSIPR	45 00				X			184,214	0	11,940
MICHAEL MCANEAR DEAN	45 00				X			154,807	0	23,163
CHRISTOPHER KRUG VP, IT	45 00				X			171,747	0	27,363
JOHN CICERO DEAN, SETM	45 00				X			168,154	0	6,474
RONALD UHLIG DEAN, SOBM	45 00				X			163,118	0	23,608
ALAN HONEYCUTT AVP HUMAN RESOURCES	45 00					X		150,662	0	29,259
DAREN UPHAM ASSOC V P REGIONAL OPERA	45 00					X		157,228	0	27,282
MARY MCHUGH PROFESSOR	45 00					X		167,843	0	12,060
VERNON TAYLOR ASSOC V P MILITARY REGION	45 00					X		173,274	0	27,545
MAHVASH YADEGARPOUR ASSOC V P LOS ANGELES REGION	45 00					X		141,221	0	31,219

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

2012

Open to Public Inspection

Name of the organization NATIONAL UNIVERSITY	Employer identification number 23-7172306
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 408,140,254 | 406,211,736 | 329,317,483 | 284,483,003 | 352,026,290 |
| b Contributions | 13,966,821 | 10,567,143 | 10,337,601 | 5,484,181 | 656,972 |
| c Net investment earnings, gains, and losses | 44,239,610 | -8,638,625 | 66,556,652 | 39,350,299 | -68,200,259 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 23,864 | | | | |
| g End of year balance | 466,322,821 | 408,140,254 | 406,211,736 | 329,317,483 | 284,483,003 |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶ 95 950 %

b

Permanent endowment ▶ 1 190 %

c

Temporarily restricted endowment ▶ 2 860 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

Describe in Part XIII 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 | | 33,383,153 | | 33,383,153 |
| b Buildings | | 58,497,181 | 20,348,449 | 38,148,732 |
| c Leasehold improvements | | 56,987,718 | 29,363,705 | 27,624,013 |
| d Equipment | | 69,346,458 | 53,775,140 | 15,571,318 |
| e Other | | 27,886,723 | 25,497,719 | 2,389,004 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 117,116,220 |
- Schedule D (Form 990) 2012

Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements			1263,571,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	23,606,752	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	938,492	
e	Add lines 2a through 2d			2e24,545,244
3	Subtract line 2e from line 1			3239,026,570
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,120,943	
c	Add lines 4a and 4b			4c2,120,943
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5241,147,513

Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements			1204,458,744
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	938,492	
e	Add lines 2a through 2d			2e938,492
3	Subtract line 2e from line 1			3203,520,252
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,120,943	
c	Add lines 4a and 4b			4c2,120,943
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5205,641,195

Part XIIISupplemental 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS ENSURING NATIONAL UNIVERSITY'S ABILITY TO SUSTAIN AND ENHANCE QUALITY, COST EFFECTIVE EDUCATION OPPORTUNITIES FOR FUTURE ADULT LEARNERS. THE ENDOWMENT WILL BE USED TO STRENGTHEN NATIONAL UNIVERSITY'S ABILITY TO SUSTAIN AND ENHANCE QUALITY, COST EFFECTIVE EDUCATION OPPORTUNITIES FOR FUTURE ADULT LEARNERS. INVESTMENT EARNINGS ARE GENERALLY REINVESTED, INASMUCH AS NATIONAL UNIVERSITY DOES NOT OPERATE AT A DEFICIT. SPECIFIC GIFTS TO THE TRUE ENDOWMENT CAN BE DIRECTED TOWARDS SPECIFIC PURPOSES SUCH AS SCHOLARSHIPS, THE LIBRARY, OR ENDOWED CHAIRS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION IS A NON-PROFIT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND RELATED STATE PROVISIONS AND AS SUCH IS NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. INCOME TAX BENEFITS AND/OR LIABILITIES ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2013. ALL OF THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2010 ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGE IN TAX LAW AND NEW AUTHORITATIVE RULINGS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		FACILITY AND LAB RENTAL EXPENSES 895,915 FUNDRAISING EXPENSES 42,577
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF ASSETS -352,892 MERIT SCHOLARSHIPS 1,002,375 INVESTMENT ADVISORY AND CUSTODIAL FEES 1,471,460
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL ACTIVITY RECLASSED FROM EXPENSES 895,915 FUNDRAISING ACTIVITY RECLASSED FROM EXPENSES 42,577
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF ASSETS RECLASSED FROM EXPENSES -352,892 MERIT SCHOLARSHIPS 1,002,375 INVESTMENT ADVISORY AND CUSTODIAL FEES 1,471,460

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

2012

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
	2	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	ALL ADVERTISING PLACED IN THE MEDIA CONTAINS THE FOLLOWING STATEMENT "ADMISSION IS OPEN TO ALL QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, CREED, AGE OR ETHNIC ORIGIN "
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES SEOG AND PERKINS GRANTS FROM THE U S GOVERNMENT

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	297			152,929
b Total from continuation sheets to Part I	0	1			274
c Totals (add lines 3a and 3b)	2	298			153,203

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE		23	ATTEND SEMINARS AND CONFERENCES, RECRUITMENT		64,149
NORTH AMERICA		5	ATTEND SEMINARS AND CONFERENCES, RESEARCH, RECRUITMENT		11,146
EAST ASIA AND THE PACIFIC	1	74	ATTEND SEMINARS AND CONFERENCES, RECRUITMENT		36,156

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA		3	ATTEND SEMINARS AND CONFERENCES, RECRUITMENT		10,979
SOUTH AMERICA	1	44	CONFERENCES		17,138
SOUTH ASIA		144	STUDENT RECRUITING, CONFERENCES		10,681

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN		3	STUDENT RECRUITING		2,230
RUSSIA & THE NEWLY INDEPENDENT STATES		1	CONFERENCE		450
SUB-SAHARAN AFRICA	0	1	CONFERENCES		274

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	57,415		57,415
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	57,415		57,415
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	30,199		30,199
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	12,378		12,378
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(42,577)
					14,838

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL UNIVERSITY

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
23-7172306

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) VARIOUS SCHOLARSHIPS TO NU STUDENTS	950	1,002,375	0		

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

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

2012

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

Part I	Questions Regarding Compensation		Yes	No
1a	Check the 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 ☒ Housing allowance or residence for personal use ☐ Travel for companions ☒ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 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
		4b	Yes	
		4c		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	Yes	
		5b	Yes	
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
		6b		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	Yes	
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	UNDER PATRICIA POTTER'S EMPLOYMENT CONTRACT, SHE IS PROVIDED THE PRESIDENT'S RESIDENCE, WHERE SHE CAN HOST RECEPTIONS AND CONDUCT OTHER UNIVERSITY BUSINESS. UNDER DR. LEE'S EMPLOYMENT CONTRACT, HE IS REIMBURSED FOR CERTAIN EXPENSES FOR HOUSING RECEPTIONS AND CONDUCTING OTHER UNIVERSITY RELATED BUSINESS IN HIS RESIDENCE. UNDER DR. LEE'S EMPLOYMENT CONTRACT, HE HAS THE USE OF A MEMBERSHIP AT A COUNTRY CLUB, THOUGH HE PAYS FOR MEALS AND INCIDENTAL EXPENSES.
	PART I, LINE 4B	DR. JERRY LEE, RICHARD CARTER, AND PATRICIA POTTER PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING FISCAL YEAR ENDING JUNE 30, 2013, RICHARD CARTER AND PATRICIA POTTER DID NOT RECEIVE ANY PLAN DISTRIBUTIONS.
	PART I, LINE 5	DR. LEE IS ELIGIBLE EACH YEAR FOR AN INCENTIVE AWARD BASED ON PERFORMANCE METRICS THAT INCLUDE NEW REVENUES, INCREASE IN GROSS REVENUES, AND CHANGES IN THE EXPENSE/REVENUE RATIO OF NATIONAL UNIVERSITY AND OTHER MEMBERS OF THE NATIONAL UNIVERSITY SYSTEM ("NUS"). OTHER AWARD METRICS INCLUDE STUDENT ENROLLMENTS, ENDOWMENTS, AND FACILITIES DEVELOPMENT/UTILIZATION. THE INCENTIVE AWARD, IF ANY, IS CONTRIBUTED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE DOLLAR AMOUNT OF THE AWARD DEPENDS ON WHETHER EACH METRIC REACHES A PRE-DETERMINED THRESHOLD LEVEL, TARGET LEVEL, OR MAXIMUM LEVEL. THE AWARD IS NOT COMPUTED AS A PERCENTAGE OF REVENUE OR NET EARNINGS. THE PERFORMANCE METRICS, AWARD LEVELS, AND THE MAXIMUM DOLLAR AMOUNTS ARE SET ANNUALLY IN ADVANCE BY THE BOARD OF TRUSTEES OR ITS DELEGATED COMMITTEE.
	PART I, LINE 7	UNDER HIS EMPLOYMENT CONTRACT, DR. LEE IS ELIGIBLE FOR BONUSES. DR. LEE'S BONUS IS AWARDED WITHIN A SPECIFIED RANGE IN THE DISCRETION OF THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JERRY LEE II SEE SCH O	(i) (ii)	199,500 0	147,707 0	566,907 0	203,822 0	5,180 0	1,123,116 0	0 0
PATRICIA POTTER	(i) (ii)	394,163 0	0 0	0 0	17,500 0	15,578 0	427,241 0	0 0
DEBRA BEAN	(i) (ii)	222,446 0	0 0	0 0	0 0	15,578 0	238,024 0	0 0
MICHELLE BELLO	(i) (ii)	195,182 0	0 0	0 0	13,370 0	7,589 0	216,141 0	0 0
EILEEN HEVERON	(i) (ii)	241,519 0	0 0	0 0	14,627 0	16,145 0	272,291 0	0 0
MICHAEL LACOURSE	(i) (ii)	199,797 0	0 0	0 0	13,393 0	21,391 0	234,581 0	0 0
WILLIAM BRUVOLD	(i) (ii)	184,214 0	0 0	0 0	11,940 0	0 0	196,154 0	0 0
MICHAEL MCANEAR	(i) (ii)	154,807 0	0 0	0 0	10,948 0	12,215 0	177,970 0	0 0
CHRISTOPHER KRUG	(i) (ii)	171,747 0	0 0	0 0	11,218 0	16,145 0	199,110 0	0 0
JOHN CICERO	(i) (ii)	168,154 0	0 0	0 0	0 0	6,474 0	174,628 0	0 0
RONALD UHLIG	(i) (ii)	163,118 0	0 0	0 0	8,030 0	15,578 0	186,726 0	0 0
ALAN HONEYCUTT	(i) (ii)	150,662 0	0 0	0 0	7,868 0	21,391 0	179,921 0	0 0
DAREN UPHAM	(i) (ii)	157,228 0	0 0	0 0	5,600 0	21,682 0	184,510 0	0 0
MARY MCHUGH	(i) (ii)	167,843 0	0 0	0 0	6,237 0	5,823 0	179,903 0	0 0
VERNON TAYLOR	(i) (ii)	173,274 0	0 0	0 0	11,967 0	15,578 0	200,819 0	0 0
MAHVASH YADEGARPOUR	(i) (ii)	141,221 0	0 0	0 0	9,828 0	21,391 0	172,440 0	0 0

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2012
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NATIONAL UNIVERSITY

Employer identification number
23-7172306

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose 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) JOHN BUCHER	TRUSTEE	318,021	SEE SCH O JOHN BUCHER, CEO OF JOHN BUCHER REAL ESTATE CO, INC , PROVIDED REAL ESTATE SERVICES TO THE UNIVERSITY DURING THE 2012-2013 FISCAL YEAR THE FIRM RECEIVED ARMS LENGTH FEES OF \$318,021 DURING FYE 6/30/13		No
(2) FELIPE BECERRA	TRUSTEE	37,074	SEE SCH OFELIPE BECERRA, MANAGING PARTNER AND OWNER OF CREDITOR IUSTUS ET REMEDIUM LLP, COLLECTED ACCOUNTS FOR THE UNIVERSITY DURING THE 2012-2013 FISCAL YEAR THE FIRM RECEIVED ARMS LENGTH FEES OF \$37,074 DURING FYE 6/30/13		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
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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

2012

Open to Public
Inspection

Name of the organization NATIONAL UNIVERSITY	Employer identification number 23-7172306
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	TRUSTEE JOHN BUCHER PERFORMED REAL ESTATE CONSULTING SERVICES INDIRECTLY FOR ANOTHER TRUSTEE, FELIPE BECERRA JOHN BUCHER DID NOT RECEIVE ANY COMPENSATION OR OTHER CONSIDERATION FOR THOSE SERVICES DURING FYE 6/30/2013

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT FORM 990 WAS DISTRIBUTED TO SENIOR MANAGEMENT THE FINAL VERSION OF FORM 990 WAS DISTRIBUTED FOR REVIEW BEFORE FILING TO THE TRUSTEES BY EMAIL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES HAS PERIODICALLY REVIEWED AND APPROVED (BY A MAJORITY OF DISINTERESTED TRUSTEES) THE BUSINESS TRANSACTIONS WITH TRUSTEES OR THEIR AFFILIATED PROFESSIONAL SERVICE FIRMS. SUCH REVIEWS INCLUDE CONSIDERATION OF DATA ON COMPARABLE SERVICE PROVIDERS COLLECTED BY UNIVERSITY COUNSEL. THE INTERESTED TRUSTEES WERE EXCUSED FROM BOARD SESSIONS DURING WHICH THOSE BUSINESS TRANSACTIONS WERE DISCUSSED AND DID NOT PARTICIPATE IN VOTING ON SUCH TRANSACTIONS. THE MOST RECENT SUCH REVIEW OCCURRED DURING FISCAL YEAR 2012-13. SEE ALSO STATEMENTS ON SCHEDULE O WITH REFERENCE TO SCHEDULE I. THE CONFLICT OF INTEREST POLICY WAS REVIEWED AND UPDATED BY THE BOARD IN OCTOBER, 2009. QUESTIONNAIRES HAVE BEEN DISTRIBUTED. COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY UNIVERSITY COUNSEL AND WAS REVIEWED BY THE BOARD AT THE FEBRUARY, 2013 MEETING.

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. DURING THE FISCAL YEAR 2012-2013, THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS.

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

Identifier	Return Reference	Explanation
RELATED PARTY TRANSACTIONS	SCHEDULE L, RELATED PARTY TRANSACTIONS	MR BECERRA AND MR BUCHER PROVIDED SERVICES TO THE UNIVERSITY AND SERVED ON ITS BOARD OF TRUSTEES TRUSTEES ARE NOT COMPENSATED FOR BOARD SERVICE AND MR BECERRA AND MR BUCHER ARE NOT EMPLOYEES OF THE UNIVERSITY THE UNIVERSITY'S RETENTION OF MR BECERRA AND MR BUCHER WAS APPROVED BY DISINTERESTED BOARD MEMBERS AFTER SURVEYING MARKET RATES FOR SIMILAR SERVICES CHARGED BY COMPARABLE FIRMS THEY WERE EXCUSED FROM BOARD SESSIONS DURING WHICH TRANSACTIONS IN WHICH THEY HAD A FINANCIAL INTEREST WERE DISCUSSED, AND DID NOT PARTICIPATE IN VOTING ON SUCH TRANSACTIONS THE UNIVERSITY HAS REPORTED ALL FEES, COMMISSIONS, AND OTHER COMPENSATION PAID TO TRUSTEES DURING THE 2012-2013 FISCAL YEAR

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

Identifier	Return Reference	Explanation
DR LEE COMPENSATION	FORM 990, PART VII, COMPENSATION	AS CHANCELLOR OF THE NATIONAL UNIVERSITY SYSTEM ("NUS") PURSUANT TO THE AFFILIATION AGREEMENT, DR LEE GUIDES THE STRATEGIC DIRECTION OF THE NU AFFILIATES. HE HAS SPEARHEADED THE CREATION AND GROWTH OF THE NUS SINCE ITS INCEPTION IN 2001. DURING THE FISCAL YEAR 2008-2009, HE LED THE NEGOTIATIONS THAT CULMINATED IN JOHN F. KENNEDY UNIVERSITY BECOMING AN AFFILIATE OF THE NUS. THANKS TO THAT AFFILIATION, THE NUS NOW INCLUDES AN INSTITUTION THAT IS ACCREDITED TO AWARD DOCTORAL DEGREES. DURING THE FISCAL YEAR 2012-2013, HE LED THE NEGOTIATIONS THAT CULMINATED IN CITY UNIVERSITY OF SEATTLE BECOMING AN AFFILIATE OF NUS. THANKS TO THAT AFFILIATION, NUS ADDED 30 ADDITIONAL CAMPUSES AND OVER 7,000 STUDENTS. SEE STATEMENT ON SCHEDULE O THAT REFERENCES SCHEDULE R, FOR A DESCRIPTION OF THE NUS. THE CHANCELLOR'S COMPENSATION IS PAID BY SYSTEM MANAGEMENT GROUP ("SMG") AND IS ALLOCATED AMONG OTHER NUS AFFILIATES. SEE FORM 990 FILED BY SMG. NONE OF DR LEE'S COMPENSATION IS ALLOCATED TO ANY OTHER ORGANIZATION OUTSIDE THE NUS.

Identifier	Return Reference	Explanation
COMPENSATION RELATED PARTY	FORM 990, PART VII AND SCHEDULE J, PART II	ALL COMPENSATION FOR CERTAIN OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES IS ALLOCATED BY SMG TO NUS AFFILIATES PURSUANT TO THE AFFILIATION AGREEMENT. COMPENSATION IN THE CATEGORIES SPECIFIED IN PART VII AND SCHEDULE J, PART II IS AS FOLLOWS: A B(I) B(II) B(III) C D E NAME BASE BONUS OTHER DEFERRED NONTAX TOTAL ----- DR JERRY C LEE(II) 118,500 87,736 336,734 121,067 3,077 667,114 RICHARD CARTER 350,061 0 0 17,500 15,578 383,139

Identifier	Return Reference	Explanation
	SCHEDULE R, RELATED ORGANIZATIONS	THE NUS IS AN ALLIANCE OF EDUCATIONAL INSTITUTIONS, SERVING DIVERSE LEARNERS FROM HIGH SCHOOL TO DOCTORAL PROGRAMS. THE NUS INCLUDES 8 INDEPENDENT NON-PROFIT ORGANIZATIONS EXEMPT UNDER IRC SECTION 501(C)(3): NATIONAL UNIVERSITY, NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL, WESTMED COLLEGE, JOHN F. KENNEDY UNIVERSITY (WHICH OFFERS DOCTORAL PROGRAMS AS WELL AS A LAW SCHOOL), SPECTRUM PACIFIC LEARNING, INC., NATIONAL UNIVERSITY INTERNATIONAL INC., CITY UNIVERSITY OF SEATTLE, AND SYSTEM MANAGEMENT GROUP (SMG). SMG IS A SUPPORTING ORGANIZATION EXEMPT UNDER IRC SECTION 509(A)(3) WHICH PROVIDES SUPPORT AND SERVICES TO ITS TAX-EXEMPT AFFILIATES IN THE NUS. SPECTRUM PACIFIC LEARNING COMPANY LLC AND NATIONAL UNIVERSITY INTERNATIONAL LLC ARE WHOLLY-OWNED BY NATIONAL UNIVERSITY, AND ARE TREATED AS DISREGARDED ENTITIES FOR TAX PURPOSES. ANOTHER MEMBER OF THE NUS IS NATIONAL UNIVERSITY ACADEMY, A CHARTER SCHOOL. UNDER THE RECENTLY-CLARIFIED [2009] INSTRUCTIONS TO FORM 990, NATIONAL UNIVERSITY REPORTS 3 "RELATED ORGANIZATIONS": 2 DISREGARDED ENTITIES (SPECTRUM PACIFIC LEARNING COMPANY, LLC AND NATIONAL UNIVERSITY INTERNATIONAL, LLC) AND 1 SUPPORTING ORGANIZATION (SMG). NONE OF THE OTHER AFFILIATES OF THE NUS ARE "RELATED ORGANIZATIONS" TO NATIONAL UNIVERSITY ACCORDING TO THE DEFINITIONS IN THE INSTRUCTIONS, BECAUSE THE TRUSTEES AND OFFICERS OF NATIONAL UNIVERSITY, ACTING IN THOSE CAPACITIES, HAVE NO AUTHORITY TO REMOVE, REPLACE, OR APPOINT A MAJORITY OF THE GOVERNING BODY OF THOSE OTHER AFFILIATES. THE BOARD OF TRUSTEES OF EACH AFFILIATE, ACTING IN ITS INDEPENDENT CAPACITY, PERIODICALLY APPOINTS ITS OWN NEW TRUSTEES. MOREOVER, NONE OF THE OTHER AFFILIATES OF THE NUS, NOTWITHSTANDING THE OVERLAPPING COMPOSITION OF THEIR BOARDS OF TRUSTEES, CAN PROPERLY BE VIEWED AS A PARENT OR CHILD OF NATIONAL UNIVERSITY BECAUSE OF THEIR FUNCTIONAL INDEPENDENCE. IN ADDITION, THE NUS AUDIT FIRM PREPARES A SET OF "COMBINED" NOT "CONSOLIDATED" AUDITED FINANCIAL STATEMENTS THAT INCLUDE THE EIGHT INDEPENDENT NON-PROFIT ORGANIZATIONS EXEMPT UNDER IRC SECTION 501(C)(3): NATIONAL UNIVERSITY, NATIONAL UNIVERSITY VIRTUAL HIGH SCHOOL, WESTMED COLLEGE, JOHN F. KENNEDY UNIVERSITY, SPECTRUM PACIFIC LEARNING, INC., NATIONAL UNIVERSITY INTERNATIONAL INC., CITY UNIVERSITY OF SEATTLE AND SYSTEM MANAGEMENT GROUP.

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

2012

Open to Public Inspection

Name of the organization
NATIONAL UNIVERSITY

Employer identification number
23-7172306

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SPECTRUM PACIFIC LEARNING COMPANY 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 23-7172306	E-LEARNING SOLUTION AND SERVICE PROVIDER	CA	0	0	NATIONAL UNIVERSITY
(2) NATIONAL UNIVERSITY INTERNATIONAL 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 23-7172306	GLOBAL MARKETING AND DISTRIBUTION CHANNEL FOR AFFILIATES ONLINE PROGRAMS	CA	0	0	NATIONAL UNIVERSITY

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SYSTEM MANAGEMENT GROUP 11355 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 20-1269904	PROVIDE ADMINSTRATIVE SERVICES TO AFFILIATED INSTITUTIONS	CA	501(C)(3)	509(A)(3)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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]

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

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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