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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
Lynn University Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

3601 North Military Trail

City or town, state or province, country, and ZIP or foreign postal code  
Boca Raton, FL 33431

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

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.lynn.edu

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
The mission of Lynn University is to provide an innovative, global and personalized education that enables students to realize their potential

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

3

Number of voting members of the governing body (Part VI, line 1a)

11

4

Number of independent voting members of the governing body (Part VI, line 1b)

10

5

Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1,529

6

Total number of volunteers (estimate if necessary)

11

7a

Total unrelated business revenue from Part VIII, column (C), line 12

241,070

7b

Net unrelated business taxable income from Form 990-T, line 34

168,433

Revenue

8

Contributions and grants (Part VIII, line 1h)

6,433,610

9

Program service revenue (Part VIII, line 2g)

103,994,944

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d )

441,694

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,240,945

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

112,111,193

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

24,091,912

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

52,595,277

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

b

Total fundraising expenses (Part IX, column (D), line 25) ▶6,484,802

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

39,525,769

18

Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

116,212,958

19

Revenue less expenses Subtract line 18 from line 12

-4,101,765

Net Assets or Fund Balances

20

Total assets (Part X, line 16)

190,610,768

21

Total liabilities (Part X, line 26)

80,840,869

22

Net assets or fund balances Subtract line 21 from line 20

109,769,899

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer  
KEVIN ROSS PRESIDENT  
Type or print name and title

2020-05-14  
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01320603

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 401 East Las Olas Blvd Suite 1100  
Fort Lauderdale, FL 333014230

Phone no (954) 202-8600

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Founded in 1962 and located in Boca Raton, Fla., Lynn University is a private, coeducational institution accredited by the Southern Association of Colleges and Schools (SACS). (Continued in Schedule O)

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code )	(Expenses \$	54,362,217	including grants of \$	20,735,412 )	(Revenue \$	62,114,410 )
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See Additional Data

<b>4b</b>	(Code )	(Expenses \$	26,029,028	including grants of \$	0 )	(Revenue \$	31,414,292 )
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See Additional Data

<b>4c</b>	(Code )	(Expenses \$	21,568,185	including grants of \$	4,863,862 )	(Revenue \$	15,825,112 )
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See Additional Data

(Code )	(Expenses \$	1,699,715	including grants of \$	0 )	(Revenue \$	2,716,234 )
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







CLASSICAL MUSIC IS PROVIDED TO THE UNIVERSITY COMMUNITY AS WELL AS THE GENERAL PUBLIC BY STUDENTS AND FACULTY IN THE LYNN UNIVERSITY CONSERVATORY OF MUSIC. ADDITIONALLY, PROFESSIONAL ACTORS AND MUSICIANS PERFORM ON CAMPUS IN THE PERFORMING ARTS CENTER. MANY OPPORTUNITIES ARE PROVIDED IN THE REALM OF "IDEAS," THROUGH LECTURES AND COMMUNITY DISCOURSE. DURING THE SUMMER MONTHS BETWEEN ACADEMIC YEARS FOR TRADITIONAL COLLEGE STUDENTS, A PORTION OF THE UNIVERSITY'S EDUCATIONAL FACILITIES ARE USED TO PROVIDE INSTRUCTION TO A COMBINED ENROLLMENT OF APPROXIMATELY 1,500 CHILDREN ATTENDING THREE THREE-WEEK SUMMER CAMP SESSIONS AND TO GROUPS OF ADULTS ENROLLED IN SPECIAL EDUCATIONAL PROGRAMS.

**4d** Other program services (Describe in Schedule O )

(Expenses \$	1,699,715	including grants of \$	(Revenue \$	2,716,234 )
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**4e** Total program service expenses **▶** 103,659,145

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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 	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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> . . . . .	<b>23</b> Yes	
<b>24a</b>	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 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	No
<b>b</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> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	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> . . . . .	<b>27</b> Yes	
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	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> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	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> . . . . .	<b>32</b>	No
<b>33</b>	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> . . . . .	<b>33</b>	No
<b>34</b>	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> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</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> . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	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>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 3,682	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,529			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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 or note to any line in this Part VI. ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.		No
<b>b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</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?	Yes	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records.  
 Kevin Ross 3601 North Military Trail Boca Raton, FL 33431 (561) 237-7823

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

□

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	5,863,460	0	881,587

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 ▶ 40

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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
GERRITTS CONSTRUCTION  8177 GLADES ROAD BOCA RATON, FL 33434	General Construction	13,796,787
EAB  PO Box 603519 Charlotte, NC 282603519	Marketing services	1,040,017
MOGO Marketing & Media LLC  21 Tamal Vista Blvd 207 Corte Madera, CA 29601	Marketing	818,335
M Arthur Gensler Jr & Associates  2020 K Street Washington, DC 20006	Architectural Services	543,611
Academy Bus LLC  111 Paterson Avenue Hoboken, NJ 07030	Transportation	252,301

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 15</p>	
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## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	35,172				
	d Related organizations	1d					
	e Government grants (contributions)	1e	609,361				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,008,248				
	g Noncash contributions included in lines 1a - 1f \$		688,283				
	h Total. Add lines 1a-1f . . . . .		6,652,781				
Program Service Revenue			Business Code				
	2a Student Tuition and related fees		611710	92,708,074	92,708,074		
	b Residence hall, room and board fees		611710	15,296,615	15,296,615		
	c Camp fees		900099	2,107,922	2,107,922		
	d Campus store sales		451211	218,497	218,497		
	e Student activity income		611710	354,787	354,787		
	f All other program service revenue			0	0	0	
	g Total. Add lines 2a-2f . . . . .		110,685,895				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .			308,481		241,070	67,411
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties . . . . .						
	6a Gross rents	(i) Real (ii) Personal					
		557,878					
	b Less rental expenses	200,749					
	c Rental income or (loss)	357,129 0					
	d Net rental income or (loss) . . . . .		357,129				357,129
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		2,768,411 20,688					
	b Less cost or other basis and sales expenses	2,206,397 1,051					
	c Gain or (loss)	562,014 19,637					
	d Net gain or (loss) . . . . .		581,651				581,651
	8a Gross income from fundraising events (not including \$ 35,172 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	56,014				
	b Less direct expenses . . . . .	b	70,956				
	c Net income or (loss) from fundraising events . . . . .		-14,942				-14,942
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a	5,060				
	b Less direct expenses . . . . .	b					
c Net income or (loss) from gaming activities . . . . .		5,060				5,060	
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 Community cultural affairs		900099	465,841	465,841			
b Contract revenue		900099	310,000	310,000			
c Digital Media Arts College Copy Center Revenue		900099	150,697	150,697			
d All other revenue . . . . .			457,615	457,615	0	0	
e Total. Add lines 11a-11d . . . . .			1,384,153				
12 Total revenue. See Instructions . . . . .			119,960,208	112,070,048	241,070	996,309	

**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 or note to any line 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	25,599,274	25,599,274		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,486,082	1,129,044	1,859,423	497,615
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	476,604	205,743	98,539	172,322
<b>7</b> Other salaries and wages.	39,118,695	32,757,740	3,736,499	2,624,456
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,424,725	1,083,318	224,045	117,362
<b>9</b> Other employee benefits.	5,700,342	4,396,187	919,644	384,511
<b>10</b> Payroll taxes.	2,939,121	2,351,531	366,754	220,836
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	608,366		608,366	
<b>c</b> Accounting.	157,270		157,270	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	591,844		591,844	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,336,533	600,241	184,181	552,111
<b>12</b> Advertising and promotion.	2,669,321	1,943,606	23,510	702,205
<b>13</b> Office expenses.	7,860,665	7,342,313	215,160	303,192
<b>14</b> Information technology.	1,906,419	293,885	1,612,534	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	6,717,303	5,911,047	631,386	174,870
<b>17</b> Travel.	1,999,095	1,798,914	89,280	110,901
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	253,887	163,779	63,884	26,224
<b>20</b> Interest.	1,523,280	1,421,693	67,330	34,257
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	9,031,328	8,429,031	399,190	203,107
<b>23</b> Insurance.	2,414,261	2,276,035	91,303	46,923
<b>24</b> 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):				
<b>a</b> Recruitment Expenses.	1,253,511	1,204,618	48,893	
<b>b</b> Student programming.	1,467,305	1,457,328	6,112	3,865
<b>c</b> Study tours/instructional fees.	791,623	791,623		
<b>d</b> Dues & subscriptions.	638,300	512,870	61,881	63,549
<b>e</b> All other expenses.	2,475,845	1,989,325	240,024	246,496
<b>25</b> Total functional expenses. Add lines 1 through 24e.	122,440,999	103,659,145	12,297,052	6,484,802
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	9,933	<b>1</b>	21,200
	<b>2</b>	Savings and temporary cash investments . . . . .	11,228,272	<b>2</b>	7,254,863
	<b>3</b>	Pledges and grants receivable, net . . . . .	7,446,228	<b>3</b>	5,949,814
	<b>4</b>	Accounts receivable, net . . . . .	1,387,867	<b>4</b>	1,683,162
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b>	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 . . . . .		<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .	1,760,549	<b>7</b>	1,889,765
	<b>8</b>	Inventories for sale or use . . . . .	225,209	<b>8</b>	394,529
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	517,933	<b>9</b>	457,700
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	254,945,861		
	<b>b</b>	Less: accumulated depreciation	113,407,891		
			129,583,558	<b>10c</b>	141,537,970
	<b>11</b>	Investments—publicly traded securities . . . . .	7,118,030	<b>11</b>	7,587,795
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	28,647,971	<b>12</b>	29,496,714
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .	852,194	<b>14</b>	852,194
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	1,833,024	<b>15</b>	123,540	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	190,610,768	<b>16</b>	197,249,246	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	10,255,849	<b>17</b>	7,991,274
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .	13,502,949	<b>19</b>	14,007,488
	<b>20</b>	Tax-exempt bond liabilities . . . . .	52,827,898	<b>20</b>	65,699,430
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b>	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 . . . . .		<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	146,164
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	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 . . . . .	4,254,173	<b>25</b>	3,866,786
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	80,840,869	<b>26</b>	91,711,142
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	61,685,924	<b>27</b>	75,959,730
	<b>28</b>	Temporarily restricted net assets . . . . .	24,517,923	<b>28</b>	5,043,295
	<b>29</b>	Permanently restricted net assets . . . . .	23,566,052	<b>29</b>	24,535,079
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	109,769,899	<b>33</b>	105,538,104	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	190,610,768	<b>34</b>	197,249,246	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	119,960,208
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	122,440,999
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,480,791
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	109,769,899
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	558,107
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,309,111
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	105,538,104

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- b** 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
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1023117  
**Name:** Lynn University Inc

Form 990 (2018)

**Form 990, Part III, Line 4a:**

THE UNIVERSITY OFFERS BACHELOR'S, MASTER'S AND A DOCTORAL DEGREE THE ACADEMIC PROGRAM IS DESIGNED FOR TRADITIONAL-AGED STUDENTS, AS WELL AS A GROWING POPULATION OF ADULT LEARNERS LYNN UNIVERSITY HAS APPROXIMATELY 3,000 STUDENTS FROM NEARLY 100 COUNTRIES AND NEARLY ALL 50 STATES THE UNIVERSITY OFFERS 48 UNDERGRADUATE MAJORS AND 34 GRADUATE SPECIALIZATIONS LYNN UNIVERSITY IS PROUD OF ITS TRADITION OF EDUCATING MEN AND WOMEN WHO ASSUME POSITIONS OF RESPONSIBILITY AND BECOME LEADERS IN THEIR CHOSEN PROFESSIONS (CONTINUED IN SCHEDULE O)

**Form 990, Part III, Line 4b:**

A PROGRAM OF ACTIVITIES COMPLEMENTS THE ACADEMIC CURRICULUM STUDENTS CHOOSE THOSE ACTIVITIES THAT WILL CONTRIBUTE TO THEIR PERSONAL DEVELOPMENT AND ENJOYMENT - STUDENT GOVERNMENT, SERVICE CLUBS, SPORTS, SOCIAL FRATERNITIES, AND NUMEROUS SPECIAL INTEREST ORGANIZATIONS IN ADDITION, THE UNIVERSITY OFFERS A FORMAL LEADERSHIP PROGRAM TITLED THE LYNN LEADERSHIP INSTITUTE (LLI), WHICH IS A MULTI-YEAR COHORT STYLE LEADERSHIP PROGRAM (CONTINUED ON SCHEDULE O )

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**Form 990, Part III, Line 4c:**

THE UNIVERSITY MAINTAINS SIX RESIDENCE HALLS THAT PROVIDE FULL LIVING ACCOMMODATIONS FOR THE UNDERGRADUATE AND GRADUATE STUDENT POPULATION. EACH ROOM IS FURNISHED TO MEET STUDENTS' NEEDS, INCLUDING TV CABLE AND WIRELESS INTERNET SERVICE. STUDENTS LIVING ON CAMPUS ARE REQUIRED TO BE ON THE UNIVERSITY MEAL PLAN. SODEXO IS THE FOOD SERVICE VENDOR, AND THE CULINARY EXPERIENCE INCLUDES 24/7 DINING. COMMUTER STUDENTS, FACULTY, STAFF AND VISITORS CAN PURCHASE BLOCK MEAL PLANS. THE LYNN UNIVERSITY CAMPUS STORE OFFERS SCHOOL-BRANDED CLOTHING, ACCESSORIES, AND VARIOUS OTHER SUPPLIES.

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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			
Christine Lynn Chairperson	2 0 .....	X		X				0	0	0
Stephen Snyder Trustee/vice chair	2 0 .....	X		X				0	0	0
Kevin M Ross President	40 0 .....	X		X				549,308	0	220,469
William Rehrig Trustee	2 0 .....	X						0	0	0
Paul Robino Trustee	2 0 .....	X						0	0	0
John Langan Trustee (partial year)	2 0 .....	X						0	0	0
Jan Carlsson Trustee	2 0 .....	X						0	0	0
Bill Shubin Trustee	2 0 .....	X						0	0	0
Victoria Rixon Trustee	2 0 .....	X						0	0	0
Brad Osborne Trustee	2 0 .....	X						0	0	0



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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
J Hagood Ellison Jr Trustee	2 0 .....	X						0	0	0
James Milby Trustee	2 0 .....	X						0	0	0
Gareth P Fowles VP for Enrollment Management	40 0 .....			X				312,423	0	13,556
Laurie Levine VP for Business and Finance	40 0 .....			X				259,742	0	313,249
Gregory J Malfitano SVP for Development & Administration	40 0 .....			X				2,525,577	0	36,536
Gregg C Cox VP for Academic Affairs (partial year)	40 0 .....			X				235,356	0	27,541
Christian G Boniforti Chief Information Officer	40 0 .....			X				296,074	0	37,065
Michael Antonello General Counsel	40 0 .....			X				196,053	0	14,393
Sherrie Weldon Chief Marketing Officer	40 0 .....			X				218,926	0	58,307
Anthony Altieri VP for Student Life	40 0 .....			X				162,087	0	10,569

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			
Katrina Carter-Tellison VP for Academic Affairs	40 0 .....			X				187,484	0	37,113
Ralph J Norcio Associate Dean, Business School	40 0 .....					X		225,926	0	34,801
Ralph T Good Dean College of Business	40 0 .....					X		194,136	0	20,745
Matthew P Chaloux Director, Auxiliary Services	40 0 .....					X		163,387	0	40,308
Kathleen Weigel Dean - College of Education	40 0 .....					X		170,256	0	11,179
Farideh Farazmand Professor	40 0 .....					X		166,725	0	5,756

SCHEDULE A

(Form 990 or 990-EZ)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Lynn University Inc

Employer identification number  
59-1023117

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ) )

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10

☐

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 )

11

☐

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

12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	6,458,758	14,695,953	8,389,758	6,433,610	6,652,781	42,630,860
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,458,758	14,695,953	8,389,758	6,433,610	6,652,781	42,630,860
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)						14,659,496
6 Public support. Subtract line 5 from line 4						27,971,364

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	6,458,758	14,695,953	8,389,758	6,433,610	6,652,781	42,630,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	667,650	783,389	646,756	806,001	625,289	3,529,085
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	7,143	0	168,433	175,576
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	815,647	804,155	995,202	1,001,213	1,445,227	5,061,444
11 Total support. Add lines 7 through 10						51,396,965
12 Gross receipts from related activities, etc. (see instructions)					12	497,951,520

13

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	54.42 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	51.74 %

16a

33 1/3% support test—2018. 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. 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 VI 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		



Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 3 Explanation of filing	TO QUALIFY FOR LIMITED DONOR DISCLOSURE UNDER THE SPECIAL RULE ON SCHEDULE B, THE PUBLIC SUPPORT TEST HAS BEEN COMPLETED TO DEMONSTRATE THE UNIVERSITY MEETS THE QUANTITATIVE SUPPORT TEST UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE, WHICH REQUIRES AN ORGANIZATION TO RECEIVE A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 41700 0, COLUMN B - 48058 0, COLUMN C - 58485 0, COLUMN D - 58562 0, COLUMN E - 56014 0, COLUMN F - 262819 0, DESCRIPTION - GROSS INCOME FROM GAMING, COLUMN A - 3465 0, COLUMN B - 6677 0, COLUMN C - 6097 0, COLUMN D - 4545 0, COLUMN E - 5060 0, COLUMN F - 25844 0, DESCRIPTION - COMMUNITY CULTURAL AFFAIRS, COLUMN A - 475363 0, COLUMN B - 436357 0, COLUMN C - 464193 0, COLUMN D - 431999 0, COLUMN E - 465841 0, COLUMN F - 2273753 0, DESCRIPTION - OTHER INCOME, COLUMN A - 295119 0, COLUMN B - 313063 0, COLUMN C - 466427 0, COLUMN D - 506107 0, COLUMN E - 918312 0, COLUMN F - 2499028 0,

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135019490	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization Lynn University Inc				Employer identification number 59-1023117	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 0					
(ii) Assets included in Form 990, Part X ▶ \$ 1,766,599					
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 Revenue included on 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) 2018	

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" on 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, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	26,639,336	25,875,764	24,031,367	24,273,813	24,381,263
b Contributions	969,027	486,160	965,224	658,401	396,478
c Net investment earnings, gains, and losses	348,743	1,558,700	2,068,241	-900,847	58,770
d Grants or scholarships	187,077	676,975	625,584		29,747
e Other expenditures for facilities and programs	161,666	604,313	563,484		196,049
f Administrative expenses					336,902
g End of year balance	27,608,363	26,639,336	25,875,764	24,031,367	24,273,813

2

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

a

Board designated or quasi-endowment

0 9 %

b

Permanent endowment

88 87 %

c

Temporarily restricted endowment

10 23 %

The percentages on 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

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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	110,000	1,145,045		1,255,045
b Buildings		191,633,273	62,268,562	129,364,711
c Leasehold improvements				
d Equipment		48,292,752	41,708,454	6,584,298
e Other		13,764,791	9,430,875	4,333,916
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				141,537,970

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Alternative investments	29,496,714	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	29,496,714	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Deferred compensation payable	1,321,148
Capital leases payable	1,667,915
Due to Digital Media Arts College	286,966
Financial derivatives	590,757
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,866,786

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	92,511,518
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	558,107
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	493,432
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,051,539
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	91,459,979
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	591,844
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	27,908,385
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	28,500,229
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	119,960,208

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	96,743,313
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	493,432
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	493,432
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	96,249,881
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	591,844
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	25,599,274
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	26,191,118
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	122,440,999

**Part XIII Supplemental Information**

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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1023117  
**Name:** Lynn University Inc

## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The University has a collection of African Art, displayed in the library The collection o f African Art includes sculptures, carvings and textile arts, which are displayed in open areas of the University library for the enjoyment of the public The study of these pieces is Incorporated into courses in art history, art appreciation and Intercultural studies

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The University's endowment consists of approximately 70 individual funds established for a variety of educational purposes, scholarly development, and to enhance student life on campus. Its endowment includes both donor-restricted endowment funds and funds, classified by the Board of Trustees, to function as endowments and to further these goals.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University is exempt from federal income taxation as defined by Sections 501(c)(3) of the Internal Revenue Code and is generally exempt from state income taxes under the provisions of the Florida Nonprofit Corporation Act. Therefore, no provision for income taxes has been reflected in the accompanying financial statements. Management evaluated the University's tax positions and concluded that the University had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of the Income Taxes Topic of the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC).

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Campus store - Cost of Goods Sold - 221727 Rental Expenses - 200749 Fundraising Expenses - 70956

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Student Aid - 25599274 Loss on Financial Derivatives - 2293090 Loss on Change of Value of Split Interest Agreement - 16021

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Campus Store - Cost of Goods Sold - 221727 Rental Expenses - 200749 Fundraising Expenses - 70956

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Student Aid - 25599274

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for the latest instructions.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Name of the organization Lynn University Inc	Employer identification number 59-1023117
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Part I		YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	



**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Lynn University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national origin, disability, genetic information, age, pregnancy or parenting status, veteran status or retirement status in its activities and programs. In accordance with Title IX of the Education Amendments of 1972, Lynn University does not discriminate on the basis of sex. The University's non-discrimination and anti-harassment policy can be found on the University's website at <a href="https://www.lynn.edu/university-policies/volume-i-governance-and-administration/non-discrimination-and-anti-harassment-policy">https://www.lynn.edu/university-policies/volume-i-governance-and-administration/non-discrimination-and-anti-harassment-policy</a> . Inquiries concerning the application of the non-discrimination policy may be directed to the University Compliance Officer/Title IX Coordinator.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	Department of education federal supplemental educational opportunity grant, federal work-study, federal Perkins loan, federal Pell grant, federal direct student loans, and academic competitiveness grant. Florida department of education Florida minority teacher's fund, Florida resident access grant, Florida work experience program, Florida private student assistance grant and Florida Bright Futures scholarship project.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Lynn University Inc

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

59-1023117

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance outside the United States

**3** Activities 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					
<b>3a</b> Sub-total	0	0			791,623
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			791,623

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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 separately 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, don't file with Form 990)* ☐ 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V Supplemental Information**

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).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part V Method Used to Account for Expenditures	The University accounts for revenue and expenditures on the accrual basis. Direct expenditures for study tours are tracked separately. Description of Study Abroad Program: Lynn University offers its students a variety of study abroad opportunities all around the world. These programs provide Intercultural and historical perspectives, enhancing the educational mission of the school.

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 59-1023117

**Name:** Lynn University Inc

### 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
East Asia and the Pacific	0	0	Program Services	STUDY TOURS AND SEMESTER ABROAD	127,343
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY TOURS AND SEMESTER ABROAD	593,588

**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	0	0	Program Services	STUDY TOURS	70,692



### Supplemental Information Regarding Fundraising or Gaming Activities

# 2018

### Open to Public Inspection

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

59-1023117

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Golf Tournament</u> (event type)	 (event type)	 (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	91,186			91,186
	<b>2</b> Less Contributions . . . . .	35,172			35,172
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	56,014	0	0	56,014
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	29,931			29,931
	<b>6</b> Rent/facility costs . . . . .	10,454			10,454
	<b>7</b> Food and beverages . . . . .	25,736			25,736
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	4,835			4,835
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				70,956
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-14,942	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ►				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct 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 \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**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.** 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 provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Lynn University Inc

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

**Employer identification number**  
59-1023117

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ATHLETIC SCHOLARSHIP AWARDS	217	4,241,546	0	N/A	N/A
(2) ACADEMIC SCHOLARSHIP AWARDS	1210	11,700,808	0	N/A	N/A
(3) NEED BASED SCHOLARSHIP AWARDS	1349	9,656,920	0	N/A	N/A
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization Lynn University Inc		Employer identification number 59-1023117	

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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.		<b>1b</b>	Yes
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	Yes
<b>3</b> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> Were any amounts reported on 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

For each individual whose compensation must be reported on 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.

See Additional Data Table**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

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.

Return Reference	Explanation
Schedule J, Part I, Line 1a Discretionary spending account	Kevin Ross has a discretionary spending account which is part of his employment contract and is included in his taxable compensation



Return Reference	Explanation
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	The President of Lynn University is required to occupy university-owned housing as a condition of employment. The annual fair rental value of the housing and utilities of \$81,583 is included in the President's compensation as a nontaxable benefit. The benefit is excluded from taxable compensation pursuant to IRC Section 119.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The University pays for country club memberships for the purpose of fundraising and development for Greg Malfitano, SVP for Development and Administration. It was determined that 100% of such fees paid during the year were related to business use. The entire amount of these fees was treated as taxable compensation to the individual.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>The University accrued \$100,000 into a nonqualified supplemental deferred compensation plan for President Ross during the year. The University maintains a Supplemental Executive Retirement Plan (SERP) to recognize the vital and substantial services rendered by the University's senior executives, and provide appropriate benefits in recognition of long, continuous service for the betterment of the University. Laurie Levine and Greg Malfitano participated in this plan during 2018. The SERP constitutes an unfunded promise to pay, in the future, an annual benefit equal to a percentage of final average salary. Participants become 100% vested upon reaching retirement at the age of 65, assuming continuous service to the University. In the event of change in control of the University, or termination of the Plan, participants will receive a lump-sum distribution equal to the actuarially determined value of the plan benefit. The change in actuarial value for Laurie Levine for 2018 is \$261,692. Additionally, Gregory Malfitano vested in this plan upon reaching the age of 65 during 2018 and received a distribution of \$2,194,674 on June 22, 2018 accordingly. Additionally, the University maintains a deferred compensation plan for Gareth Fowles, Chris Boniforti and Sherrie Weldon, which provides them each a one-time distribution of \$75,000 if they are still employed at Lynn at the end of four years. The following participants reached the end of their four-year employment period for this plan during 2018 and each received a distribution as follows: Gareth Fowles - \$75,000; Chris Boniforti - \$75,000. The University accrued \$25,000 during 2018 for Sherrie Weldon.</p>



Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 59-1023117  
Name: Lynn University Inc

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kevin M Ross	(i)	407,059	79,312	62,937	113,250	107,219	769,777	0
President	(ii)	0	0	0	0	0	0	0
Gareth P Fowles	(i)	237,423	0	75,000	11,910	1,646	325,979	75,000
VP for Enrollment Management	(ii)	0	0	0	0	0	0	0
Laurie Levine	(i)	259,742	0	0	275,254	37,995	572,991	0
VP for Business and Finance	(ii)	0	0	0	0	0	0	0
Gregory J Malfitano	(i)	316,374	0	2,209,203	13,250	23,286	2,562,113	2,030,909
SVP for Development & Administration	(ii)	0	0	0	0	0	0	0
Gregg C Cox	(i)	235,356	0	0	12,089	15,452	262,897	0
VP for Academic Affairs (partial year)	(ii)	0	0	0	0	0	0	0
Christian G Boniforti	(i)	221,074	0	75,000	11,343	25,722	333,139	75,000
Chief Information Officer	(ii)	0	0	0	0	0	0	0
Michael Antonello	(i)	196,053	0	0	9,993	4,400	210,446	0
General Counsel	(ii)	0	0	0	0	0	0	0
Sherrie Weldon	(i)	218,926	0	0	36,370	21,937	277,233	0
Chief Marketing Officer	(ii)	0	0	0	0	0	0	0
Anthony Altieri	(i)	162,087	0	0	8,192	2,377	172,656	0
VP for Student Life	(ii)	0	0	0	0	0	0	0
Katrina Carter-Tellison	(i)	187,484	0	0	9,750	27,363	224,597	0
VP for Academic Affairs	(ii)	0	0	0	0	0	0	0
Ralph J Norcio	(i)	205,946	0	19,980	6,860	27,941	260,727	0
Associate Dean, Business School	(ii)	0	0	0	0	0	0	0
Ralph T Good	(i)	194,136	0	0	9,886	10,859	214,881	0
Dean College of Business	(ii)	0	0	0	0	0	0	0
Matthew P Chaloux	(i)	163,387	0	0	8,451	31,857	203,695	0
Director, Auxiliary Services	(ii)	0	0	0	0	0	0	0
Kathleen Weigel	(i)	161,556	0	8,700	6,670	4,509	181,435	0
Dean - College of Education	(ii)	0	0	0	0	0	0	0
Fandeh Farazmand	(i)	166,725	0	0	4,764	992	172,481	0
Professor	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Lynn University Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Lynn University Inc

Employer identification number  
59-1023117

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Palm Beach County Educational Facilities Authority	52-1562288		05-23-2012	11,077,544	purchase energy conservation equipment		X		X		X
B Palm Beach County Educational Facilities Authority	52-1562288		06-19-2013	25,000,000	Refinance 2001 and 2009 bond issues and fund construction projects		X		X		X
C PALM BEACH COUNTY EDUCATIONAL FACILITIES AUTHORITY	52-1562288		04-13-2016	19,315,100	CONSTRUCTION OF NEW UPPER-CLASSMEN DORMITORY		X		X		X
D Palm Beach County Educational Facilities Authority	52-1562288		08-28-2017	25,000,000	Construction of new student center		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	3,825,563		4,431,700		960,800		4,785,800	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	11,096,806		25,000,000		19,315,100		25,000,000	
4	Gross proceeds in reserve funds . . . . .	0		0		0			
5	Capitalized interest from proceeds . . . . .	0		0		369,131		3,731	
6	Proceeds in refunding escrows . . . . .	0		0		0			
7	Issuance costs from proceeds . . . . .	64,700		300,709		231,655		258,104	
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	11,032,106		4,331,060		18,130,161		24,738,165	
11	Other spent proceeds . . . . .	0		20,368,231		584,153		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2014		2013		2017		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %				0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		7 67 %		0 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %		7 67 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X		X	
<b>b</b> Exception to rebate? . . . . .	X			X		X		X
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds of issue	The total proceeds of issue reported in Schedule K, Part II, Line 3 for the 2012 bond issue includes \$19,262 of interest earnings



Schedule L

(Form 990 or 990-EZ)

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Lynn University Inc

Employer identification number  
59-1023117

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting 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
(1) NA	N/A	107,290	SCHOLARSHIPS	TUITION 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) DONALD ROSS	FATHER OF KEVIN ROSS, PRESIDENT	172,322	COMPENSATION		No
(2) STEPHANIE JACKSON	WIFE OF ANTHONY ALTIERI, VP FOR STUDENT LIFE	119,177	COMPENSATION		No
(3) ASHLEIGH FOWLES	SISTER OF GARETH FOWLES, VP FOR ENROLLMENT	98,539	COMPENSATION		No
(4) BREANNE COX	FAMILY MEMBER OF GREGG COX, VP FOR ACADEMIC AFFAIRS	41,251	COMPENSATION		No
(5) GISELLE GERBER	FAMILY MEMBER OF CHRISTIAN BONIFORTI, CHIEF INFORMATION OFFICER	40,315	COMPENSATION		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part III GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	COLLEGES, UNIVERSITIES AND PRIMARY AND SECONDARY SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE PURSUANT TO THE INSTRUCTIONS TO FORM 990, SCHEDULE L, PART III, COLUMNS (A) AND (B) HAVE BEEN MARKED N/A

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Lynn University Inc

Employer identification number  
59-1023117

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,199	Market value
5 Clothing and household goods . . . . .	X		123,470	Opinions of experts
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	10	554,614	Market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>Musical instrument</u> )	X	1	9,000	Opinions of experts
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29

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

29

0

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2018)

**Part II** **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Musical instrument - Number of items received Securities - Publicly traded - NUMBER OF CONTRIBUTIONS Clothing and household goods - Costumes for Drama Program - Number of Contributions Books and publications - Learning tools - Number of contributions

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
Lynn University Inc

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

59-1023117

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	(CONTINUED FROM PART III) THE UNIVERSITY'S PRIMARY PURPOSES ARE EDUCATION, THE PRESERVATION, DISCOVERY, DISSEMINATION AND CREATIVE APPLICATION OF KNOWLEDGE, AND THE PREPARATION OF ITS GRADUATES WITH THE ACADEMIC FOUNDATION FOR LIFELONG LEARNING SERVICE, SCHOLARLY ACTIVITY INCLUDING RESEARCH, AND ONGOING PROFESSIONAL DEVELOPMENT ALLOW THE FACULTY, IN CONJUNCTION WITH THE ENTIRE UNIVERSITY COMMUNITY, TO FULFILL ITS PURPOSES FACILITATING LEARNING AND FOSTERING THE INTELLECTUAL LIFE OF THE UNIVERSITY LYNN STRESSES INDIVIDUALIZED LEARNING, INNOVATIVE APPROACHES AND A GLOBAL FOCUS AMONG ITS STUDENTS AND FACULTY THE UNIVERSITY OFFERS BACCALAUREATE, MASTER'S, AND ONE DOCTORAL DEGREE, AS WELL AS CERTIFICATES BREADTH, DEPTH, AND APPLICATION OF LEARNING ARE THE BASES FOR COMPETENCIES IN ALL PROGRAMS GRADUATE CURRICULA PROMOTE ADVANCED OR EXPERT KNOWLEDGE AND SCHOLARSHIP PROGRAMS ARE DELIVERED THROUGH A VARIETY OF VENUES, INCLUDING A TRADITIONAL RESIDENTIAL CAMPUS SETTING AND ONLINE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	<p>(CONTINUED FROM PART III) THE UNIVERSITY IS COMMITTED TO STUDENT-CENTERED LEARNING, WHERE FACULTY AND STAFF PROVIDE PERSONALIZED ATTENTION TO STUDENTS WHO HAVE VARYING LEVELS OF AC ADEMIC PROFICIENCY AND ARE MOTIVATED TO EXCEL A FULL RANGE OF ACADEMIC AND SUPPORT PROGRA MS ARE COORDINATED TO SERVE THE INCREASINGLY DIVERSE NEEDS OF UNDERGRADUATE AND GRADUATE S TUDENTS ADDITIONAL AND SPECIALIZED ACADEMIC SUPPORT SERVICES ARE OFFERED TO PROVIDE ACADE MIC ASSISTANCE TO HELP STUDENTS REMAIN IN COLLEGE AND GRADUATE THESE SERVICES ARE OFFERED TO STUDENTS IN A VARIETY OF FORMS WITH A VARYING FEE SCHEDULE AN ACADEMIC RESOURCE NAMED THE INSTITUTE FOR ACHIEVEMENT AND LEARNING IS AVAILABLE TO ALL STUDENTS, INCLUDING THOSE WITH DIAGNOSED LEARNING DIFFERENCES MATH, COMPUTER AND OTHER SUBJECT-AREA TUTORS ASSIST S TUDENTS THE UNIVERSITY, SMALL BY DESIGN, PROVIDES AN ENVIRONMENT WITHIN AND OUTSIDE THE C LASSROOM IN WHICH A COMMUNITY OF LEARNERS CAN PURSUE ACADEMIC EXCELLENCE AND DEVELOP THEIR SKILLS AS RESPONSIBLE GLOBAL CITIZENS FACULTY, STAFF AND STUDENTS CONTRIBUTE TO AN ATMOS PHERE THAT NURTURES CREATIVITY, FOSTERS ACHIEVEMENT, VALUES DIVERSITY AND ENCOURAGES VOLUN TARISM EACH JAN 12, ALL FACULTY, STAFF AND STUDENTS PERFORM COMMUNITY SERVICE DURING "KN IGHTS UNITE DAY OF CARING," A PROGRAM WHICH HONORS THE FOUR STUDENTS AND TWO PROFESSORS WH O DIED IN THE HAITI EARTHQUAKE IN 2010 WHILE PERFORMING COMMUNITY SERVICE LYNN'S ACADEMIC CURRICULA AND PROGRAMS ARE STRUCTURED TO PROVIDE A BALANCE BETWEEN THE THEORETICAL AND TH E PRACTICAL, ALONG WITH OPPORTUNITIES TO BECOME INVOLVED IN COMMUNITY-BASED ORGANIZATIONS AND INDUSTRIES EDUCATION AND SERVICE ARE FULLY INTEGRATED TO MEET THE CHANGING NEEDS OF T HE LOCAL AND GLOBAL COMMUNITY THIS INTEGRATIVE DESIGN PREPARES OUR GRADUATES TO MEET THE DYNAMIC NEEDS OF THE EMERGING GLOBAL SOCIETY A RIGOROUS CORE CURRICULUM-THE DIALOGUES- WAS LAUNCHED IN FALL 2008 CORE COURSES ARE REQUIRED THROUGH ALL FOUR YEARS IN THE BACHELOR'S DEGREE PROGRAM IN EACH CORE CLASS, FACULTY MEMBERS MEASURE STUDENT OUTCOMES IN COMPETENC Y AREAS INCLUDING WRITING, QUANTITATIVE REASONING, AND SCIENTIFIC AND TECHNOLOGICAL LITERA CY PRESENTED IN SEMINAR RATHER THAN LECTURE FORMAT, THE CORE COURSES ARE ORGANIZED AROUND LIFE'S BIG QUESTIONS DIALOGUES OF SELF AND SOCIETY, DIALOGUES OF BELIEF AND REASON, DIAL OGUES OF JUSTICE AND CIVIC LIFE EACH JANUARY, ALL STUDENTS ARE REQUIRED TO ATTEND A J-TER M COURSE THOSE ARE FOCUSED ON INNOVATION AND OFFER INTENSE THREE-WEEK EXPERIENCES THAT IN CLUDE TRAVEL, CIVIC ACTIVISM, CAREER PREP, LANGUAGE AND CULTURE, AND OTHER CREATIVE APPROA CHES TO LEARNING ALL FRESHMEN ARE REQUIRED TO PARTICIPATE IN THE CITIZENSHIP PROJECT DURI NG THE J-TERM IN FALL 2013, LYNN LAUNCHED ONE OF THE MOST EXTENSIVE TABLET-BASED LEARNING EFFORTS IN THE COUNTRY THE AWARD-WINNING INITIATIVE USED APPLE TECHNOLOGY TO DELIVER THE DIALOGUES OF LEARNING CORE CURRICULUM TO ALL INCOMING FRESHMEN WHILE ALSO SAVING THEM UP TO 50 PERCENT ON THE TYPICAL C</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	OST OF THEIR CORE CURRICULUM TEXTBOOKS EARLY RESULTS AND FEEDBACK FROM THE IPAD INITIATIVE HAVE BEEN SO POSITIVE THAT THE PROGRAM WILL ENTER PHASE II AND ACCELERATE THE INITIATIVE IN FALL 2014, LYNN DISTRIBUTED IPADS TO ALL DAYTIME UPPER CLASSMEN AND MBA STUDENTS THE IPAD PROGRAM WENT "PRO" IN SPRING 2016 LYNN BECAME THE FIRST SCHOOL IN THE NATION TO INTEGRATE THE IPAD PRO AND CORRESPONDING APPLE PENCIL AND SMART KEYBOARD INTO ITS CLASSROOMS, DISTRIBUTING NEARLY 1,800 OF EACH ACROSS CAMPUS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM ACCOMPLISHMENTS	<p>(CONTINUED FROM PART III) SOCIAL ACTIVITIES INCLUDE GAME SHOWS, DANCES, COMEDIANS, LIVE MUSIC, INTERNATIONAL FESTIVALS, FILMS, POOL PARTIES, SPORTS DAYS, INTRAMURAL SPORTS, AWARD DINNERS AND NOVELTY ENTERTAINMENT. INDIVIDUAL INTERESTS RANGING FROM THE FINE ARTS TO PROFESSIONAL FOOTBALL, BASEBALL, BASKETBALL AND HOCKEY TO GOURMET DINING CAN BE FOUND IN SOUTH FLORIDA. LYNN UNIVERSITY HOLDS MEMBERSHIP IN THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA), DIVISION II, AND THE SUNSHINE STATE ATHLETIC CONFERENCE. INTERCOLLEGIATE ATHLETIC PROGRAMS ARE OPEN TO ALL STUDENTS IN ACCORDANCE WITH NCAA AND INSTITUTIONAL ELIGIBILITY STANDARDS. INTERCOLLEGIATE TEAMS INCLUDE MEN'S AND WOMEN'S SOCCER, MEN'S AND WOMEN'S BASKETBALL, MEN'S AND WOMEN'S GOLF, MEN'S AND WOMEN'S TENNIS, BASEBALL, SOFTBALL, MEN'S AND WOMEN'S CROSS COUNTRY, MEN'S AND WOMEN'S TRACK, MEN'S AND WOMEN'S LACROSSE, WOMEN'S SWIMMING AND VOLLEYBALL. ALL STUDENT-ATHLETES ARE REQUIRED TO ATTEND SEMINARS ON SUBSTANCE ABUSE AND NCAA STANDARDS THROUGHOUT THE SCHOOL YEAR. IN 2018-19, 74 PERCENT OF THE STUDENT-ATHLETES EARNED A 3.00 GPA OR HIGHER AND 11 PERCENT EARNED A PERFECT 4.00 GPA. IN ADDITION TO INTERCOLLEGIATE SPORTS, STUDENTS ARE ENCOURAGED TO PARTICIPATE IN A WIDE RANGE OF INTRAMURAL PROGRAMS, INCLUDING FLAG FOOTBALL, SOFTBALL, SOCCER AND VOLLEYBALL. AT LEAST ONE REGISTERED NURSE OR PHYSICIAN'S ASSISTANT IS ON DUTY DURING DAYTIME HOURS IN THE HEALTH CENTER, AND WORKS IN CONJUNCTION WITH COMMUNITY MEDICAL SERVICES TO PROVIDE AMPLE HEALTH CARE. THE HEALTH CENTER PROVIDES TREATMENT FOR MINOR AILMENTS. WHEN FURTHER CARE IS NEEDED, REFERRALS ARE MADE TO LOCAL PHYSICIANS AND HEALTH CARE AGENCIES. ANOTHER HEALTH CENTER STAFF MEMBER ORGANIZES WELLNESS ACTIVITIES INCLUDING YOGA AND EXERCISE CLASSES AS WELL AS STUDENTS' STRENGTH TRAINING IN LYNN'S FITNESS CENTER. COUNSELING IS PROVIDED ON A PRIVATE OR GROUP BASIS, AND RECORDS ARE MAINTAINED IN STRICT CONFIDENCE BY THE DIRECTOR OF COUNSELING. STUDENTS ALSO ARE URGED TO CONSULT THEIR INDIVIDUAL INSTRUCTORS, RESIDENT ASSISTANTS, AND APPROPRIATE MEMBERS OF THE UNIVERSITY COMMUNITY, ALL OF WHOM ARE PROFESSIONALLY FOCUSED ON ASSISTING STUDENTS. IN ADDITION, ALCOHOL AND SUBSTANCE ABUSE LITERATURE AND REFERRAL SERVICES ARE CONTINUALLY AVAILABLE THROUGH THE COUNSELING CENTER. THE WOMEN'S CENTER PROVIDES PROGRAMMING AND COUNSELING SERVICES AS WELL. THE CENTER FOR CAREER AND ALUMNI CONNECTIONS PROVIDES A VARIETY OF SERVICES TO ASSIST STUDENTS IN EVALUATING, CHOOSING AND PLANNING A CAREER. PROFESSIONAL STAFF AND CAREER COUNSELORS ARE AVAILABLE TO HELP STUDENTS SET THEIR CAREER GOALS, INVESTIGATE EMPLOYMENT OPPORTUNITIES AND INTERVIEW WITH COMPANIES FOR WHICH THEY WOULD LIKE TO WORK OR INTERN. THE SNYDER SANCTUARY PROVIDES THE LYNN COMMUNITY WITH A MULTI-FAITH PLACE FOR CONTEMPLATIVE THOUGHT AND SPIRITUAL EXPLORATION.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,699,715 including grants of \$ 0)(Revenue \$ 2,716,234) CLASSICAL MUSIC IS PROVIDED TO THE UNIVERSITY COMMUNITY AS WELL AS THE GENERAL PUBLIC BY STUDENTS AND FACULTY IN THE LYNN UNIVERSITY CONSERVATORY OF MUSIC ADDITIONALLY, PROFESSIONAL ACTORS AND MUSICIANS PERFORM ON CAMPUS IN THE PERFORMING ARTS CENTER MANY OPPORTUNITIES ARE PROVIDED IN THE REALM OF "IDEAS," THROUGH LECTURES AND COMMUNITY DISCOURSE DURING THE SUMMER MONTHS BETWEEN ACADEMIC YEARS FOR TRADITIONAL COLLEGE STUDENTS, A PORTION OF THE UNIVERSITY'S EDUCATIONAL FACILITIES ARE USED TO PROVIDE INSTRUCTION TO A COMBINED ENROLLMENT OF APPROXIMATELY 1,500 CHILDREN ATTENDING THREE THREE-WEEK SUMMER CAMP SESSIONS AND TO GROUPS OF ADULTS ENROLLED IN SPECIAL EDUCATIONAL PROGRAMS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	The Executive Committee of the Board of Trustees reviews the President's compensation and determines his raise. The Executive Committee then communicates the percentage of the President's raise to the Vice President for Business and Finance, who speaks with outside compensation counsel to confirm that the President's raise is comparable and reasonable based on market conditions. This process is documented in the Executive Committee meeting minutes. While this process typically takes place annually, no such review occurred during the tax year ended June 30, 2019, however, the process was undertaken during the tax year ended June 30, 2018 and again in the fall of 2019.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The executive committee shall have a minimum of three members, all of whom shall be members of the board. Between meetings of the board, the executive committee shall have general supervision of the administration and property of the corporation except that, unless specifically empowered by the board to do so, it may not take any action inconsistent with a prior act of the board of trustees, award degrees, alter these by-laws, locate permanent buildings on tax-exempt property held for the corporation's purposes, remove or appoint the president of the corporation, or take any action which has been reserved for the board.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	CHRISTINE LYNN AND JAN CARLSSON - Family relationship

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft of Form 990 was reviewed by Crowe based on audited financial statements and other information provided by University management. Following a review by the CFO and Director of Accounting, minor revisions were incorporated into a revised draft, which was posted to the Board portal prior to filing.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Each year, all officers, directors, trustees and key employees are required to sign a disclosure letter detailing any relationships or business transactions where a potential conflict might exist. These disclosures are reviewed by the CFO. In the event of a conflict of interest, or the appearance of any such conflict, it is incumbent upon the relevant Board member(s) or director(s) to notify the Board of the conflict and recuse themselves from participation in the discussion and vote regarding any related issues or transactions.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The President conducts annual performance reviews of all officers, based on pre-determined goals. He then makes recommendations regarding compensation to the Chair of the Board for approval. The University retained an outside expert to perform a compensation study of all employees, including officers of the organization. This comprehensive study was performed years ago, however, the University receives ongoing guidance regarding annual increases to ensure that these annual increases are comparable and reasonable based on market conditions. As new positions are created, or as market conditions warrant, this expert is consulted on a case-by-case basis. The University provides benefits according to written standard policies. If any benefit is provided outside of these policies, Board approval is required. This process was undertaken during the year ended June 30, 2019, and is documented in each employee's file.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Financial statements and governing documents are not required disclosures pursuant to internal revenue code (IRC) section 6104 Therefore, these documents are not available to the public at this time The Conflict of Interest policy is provided upon request



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Income - Total Revenue 457615, Related or Exempt Function Revenue 457615, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Gain (Loss) on financial derivatives - -2293090, Change in value of split interest agreement - -16021,

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As Filed Data -

DLN: 93493135019490

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Lynn University Inc

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

59-1023117

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)SPLIT-INTEREST TRUST	TRUST	FL	LYNN UNIVERSITY	Trust					

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation