efile Public Visual Render ObjectId: 202421349349302127 - Submission: 2024-05-13 TIN: 59-0917284 OMB No. 1545-0047

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

		nue Service					Inspection
A Fo	or th	e 2022 c	alendar year, or tax year beginning 07-01-2022 , and ending 06-30	-2023			
		applicable:	C Name of organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION		D Employe	er identif	ication number
O Add		change	INC		59-0917	7284	
O Init		-	Doing business as				
_		rn/terminated			E Telephon	e number	
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 777 GLADES ROAD ADM 247	te			
— Ар	Jiicati	ion pending	City or town, state or province, country, and ZIP or foreign postal code		(301) 2	97-6144	
			BOCA RATON, FL 334316424		G Gross re	ceipts \$ 3	16,880,580
			F Name and address of principal officer:	H(a) Is this			
			DAVID KIAN 777 GLADES ROAD ADM 247	suboro	dinates?		☐Yes ✓No
			BOCA RATON, FL 334316424	H(b) Are all include		es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527			ist. See	instructions.
J W	ebsit	te:▶ HTT	PS://FAUF.FAU.EDU/	H(c) Group	exemption	number	>
				1 14 66		M o	
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1960	M State	of legal domicile: FL
Pa	rt I	Sumi	marv				
- 10	1	Briefly des	cribe the organization's mission or most significant activities:				
96		TO SUPPO	RT FLORIDA ATLANTIC UNIVERSITY.				
an							
Activities & Governance							
GO			s box $ ightharpoonup \Box$ of voting members of the governing body (Part VI, line 1a)			3	22
×8			of independent voting members of the governing body (Part VI, line 1b)		_	4	21
ies			ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	0
IIM	6	Total num	nber of volunteers (estimate if necessary)		•	6	30
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	-92,443
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
				Pric	r Year		Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)		34,290,0	38	32,459,946
Revenue		-	service revenue (Part VIII, line 2g)		112,0	-	290,731
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		43,498,8	_	17,139,361
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,419,6		1,599,320 51,489,358
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		79,320,5	_	• •
			nd similar amounts paid (Part IX, column (A), lines 1–3)		10,684,9	_	25,132,279
			oaid to or for members (Part IX, column (A), line 4)		7,243,7	0	0
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		18,0		0
en c			aising expenses (Part IX, column (D), line 25) 1,439,975		10,0	.00	0
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		15,863,9	17	7,930,571
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		33,810,6	_	33,062,850
		-	less expenses. Subtract line 18 from line 12		45,509,8	-	18,426,508
or ses			•	Beginning o	of Current Ye	-	End of Year
Net Assets or Fund Balances							
Ass			ets (Part X, line 16)		416,051,7		437,211,157
det			lities (Part X, line 26)		53,507,7	_	51,174,330
- U	22	net asset	s or fund balances. Subtract line 21 from line 20		362,544,0	127	386,036,827

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

	I.						2024-05-15			
Sign	Sig	nature of offic	cer				Date			
Here	e DA	VID KIAN INT								
	Ту	pe or print nan								
Paid	Ч	Print/Type ¡	preparer's name	Preparer's	signature	Date 2024-05-10	Check if PTIN P0006	0407		
-	parer	Firm's name	e > JAMES MOORE & 0	CO PL		I	Firm's EIN > 59-32045	548		
Use	Only	Firm's addr	ress > 5931 NW 1ST PL				Phone no. (352) 378-1	331		
			GAINESVILLE, FL	326072063						
May t	the IRS disc	uss this retu	ırn with the preparer	shown above? S	ee Instructions			Yes	□ No	
For F	Paperwork	Reduction	Act Notice, see the	separate instr	uctions.	Cat. I	No. 11282Y	F	orm 99	0 (2022)
					— Page 2 ———					
Form	990 (2022	'								Page 2
Pa			of Program Service	-						
1			ule O contains a respo ganization's mission:	onse or note to a	any line in this Part III .			<u> </u>		✓
_	•	•	_	SITY FOUNDATI	ON INC. IS TO ENCOUP	RAGE, PROMOTE	. AND PROVIDE FUNI	OS AND	OTHER	
RESC	URCES FOR	THE BENEF		NTIC UNIVERSIT	Y (A PART OF THE FLO					OF ITS
(CON	TINOLD ON	SCHEDOLE	O) HISSIONS AND IN	ord oolo.						
2				ant program serv	vices during the year wl	hich were not lis	sted on		res 🔽	
	•	form 990 or t escribe these	990-EZ? e new services on Sch	· · · · ·				∪ Y	es 💟	No
3	•				changes in how it condu	ıcts, any progra	m			
	services?								Yes	✓ No
	If "Yes," d	escribe these	e changes on Schedul	le O.						
4	Section 50	1(c)(3) and	100's program service 501(c)(4) organization Freach program servi	ons are required	ts for each of its three to report the amount o	largest program of grants and all	ocations to others, th	e total	xpenses expense	S,
4a	(Code:) (Expenses \$		including grants of \$?) (Revenue \$,731)	
			PORT TO THE FLORIDA A ERENCE EXPENSES, TRAN		TY IN THE FORM OF PAYME AND EVENTS.	ENTS SUCH AS BU	T NOT LIMITED TO GUES	T LECTU	RERS,	
4b	(Code:	1 024 CTUDEN) (Expenses \$		including grants of \$	10,942,637	') (Revenue \$)	
	PROVIDED	1,831 STUDEN	TS WITH SCHOLARSHIPS	5 FROM PHILANTHE	ROPIC CONTRIBUTIONS.					
4c	(Code:) (Expenses \$	9,532,810	including grants of \$	9,532,810) (Revenue \$)	
	PROVIDED	SUPPORT FOR	THE SALARIES OF THE U	INIVERSITY'S EMIN	IENT SCHOLARS, PROFESS	ORS, AND OTHER	FACULTY AND STAFF.			
4d	Other pro-	-	es (Describe in Schedu incl	ule O.) uding grants of	\$) (Revenue :	\$)		
4e	· '	<u>'</u>	ce expenses 🕨	29,698,6	•	, (T	,		
								F	orm 99	0 (2022)
					— Page 3 ———					
Form	990 (2022)								Page 3
Pa	rt IV Ch	ecklist of	Required Schedu	ıles					1 .,	
1	Is the org	anization des	scribed in section 501	(c)(3) or 4947(a	a)(1) (other than a priva	ate foundation)?	? If "Yes," complete		Yes Yes	No
	Schedule i	4 🥵						1		
2					ule of Contributors? Se			2	Yes	NI-
3			ngage in direct or ind es," complete Schedul		mpaign activities on bel	nair or or in opp	osition to candidates	3		No
4					ngage in lobbying activ	ities, or have a	section 501(h)			
-			g the tax year? <i>If "Ye</i>					4	Yes	
5)(6) organization that r					

	abbedomental, or ominar amounts as defined in Nett Frod 50 15. If Fedy complete semedate by Fate in	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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 1	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	Yes	
		F	orm 99	0 (2022)
	Page 4 ———————————————————————————————————			
-orm	990 (2022)			Do 4
	TIV Checklist of Required Schedules (continued)			Page 4

Fa	checklist of Required Schedules (Continued)			
			Yes	No
22	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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

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D	טום the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🥦	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 84			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	v	
	(gambling) winnings to prize winners?	1c	Yes orm 99	0 (2022)
	Page 5 ———————————————————————————————————			
Form	990 (2022)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			. 5- 9
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			_
b	this return	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No

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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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7: 7g		110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	1090-6:	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			i
а	Gross income from members or shareholders		1	
b				
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a		12a		
	against amounts due or received from them.)	12a		
	against amounts due or received from them.)	12a		
b 13	against amounts due or received from them.)	12a 13a		
b 13 a	against amounts due or received from them.)			
b 13 a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
b 13 a b c	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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			No
b 13 a b c 14a	against amounts due or received from them.)	13a		No
b 13 a b c	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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	13a 14a		No No
b 13 a b c 14a b 15	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13a 14a 14b		
b 13 a b c 14a b 15	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 the instructions and file Form 4720, Schedule N.	13a 14a 14b 15		No

Form **990** (2022)

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Form 990 (2022) Page **6**

Se	ction A. Governing Body and Management			
		_	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 22			ı
	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.			Ī
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	ı
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	<u></u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ı
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL , AL , AK , AR , CA , CO , CT , GA , HI , , MA , MI , MN , MS , MO , NV , NH , NJ , I , OK , OR , PA , RI , SC , TN , UT , VA , WA	YM , NY	′, NC , I	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: MICHELLE DEPALMA 777 GLADES ROAD ADM 247 BOCA RATON, FL 334316424 (561) 297-2892			

Form **990** (2022)

Part VII

Form 990 (2022) Page **7**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours	one of	(C) tion (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is r/tru	both a istee)	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) ZACHARY BERG	2.00	v						0	0	
INVESTMENT COMMITTEE & RE COMMITTEE CHAIR	0.00	Х						0	U	0
(2) PHYLLIS GLADSTEIN	0.50									_
IMMEDIATE PAST SECRETARY	0.00	Х		Х				0	0	0
(3) STEWART MARTIN	0.50									
IMMEDIATE PAST CHAIR	0.00	Х		Х				0	0	0
(4) STEVEN SCHMIDT	2.00									
CHAIR	0.00	Х		Х				0	0	0
(5) STACY VOLNICK	0.50									
INTERIM FAU PRESIDENT, AS OF 1/1/23	40.00	Х						0	438,612	67,402
(6) BRIAN POULIN	2.00									
VICE CHAIR AND TREASURER	0.00	Х		Х				0	0	0
(7) CHERYL WILKE	2.00							_		
SECRETARY	0.00	Х		Х				0	0	C
(8) PATRICIA MCKAY	2.00	.,								
AUDIT COMMITTEE CHAIR	0.00	Х						0	U	O
(9) ED VENTRICE	2.00	.,								
PHILANTHROPY COMMITTEE CHAIR	0.00	Х						0	U	0
(10) JOHN KELLY	0.50								1 000 004	F0 262
FAU PRESIDENT, UNTIL 12/31/22	40.00	Х						0	1,080,994	50,262
(11) WILLIAM E MORRIS	0.50									
DIRECTOR	0.00	Х						0	0	0
(12) SALLY ROWLEY-WILLIAMS	0.50									
DIRECTOR	0.00	Х						0	0	0
(13) RICHARD STONE	0.50							_	-	_
DIRECTOR	0.00	Х					l	0	0	0

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(14) RAUL VALERO	0.50		I	l		Ī				Ī
		Χ						0	0	0
DIRECTOR	0.00									_
(15) RAFAEL CARDOZO	0.50									
		Х						0	0	0
DIRECTOR	0.00									
(16) PETER MOORE	0.50									
		Х						0	0	0
DIRECTOR	0.00									
(17) PAUL KILGALLON	0.50									
		Х						0	0	0
DIRECTOR	0.00									

Form **990** (2022)

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Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rsor	ı is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) PAMELA RONDI NOEL	0.50	x						0	0	0
DIRECTOR	0.00								U	U
(19) DANIEL JOSEPH	0.50							•	•	
DIRECTOR	0.00	X						0	0	0
(20) MICHAEL L MILLER	0.50									
DIRECTOR	0.00	X						0	0	0
(21) MICHAEL YOON	0.50									
LIMITED PURPOSE DIRECTOR	0.00	X						0	0	0
(22) KEITH SANDERS	0.50									
	0.00	X						0	0	0
DIRECTOR (23) BARBARA FEINGOLD	0.50									
		х						0	0	0
FAU BOT REPRESENTATIVE (24) CHRISTOPHER DELISIO	0.00 40.00									
				Х				0	457,894	55,694
CEO, UNTIL 6/26/23 (25) STACEY BELL	0.00 40.00									
				Х				0	198,525	25,607
CFO, UNTIL 7/15/22 (26) DAVID KIAN	0.00									
(26) DAVID KIAN				х				0	333,295	49,072
INTERIM CEO, AS OF 6/26/23	40.00									
(27) MICHELLE DEPALMA	40.00			х				0	7,663	719
CFO, AS OF 12/12/22	0.00								•	
(28) DAVID GREEN	40.00	<u></u>			х			0	227,625	39,712
INTERIM VP OF INSTITUTIONAL ADVANCEMENT	0.00								,,,	
(29) MICHAEL O MILLER	0.00					х		0	178,367	35,930
DIRECTOR OF ADVANCEMENT	40.00					^		· ·	170,307	33,330
(30) LAURIE CARNEY	0.00					х		0	188,334	29,954
SENIOR DIRECTOR OF DEVELOPMENT1	40.00	1				_ ^			166,334	29,934
(31) KELLY KIRKPATRICK-MARMOL	0.00								102.121	26.402
DIRECTOR OF ADVANCEMENT	40.00	†····				Х		0	183,131	36,402
(32) KRISTINA GREGG	0.00									
EXECUTIVE DIRECTOR OF ADVANCEMENT	40.00	†····				Х		0	178,923	35,108
(33) AMANDA NICKESON	0.00									
ASSISTANT VP OF DEVELOPMENT	40.00					Х		0	200,729	27,301
	₹0.00		I		I			l		L

	tal from continuation sheet tal (add lines 1b and 1c) .			•	0	3,674,09	92	453,16
	Total number of individuals (inc of reportable compensation fro			sted above) who rec	eived more than \$1	00,000		
. 1	Did the examination list any fo	umau officer o	director or tructoo	kov omplovog or bi	ighast sampansatad	amplayes on F	Yes	No
	Did the organization list any fo line 1a? <i>If "Yes," complete Sch</i>	•			•	· • •	3	No
	For any individual listed on line organization and related organi					n the	4 Yes	
	Did any person listed on line 1a services rendered to the organi						5	No
	tion B. Independent Con							•
	Complete this table for your fiv from the organization. Report o						pensation	
		(A) Name and busin	ess address		Desc	(B) cription of services		C) nsation
-		Name and busin	css dddress		Desi	cription of services	Compe	iii3dtioii
To	tal number of independent conf	tractors (includ	ding but not limited	d to those listed abo	ve) who received m	ore than \$100.000	of	
	mpensation from the organizat							. (202
							Form 9 9)U (202
				Page 9 ———				
rm 0	90 (2022)							D
Part		enue						Page
	Check if Schedule O co		onse or note to any	y line in this Part VIII				
				(A) Total revenue	(B) Related or	(C) Unrelated	(E Reve	
				lotal revenue	exempt	business	exclude	d from
					function revenue	revenue	tax under 512 -	
74	derated campaigns	1a						
-	outions, Grants, embership dues	1b						
therA		10						
milaı ¶oli∤	ngdraising events	1c						
	263,066	<u> </u>						
d Re	elated organizations	1d						
-		1 _						
e Go	overnment grants (contributions) 45,965	1e						
an	other contributions, gifts, grants, d similar amounts not included ove	1f						
	32,150,915							
	incash contributions included in es 1a - 1f:\$	10						
		1g						
	1 026 050	19						
lin	1,036,050 Ital. Add lines 1a-1f		22.450.046					
lin	1,036,050 Ital. Add lines 1a-1f		32,459,946 Business Code				1	
h To	stal. Add lines 1a-1f			145,506	145,506			
h To	stal. Add lines 1a-1f		Business Code	145,506 145,225	145,506 145,225			
h To	stal. Add lines 1a-1f		Business Code 900099	-				

Florida Atlantic University Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica

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14/25, 8:46 AM				Foundation Inc - Full F	iiiig - Noripiolit ⊑xpi	orer - Frontabilca	
Program							
f All other program	service rev	enue.					
9 Total. Add lines	2a-2f 	▶	290,731	I		I	
3 Investment income similar amounts)			erest, and other	7,337,246		-92,443	7,429,689
4 Income from inves			d proceeds				
5 Royalties	. <u></u>		▶	370			370
	<u>ا</u>	(i) Real	(ii) Personal				
6a Gross rents	6a	1,529,729					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	1,529,729					
d Net rental incom	e or (loss) .			1,529,729			1,529,729
	(i)	Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	273,975,530					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7b	264,173,415					
Gain or (loss)	7c	9,802,115					
d Net gain or (loss)			9,802,115			9,802,115
a Gross income from f	263,06 ed on line 1c).	6 of 8a 8b	1,218,048 1,217,807	241			241
9a Gross income from See Part IV, line 19 b Less: direct expe c Net income or (lo	nses	9a . 9b					
10aGross sales of inverturns and allow b Less: cost of good	ances . ds sold .	. 10a					
C Net income or (lo	ss) from sai	es of inventor	Business Code				
11aOTHER INCOME			900099	68,980			68,980
ь							
Other Revenue Misc Amt							
d All other revenue							
e Total. Add lines :	11a-11d .	'-	•	68,980			
12 Total revenue.	See instructi	ions	•	51,489,358	290,731	-92,443	18,831,124
						Fo	rm 990 (2022)

Form 990 (2022) Page **10**

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and 25,132,279 25,132,279 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and kev employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in **7** Other salaries and wages . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits **10** Payroll taxes 11 Fees for services (non-employees): **a** Management . 35.985 31,026 4.959 11,691 540 12.231 **b** Legal . . . 6,320 521,987 515,667 **c** Accounting . 262,128 262,128 **d** Lobbying e Professional fundraising services. See Part IV, line 17 643,395 643,395 **f** Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 866.218 132.808 733.410 **12** Advertising and promotion . . . 121.118 12,791 260.997 127,088 **13** Office expenses 365,566 365,566 **14** Information technology . 15 Rovalties . 34,120 5,050 29,070 **16** Occupancy 427,183 321,113 95,766 10,304 **17** Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 352,463 326,910 25,553 **19** Conferences, conventions, and meetings . **20** Interest 134,083 134,083 1,237,458 1,237,458 **22** Depreciation, depletion, and amortization . 23 Insurance . 96,971 96,971 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a RESEARCH 1,158,283 1,158,283 **b** EVENTS HOSTED 946,325 470,921 147,014 328,390 c MEALS AND SPONSORSHIPS 351,174 64,553 286,621 d EQUIPMENT PURCHASED 77,813 77,813 38.849 146,191 107.342 e All other expenses 33,062,850 29,698,613 1,439,975 25 Total functional expenses. Add lines 1 through 24e 1.924.262 **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).

Form **990** (2022)

- Page II

Form 990 (2022) Page **11**

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part IX	(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			2,936,016	1	7,529,957
	2	Savings and temporary cash investments .			68,675,571	2	76,583,254
	3	Pledges and grants receivable, net			15,228,930	3	17,934,583
	4	Accounts receivable, net			458,718	4	623,432
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s				6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
155	9	Prepaid expenses and deferred charges			313,273	9	376,835
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,054,464			
	b	Less: accumulated depreciation	34,000	22,021,029	10 c	22,020,464	
	11	Investments—publicly traded securities .			191,917,378	11	206,228,138
	12	Investments—other securities. See Part IV, line		71,101,205	12	63,103,209	
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets			14	1	
	15	Other assets. See Part IV, line 11	43,399,648	15	42,811,285		
	16	Total assets. Add lines 1 through 15 (must eq	416,051,768	16	437,211,157		
	17	Accounts payable and accrued expenses	820,294	17	1,094,255		
	18	Grants payable			18		
	19	Deferred revenue			3,485,582	19	5,409,726
	20	Tax-exempt bond liabilities		20	1		
(O	21	Escrow or custodial account liability. Complete F	Schedule D	32,148	21	6,567	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .		22			
.=	22	, , , ,		<u> </u>			
	23	Secured mortgages and notes payable to unrela		· —		23	
	24	Unsecured notes and loans payable to unrelated	•	<u> </u>	40,400,747	24	44.000.700
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	49,169,717	25	44,663,782
	26	Total liabilities. Add lines 17 through 25 .			53,507,741	26	51,174,330
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck he	re 🕨 🗹 and			
ala	27	Net assets without donor restrictions			31,126,212	27	38,978,815
B	28	Net assets with donor restrictions			331,417,815	28	347,058,012
Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, ch	neck here ▶ □ and			
9	29	Capital stock or trust principal, or current funds				29	<u> </u>
ets	30	Paid-in or capital surplus, or land, building or ed	quipment	t fund		30	
Assets	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
	32	Total net assets or fund balances			362,544,027	32	386,036,827
Net	33	Total liabilities and net assets/fund balances .			416,051,768	33	437,211,157
				·	_		Form 990 (2022)
				– Page 12 ––––			
Forn	າ 990	(2022)					Page 12
	art XI	Reconcilliation of Net Assets					raye 12
		Check if Schedule O contains a response or n	nte to ar	ny line in this Part XI		_	
			ui	,		-	

orn	Software ID: Software Version: 1990, Special Condition Description:				
	990 (2022) ditional Data		Returi	n to Fo	rm
			F	orm 99	0 (2022
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	За		No
	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 Sched	dule O.	2c	Yes	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate l consolidated basis, or both:	basis,			
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	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 on Schedule O.				
	Check if Schedule O contains a response or note to any line in this Part XII		-	Yes	No
Par	t XII Financial Statements and Reporting				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		386	,036,82
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
8	Prior period adjustments	8			
	Investment expenses	7			
5 6	Net unrealized gains (losses) on investments	5 6		5	,066,29
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	362,544,027		
3	Revenue less expenses. Subtract line 2 from line 1	3		18	,426,50
2	Total expenses (must equal Part IX, column (A), line 25)	2		33	,062,85

efile Public Visual Render

ObjectId: 202421349349302127 - Submission: 2024-05-13

TIN: 59-0917284

OMB No. 1545-0047

SCHEDULE A (Form 990)

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 for instructions and the latest information.

Open to Public

				se to <u>www.s</u>	101 11	ioti actions a	na the latest m	. or mation	Inspection	
		he organiza	tion SITY FOUNDAT	ION				Employer identific	cation number	
NC	DA AIL	ANTIC ONIVER	SITT TOUNDAL	1011				59-0917284		
	rt I				us (All organization			See instructions.		
	organız		•		e it is: (For lines 1 thro	-				
1		•		•	ssociation of churches			.)(A)(i).		
2		A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	1 990).)			
3		A hospital	or a cooperat	ive hospital serv	vice organization descr	ribed in sectio	on 170(b)(1)(A))(iii).		
4		A medical in name, city,		nization operate	ed in conjunction with	a hospital des	cribed in section	170(b)(1)(A)(iii). E	Enter the hospital's	
			una state.							
5	✓	170(b)(1)	(A)(iv). (Co	mplete Part II.)		•		overnmental unit descr	ibed in section	
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			•		170(b)(1)(A)(vi).	•	•			
9		non-land g	rant college o	of agriculture. S	ee instructions. Enter	the name, city	, and state of the	n with a land-grant cole 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 organiza	ation organize	ed and operated	d exclusively to test for	r public safety.	See section 50	9(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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		organizatio	n(s) the pow	ganization oper er to regularly a tions A and B.	appoint or elect a majo	ontrolled by its ority of the dire	s supported orgar ectors or trustees	nization(s), typically by s of the supporting orga	giving the supported anization. You must	
b		manageme	nt of the sup		ation vested in the sar			organization(s), by ha age the supported orga		
c		Type III f	unctionally i	integrated. A s				and functionally integra	ated with, its	
d		functionally	integrated.	The organizatio		fy a distributio	n requirement ar	vith its supported orga nd an attentiveness rec		
e		Check this	box if the org	janization receiv	•	ation from the		Type I, Type II, Type II	I functionally	
f	Enter			•		-		<u> </u>		
g					pported organization(• -				
	(i) N	Name of supportation		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	. ,	rganization listed rning document?	. ,	(vi) Amount of other support (see instructions)	
						Yes	No			
	Paperv	work Reduc or 990-EZ.	tion Act Not	ice, see the Ii	nstructions for	Cat. No. 112	285F	Schedule	e A (Form 990) 2022	
					Pa	ge 2 ———				
Sche	dule A	(Form 990)	2022						Page 2	
Pa	rt II)(iv) and 170(b)(1)(A)(vi)	

If the organization failed to qualify under the tests listed below, please complete Part III.)

	25, 8:46 AM	Florida Atlant	ic University Foun	dation Inc - Full Fil	ing - Nonprofit Exp	lorer - ProPublica	
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	32,774,778	12,374,028	35,686,243	34,290,038	32,459,946	147,585,033
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to	88,949					88,949
4	Total. Add lines 1 through 3	32,863,727	12,374,028	35,686,243	34,290,038	32,459,946	147,673,982
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)						14,553,408
6	Public support. Subtract line 5 from line 4.						133,120,574
S	ection B. Total Support				I		I
	lendar year · fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	32,863,727	12,374,028	35,686,243	34,290,038	32,459,946	147,673,982
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,062,507	5,580,196	2,167,834	5,349,277	8,959,788	28,119,602
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	301,809	23,165	57,357		68,980	451,311
11	Total support. Add lines 7 through 10						176,244,895
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	3,146,860
13	First 5 years. If the Form 990 is for t	-			•		ization, check
	this box and stop here			<u> </u>		🕨 🗆	
s	this box and stop here ection C. Computation of Publi Public support percentage for 2022 (li	c Support Per	centage			14	75.530 %
S 14 15	ection C. Computation of Publi Public support percentage for 2022 (li Public support percentage for 2021 Sc	c Support Perone 6, column (f) controls in the c	centage divided by line 11, line 14	column (f))		14	75.530 % 85.380 %
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	not an unrelated trade of pushless under section 513	1	l	I		I	Ī		
4	Tax revenues levied for the organization's benefit and either paid								
_	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
_	the organization without charge								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
_	from line 6.)								
	ection B. Total Support	T	T	_	T	_			
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	otal	
`9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975.				1				
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	-			-				_
_	this box and stop here							!	<u> </u>
_	ection C. Computation of Public Public support percentage for 2022 (lii			column (f))		T 4 = T			
15 16	Public support percentage from 2021 9					15 16			
						10			
17	ection D. Computation of Invest Investment income percentage for 20	22 (line 10c. colu	mn (f) divided by	line 13. column (f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2022. If the						e 17 is	not	
134	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2021. If the							line 1	l8 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a pub	licly supported org	anization	▶		
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	19a, or 19b, chec	k this box and see	instructions	▶		
						Schedule A (2022
			Page 4						
Sche								P:	age 4
	dule A (Form 990) 2022								190 •
Pai	,	S							ced
Pai	t IV Supporting Organization (Complete only if you checked		f Part I. If you ch	ecked box 12a, o	f Part I, complete	Sections A and B.	If you	check	(
Pai	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 o	you checked box						
	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section	a box on line 12 o ections A and C. If ns A and D, and co	you checked box						
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Se	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz	a box on line 12 o ections A and C. If ns A and D, and co ations	you checked box omplete Part V.)	12c, of Part I, co	mplete Sections A	, D, and E. If you	checke		No
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Se	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz Are all of the organization's supported	a box on line 12 of actions A and C. If as A and D, and contions organizations lists upported organizations	you checked box omplete Part V.) ed by name in the ations are designat	12c, of Part I, co	mplete Sections A	, D, and E. If you	checke	ed box	No
Se	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the signal of the organization or the support of the support of the organization or the support of the support of the organization or the support of the support of the organization or the support of the	a box on line 12 of ections A and C. If as A and D, and contains organizations lists upported organization d continuing relations	ed by name in the stions are designationship, explain.	12c, of Part I, co	overning documen	ts?	checke	ed box	No
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in It	a box on line 12 of ections A and C. If the A and D, and contains organizations lists appropried organization d continuing relatived organization the contains and contains the contains and contains a	ed by name in the stions are designationship, explain.	e organization's g	overning documend by class or purpo	ts?	checke	ed box	No
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and Did the organization have any supported the designation have a supported the designation have a su	a box on line 12 of ections A and C. If the A and D, and contains organizations lists appropried organization d continuing relatived organization the contains and contains the contains and contains a	ed by name in the stions are designationship, explain.	e organization's g	overning documend by class or purpo	ts?	checke	ed box	No
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the states describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have as supported the organization have a supported by the organization have a supported by the complete only if you checked have a supported the organization have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete by the complete Section A. All Supporting Organization have a supported by the complete by	a box on line 12 of actions A and C. If as A and D, and continuous actions organizations list apported organization according relations ed organization the continuous the continuous action the continuous action the continuous action the continuous action the continuous action to the continuous action to the continuous action to the continuous action to the continuous action to the continuous actions a	ed by name in the ations are designationship, explain. nat does not have rganization determined.	e organization's g ted. If designated an IRS determin- mined that the su	overning documend by class or purposetion of status unc	ts? se, ler section ion was	1	ed box	No
1 2	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the section 509(a)(1) or (2)?	a box on line 12 of actions A and C. If as A and D, and continuous actions organizations list apported organization according relations ed organization the continuous the continuous action the continuous action the continuous action the continuous action the continuous action to the continuous action to the continuous action to the continuous action to the continuous action to the continuous actions a	ed by name in the ations are designationship, explain. nat does not have rganization determined.	e organization's g ted. If designated an IRS determin- mined that the su	overning documend by class or purposetion of status unc	ts? se, ler section ion was	1	ed box	No
1 2	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the states describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have as supported the organization have a supported by the organization have a supported by the complete only if you checked have a supported the organization have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete only if you checked have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete Section A. All Supporting Organization have a supported by the complete by the complete Section A. All Supporting Organization have a supported by the complete by	a box on line 12 of actions A and C. If as A and D, and contions organizations lists apported organization the continuing relative to a continuing the continuing relation the continuing relation the continuing relation the continuing relation the continuing relation the continuing relation the continuing relation the continuing relation the continuing relation the continuing relations are supported organization descriptions.	ed by name in the stions are designationship, explain. and does not have rganization determination of the section 5	e organization's geted. If designated an IRS determinationed that the surface (01(c)(4), (5), or onder section 501)	overning documend by class or purpolation of status uncupported organization (6)? If "Yes," answ	ts? se, ler section ion was wer lines 3b and	1 2	ed box	No

	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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)? If "Yes," explain in Part VI 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? If "Yes," provide detail in Part VI .	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	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))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
D	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	10b	000)	2022
	Schedule A	(1011)	990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	age 5
Par	Table 11 Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. action B. Type I Supporting Organizations			
	- Type 2 supporting or gamentons		Yes	No
1	Did the officers, 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? 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.	1		
2	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? 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.	2		
	ction C. Type II Symposting Organizations			

					Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a n						
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to			1			
Se	ction D. All Type III Supporting Organizations						
	ction of All Type III Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of						
	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of						
	documents in effect on the date of notification, to the extent not previously provided?		gg	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el						
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported						
3	By reason of the relationship described in line 2 above, did the organization's supported	od ora	anizations have a significant	2			
3	voice in the organization's investment policies and in directing the use of the organiza	tion's i	ncome or assets at all times				
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	d orga	nizations played in this regard.	3			
	ction E. Type III Functionally-Integrated Supporting Organizations	ut Taa	h duning the year (as a implument				
1 a	Check the box next to the method that the organization used to satisfy the Integral Pa The organization satisfied the Activities Test. Complete line 2 below.	art ies	t during the year (see instruct	ions):			
b	The organization satisfied the Activities lest: complete line 2 below.	line	3 halaw				
					-t:\		
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)		
2 Activities Test. Answer lines 2a and 2b below.							
a 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 organizations and explain</i> how these activities directly furthered their exempt purp						
	responsive to those supported organizations, and how the organization determined the						
	substantially all of its activities.	!+!	/- involvement and as many	2a			
D	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"						
	the organization's position that its supported organization(s) would have engaged in to organization's involvement.	hese a	ctivities but for the				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b			
	Did the organization have the power to regularly appoint or elect a majority of the offi	icers. (lirectors, or trustees of each of	3a			
•	the supported organizations? If "Yes" or "No", provide details in Part VI.	(0.0)	an eccoration characters of each of				
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>						
	supported organizations: If Tes, describe in Part VI. the Tole played by the organiza	ation n	3	3b	. 000)	2022	
			Schedule A	(Forn	1 990)	2022	
	Page 6 ————						
Sched	lule A (Form 990) 2022				F	age 6	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 <i>(explain in Part V</i>	/I). Se	e		
	instructions. All other Type III non-functionally integrated supporting organiza	itions i	'				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi opti	ent Yea onal)	r	
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	6					
	production of income (see instructions)						
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(4) 5 : 1/	(D) C			
	Section B - Minimum Asset Amount		(A) Prior Year		ent Yea onal)	r	
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					
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c	l l				

c	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year
2 3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	

Page 7

Schedule A (Form 990) 2022

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

Section D - Distributions				Current Year		
Amounts paid to supported organizations to accomplish	n exempt purposes		1			
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2			
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3			
4 Amounts paid to acquire exempt-use assets		4				
5 Qualified set-aside amounts (prior IRS approval require	5					
6 Other distributions (describe in Part VI). See instruction	ons		6			
7 Total annual distributions. Add lines 1 through 6.			7			
Distributions to attentive supported organizations to will details in Part VI). See instructions	8					
9 Distributable amount for 2022 from Section C, line 6	9 Distributable amount for 2022 from Section C. line 6					
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022		
				Amount for ZOZZ		
1 Distributable amount for 2022 from Section C, line 6				Amount for 2022		
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 				Amount for 2022		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.				Amount for 2022		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.				Amount for 2022		
 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022: 				Amount for 2022		
 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 				Amount for 2022		
 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 				Amount for 2022		
 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 				Amount for 2022		
 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 				Amount for 2022		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020				Amount for 2022		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 f Total of lines 3a through e				Amount for 2022		

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2022 from Section D, line 7:

AUUILIOIIAI DALA					Trecum co r or m
Additional Data					Return to Form
				Sch	edule A (Form 990) 20
Return Reference			Explanation		
	Facts A	nd Circumstance	s Test		
Part IV, Section D, lines 2	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, and 3; Part IV, Section E, lin 8; and Part V, Section E, lin	nes 1c, 2a, 2b, 3a	and 3b; Part V, line 1	; Part V, Section	n B, line 1e; Part V
hedule A (Form 990) 2022 Part VI Supplemental Informa	tion. Provide the explanation	ns required by Par	t II, line 10; Part II, li	ne 17a or 17b;	Page Part III, line 12; Part IV,
		— Page 8 ——		Sche	Made A (101111 330) (202
e Excess from 2022				Scho	edule A (Form 990) (202
d Excess from 2021					
b Excess from 2019 c Excess from 2020					
a Excess from 2018					
Breakdown of line 7:					
Excess distributions carryover to 3j and 4c.					
Remaining underdistributions for 2 lines 3h and 4b from line 1. If the than zero, explain in Part VI . See	amount is greater				
Remaining underdistributions for your 2022, if any. Subtract lines 3g and If the amount is greater than zero See instructions.	4a from line 2.				
c Remainder. Subtract lines 4a and	4b from line 4.				
b Applied to 2022 distributable amo	unt				
h Ammliad to 2022 distribust-1-1					

efile Public Visual Render	ObjectId: 20242134934930	02127 - Submission: 2024	l-05-13		TIN: 59-0917284		
Schedule B	Sch	edule of Contribi	utors		OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service Attach to Form 990, 99 Go to www.irs.gov/Form990 for www.ir		ich to Form 990, 990-EZ, or <u>irs.gov/Form990</u> for the lat		2022			
Name of the organization FLORIDA ATLANTIC UNIVERS	ITY FOUNDATION			Employer id	dentification number		
INC Organization type (check of				59-0917284			
	·						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter numb	er) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organizati	on					
Form 990-PF	501(c)(3) exempt priva	te foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
money or other procontributions. Special Rules	operty) from any one contribut	or. Complete Parts I and	II. See instructions fo	r determining a	a contributor's total		
Special Rules	described in section 501(c)(3)) filing Form 990 or 990-E	Z that met the 33 ¹ /3%	support test o	of the regulations		
received from any o 990, Part VIII, line 1	a)(1) and 170(b)(1)(A)(vi), tha ne contributor, during the year h, or (ii) Form 990-EZ, line 1. (r, total contributions of the Complete Parts I and II.	greater of (1) \$5,000	0 or (2) 2% of t	the amount on (i) Form		
during the year, tota	described in section 501(c)(7) I contributions of more than \$^2 prevention of cruelty to children	1,000 exclusively for religi	ious, charitable, scie	ceived from an ntific, literary, o	y one contributor, or educational		
during the year, con If this box is checked purpose. Don't comp	described in section 501(c)(7) tributions exclusively for religion d, enter here the total contribuplete any of the parts unless the etc., contributions totaling \$5	ous, charitable, etc., purp itions that were received one General Rule applies	oses, but no such co during the year for ar to this organization b	ntributions tota n <i>exclusively</i> re ecause it recei	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it m	nat isn't covered by the Genera nust answer "No" on Part IV, li l, line 2, to certify that it doesn'	ine 2, of its Form 990; or	check the box on line	H of its Form			
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF			Cat. No. 30613X	Sch	hedule B (Form 990) (2022)		
		——— Page 2 ———					
		Č					
Schodulo B /Form 000\ (00)	22)			Dogo 2			
Schedule B (Form 990) (202	_/			Page 2			

Name of organization

Employer identification number

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FOUTDY VIEWLIF ONTA FUSTILL LOGINDALION			JJ-UJ1/	

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
THE OTTER			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	_		Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
ī			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (202
	Page 3 ——		
	orm 990) (2022)	12	Page
ame of organiz LORIDA ATLAN NC	zation ITIC UNIVERSITY FOUNDATION	Employer identification 59-0917284	on number
	Oncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

_			\$	
-			<u> </u>	
(a) No. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncas	h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
	1			Schedule B (Form 990) (202
		Page 4		
Schedule I	B (Form 990) (2022)			Page
	ganization TLANTIC UNIVERSITY FOUNDATION		Employer ider 59-0917284	ntification number
Part III	Exclusively religious, charitable, etc., co than \$1,000 for the year from any one co organizations completing Part III, enter t year. (Enter this information once. See in Use duplicate copies of Part III if additional	ontributor. Complete columns (a) the total of exclusively religious, chastructions.) \$	rough (e) and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-				
	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 F	Relationship of transferor to	o transferee
			(d) Doscri	ption of how gift is held
(a) No. from	(b) Purpose of gift	(c) Use of gift	l (u) Descii	phon of now gift is neig
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(u) Descri	ption of now girt is neid

(c) llee of nift

(h) Purnose of aift

(d) Description of how gift is held

14/25, 8:46 AM Part I	Florida Atla		undation Inc - Full Filing	- Nonprofit Explorer - Pro	Publica
	Transferee's name, address, and		Transfer of gift Relatio	onship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift	(0	e) Use of gift	(d) Descript	ion of how gift is held
<u> </u>	Transferee's name, address, and		Transfer of gift Relatio	onship of transferor to t	ransferee
		<u> </u>		Sche	dule B (Form 990) (202
Addition	al Data				Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202421349349302127 - Submission: 2024-05-13
Political Campaign and Lobbying Activities

TIN: 59-0917284

OMB No. 1545-0047

2022

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	Section 501(c)(4), (5), or (6) ne of the organization RIDA ATLANTIC UNIVERSITY FO	-		E	mployer identi	fication nun	nber
INC	RIDA ATLANTIC UNIVERSITY FO	JUNDATION		5	9-0917284		
Par	t I-A Complete if the	e organization is exe	empt under section 501(c) o	or is a section	527 organiza	ation.	
1	Provide a description of the "political campaign activit		nd indirect political campaign activit	ies in Part IV. See	e instructions for	definition of	
2	Political campaign activity	expenditures. See instru	ictions		> \$		
3		1 3	ee instructions				
Par	t I-B Complete if the	e organization is exe	empt under section 501(c)(3	3).			
1	Enter the amount of any e	excise tax incurred by the	e organization under section 4955				
2	•	, -	ganization managers under section 4		> \$		
3	If the organization incurre	ed a section 4955 tax, did	I it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part I	V.					
Par	t I-C Complete if the	e organization is exe	empt under section 501(c),	except section	n 501 (c)(3).		
1	Enter the amount directly	expended by the filing or	rganization for section 527 exempt	function activities	s ▶ \$		
~	Entar the amount of the fi	iling organization's funds	contributed to other organizations		kempt		
2					> \$		
3	function activities		d 2. Enter here and on Form 1120-				
3 4	function activities Total exempt function exp Did the filing organization	penditures. Add lines 1 an	d 2. Enter here and on Form 1120- this year?	POL, line 17b	> \$	☐ Yes	□ No
3	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re	penditures. Add lines 1 an file Form 1120-POL for es and employer identificents. For each organizatio eceived that were prompt	d 2. Enter here and on Form 1120-	POL, line 17b 27 political organing the filing organiate political organizate politic	izations to which ization's funds. Anization, such as	Yes the filing	□ No amount
3 4 5	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re	penditures. Add lines 1 an file Form 1120-POL for es and employer identificents. For each organizatio eceived that were prompt	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. Anization, such as	Yes the filing Also enter the a separate se	amount egregated ount of outributions d promptly delivered te political n. If none,
3 4 5	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly delivered te political n. If none,
3 4 5	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly delivered te political n. If none,
3 4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
3 4 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
3 4 5 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly delivered te political n. If none,
3 4 5 5 (a)	function activities Total exempt function exp Did the filing organization Enter the names, address organization made payme of political contributions re fund or a political action of	penditures. Add lines 1 an file Form 1120-POL for less and employer identificents. For each organization eceived that were prompt committee (PAC). If additional and the second in the	d 2. Enter here and on Form 1120- this year?	POL, line 17b 27 political organing the filing organiate political organimation in Part IV. (d) Ar filing	izations to which ization's funds. A hization, such as mount paid from organization's . If none, enter	Tes the filing Also enter the a separate se (e) Am political cor received an and directly to a separa organizatio	amount egregated ount of outributions d promptly delivered te political n. If none,

Schedule C (Form 990) 2022 Page **2**

A	Check if the filing organization belongs expenses, and share of excess lo	bbying expenditures).		filiated group m	ember's nam	e, ado	dress, EIN,
В		box A and "limited control" pro bying Expenditures neans amounts paid or incur			a) Filing anization's totals	(b)	Affiliated group totals
 1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying) .					
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)			262,12	8	
c	Total lobbying expenditures (add lines 1a and 3	1b)			262,12	8	
d	Other exempt purpose expenditures				32,800,72		
	Total exempt purpose expenditures (add lines	•			33,062,85	U	
t	Lobbying nontaxable amount. Enter the amour columns.	nt from the following table in bo	tn		1,000,00	0	
	If the amount on line 1e, column (a) or (b	o) is: The lobbying nontaxal	ole amount is:				
	Not over \$500,000	20% of the amount on line 10	е.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,00	00.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000).			
	Over \$17,000,000	\$1,000,000.					
_	Consequents and anti-control of the control of the	lin - 46)			350.00	ما	
g h	Grassroots nontaxable amount (enter 25% of l Subtract line 1g from line 1a. If zero or less, e	,			250,00	0	
ï	Subtract line 1g from line 1a. If zero or less, e					0	
J	If there is an amount other than zero on either section 4911 tax for this year?						Yes 🗌 No
	4 V-	- A	Cti F01	175)			
	(Some organizations that ma	ar Averaging Period Undo de a section 501(h) elect See the separate instruct	ion do not ha	ve to comple		ie fiv	re
	(Some organizations that ma columns below.	de a section 501(h) elect	ion do not ha	ve to comple 2a through 2		ie fiv	re
	(Some organizations that ma columns below.	de a section 501(h) elect See the separate instruct	ion do not ha	ve to comple 2a through 2			(e) Total
	(Some organizations that macolumns below. Selections Lobbying Calendar year (or fiscal year	de a section 501(h) elect See the separate instruct Expenditures During 4-Y	ion do not ha ions for lines 'ear Averagin	ve to comple 2a through 2 g Period	2f.)	2	
2a b	(Some organizations that macolumns below. Selow. Se	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not ha ions for lines (ear Averagin (b) 2020	ve to comple 2a through 2 g Period (c) 2021	(d) 2022	2	(e) Total
	(Some organizations that maccolumns below. State of the columns below the colu	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not ha ions for lines (ear Averagin (b) 2020	ve to comple 2a through 2 g Period (c) 2021	(d) 2022	2	(e) Total
b	(Some organizations that maccolumns below. State of the columns below the columns below. State of the columns below the columns below the columns below the columns below the columns below the columns below the columns below th	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not haions for lines 'ear Averagin (b) 2020 1,000,000	ye to comple 2a through 2 g Period (c) 2021	(d) 2022 1,000	,,000	(e) Total 4,000,000
b c	(Some organizations that maccolumns below. Selection of the columns below. Selection of the columns below. Selection of the columns below. Selection of the column of the	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not hations for lines 'ear Averagin (b) 2020 1,000,000 247,640	ve to comple 2a through 2 g Period (c) 2021 1,000,000	(d) 2022 1,000	2,000	(e) Total 4,000,000 6,000,000 1,051,379
b c d	(Some organizations that maccolumns below. Selow. S	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not hations for lines 'ear Averagin (b) 2020 1,000,000 247,640	ve to comple 2a through 2 g Period (c) 2021 1,000,000	(d) 2022 1,000 262 250	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000
b c d	(Some organizations that maccolumns below. Selow. S	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019 1,000,000 272,459 250,000	ion do not hations for lines 'ear Averagin (b) 2020 1,000,000 247,640	ve to comple 2a through 2 g Period (c) 2021 1,000,000	(d) 2022 1,000 262 250	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000
b c d	(Some organizations that maccolumns below. Selow. S	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019	ion do not hations for lines 'ear Averagin (b) 2020 1,000,000 247,640	ve to comple 2a through 2 g Period (c) 2021 1,000,000	(d) 2022 1,000 262 250	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000
b c d e	(Some organizations that maccolumns below. Selow. S	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019 1,000,000 272,459 250,000	ion do not hations for lines 'ear Averagin (b) 2020 1,000,000 247,640	ve to comple 2a through 2 g Period (c) 2021 1,000,000	(d) 2022 1,000 262 250	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000 0rm 990) 2022
b c d e	(Some organizations that mac columns below. Selow.	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019 1,000,000 272,459 250,000	ion do not haions for lines 'ear Averagin (b) 2020 1,000,000 247,640 250,000	ve to comple 2a through 2 g Period (c) 2021 1,000,000 269,152 250,000	(d) 2022 1,000 262 250 Schedule	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000
b c d e f	(Some organizations that maccolumns below. Selow. S	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019 1,000,000 272,459 250,000 Page 3	ion do not haions for lines 'ear Averagin (b) 2020 1,000,000 247,640 250,000	ve to comple 2a through 2 g Period (c) 2021 1,000,000 269,152 250,000	(d) 2022 1,000 262 250 Schedule	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000 0rm 990) 2022
c d e f	(Some organizations that mac columns below. Selow.	de a section 501(h) elect See the separate instruct Expenditures During 4-Y (a) 2019 1,000,000 272,459 250,000 Page 3 n is exempt under section section 501(h)).	ion do not haions for lines 'ear Averagin (b) 2020 1,000,000 247,640 250,000	ve to comple 2a through 2 g Period (c) 2021 1,000,000 269,152 250,000	(d) 2022 1,000 262 250 Schedule	2,000	(e) Total 4,000,000 6,000,000 1,051,379 1,000,000 1,500,000 0rm 990) 2022

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? c Mailings to members, legislators, or the public? Publications, or nublished or broadcast statements?

/14/2	5, 8:46 AM Florida Atlantic University Foundation Inc - Full Filing - Nonprofit E	xplorer - I	ProF	Publica		
f	Grants to other organizations for lobbying purposes?	-	\dashv			
q	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5)), O	r sectio		- l N-
1	Were substantially all (90% or more) dues received nondeductible by members?				Ye	s No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			H		
3	Did the organization make only in mouse lobbying expenditures of \$2,000 or less:					-
	t III-B Complete if the organization is exempt under section 501(c)(4), section 50					(6)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." Dues, assessments and similar amounts from members	Pàrt ÌIÍ	-A,			
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	• -	1			
2	expenses for which the section 527(f) tax was paid).					
a b	Current year		a b			
c	Total	2	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
_	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See Instructions	,	5			
	art IV Supplemental Information					
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group tructions), and Part II-B, line 1. Also, complete this part for any additional information.	list); Part	II-A	A, lines 1	and 2	(see
	Return Reference Explanation					
		Sch	edu	ule C (Fo	rm 99	0) 202:
Ad	lditional Data			Return	to Fo	rm

Software ID: Software Version: efile Public Visual Render

ObjectId: 202421349349302127 - Submission: 2024-05-13

TIN: 59-0917284

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

Open to Public

Interna	al Revenue Service	<u>m990</u> for instructi	ons and the latest info	rmation.	In	spection
	me of the organization RIDA ATLANTIC UNIVERSITY FOUNDATION			Employer id 59-0917284	entification	number
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Yo					
	Complete if the organization unswered is		r advised funds	(b) Fund	ds 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 advis organization's property, subject to the organization's e				_	Yes 🗌 No
6	Did the organization inform all grantees, donors, and control charitable purposes and not for the benefit of the donor private benefit?	or or donor advisor, o	or for any other purpose			Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the organization answered "You	es" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the orga	anization (check all	that apply).			
	Preservation of land for public use (e.g., recreation	on or education)	Preservation of a	n historically imp	ortant land	area
	Protection of natural habitat		Preservation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservat	ion contribution in the fo		ation at the End	of the Year
а	Total number of conservation easements			2a		1
b	Total acreage restricted by conservation easements			2b		5.00
С	Number of conservation easements on a certified histor	ric structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acquinistoric structure listed in the National Register	uired after July 25, 2	2006, and not on a	2d		
3	Number of conservation easements modified, transferr tax year •	red, released, exting	uished, or terminated by	the organization	n during the	
4	Number of states where property subject to conservati	ion easement is loca	ted 🕨	1		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold			of violations,	☐ Yes	☑ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of v	iolations, and enforcing o	conservation eas	ements durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violation	ons, and enforcing conse	rvation easemen	its during the	e year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?			170(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the	e footnote to the or			and	.
Par	the organization's accounting for conservation easeme t III Organizations Maintaining Collections Complete if the organization answered "Yo	s of Art, Historic		her Similar A	ssets.	
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pul Part XIII, the text of the footnote to its financial staten	SC 958, not to repo blic exhibition, educ	rt in its revenue stateme ation, or research in furtl	nt and balance s herance of public	sheet works service, pro	of art, ovide, in
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pul	SC 958, to report in	its revenue statement a			
,	following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			k 4		
	, , ,			· —		
	ii)Assets included in Form 990, Part X					
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	ASC 958 relating to	these items:		ide the	
а	Revenue included on Form 990, Part VIII, line 1			· -		
b	Assets included in Form 990, Part X			🕨 \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

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art]	ule D ((/ -							Page
	III	Organizations Maintaining Co	llections of Art, H	listorical Treas	ures, o	r Other S	Similar Asse	ts (conti	nued)
		the organization's acquisition, accession (check all that apply):	on, and other records,	check any of the f	ollowing	that are a s	significant use	of its colle	ection
9		Public exhibition		d _ Loa	n or exch	ange progr	ams		
)				e noth	or				
		Scholarly research			CI				•
:	\checkmark	Preservation for future generations							
	Provid Part X	le a description of the organization's co IIII.	ollections and explain h	now they further th	ne organi:	zation's exe	empt purpose i	n	
		g the year, did the organization solicit of the sold to raise funds rather than t						Yes	✓ No
art	IV	Escrow and Custodial Arrange Complete if the organization and line 21.		m 990, Part IV, I	ine 9, or	reported	an amount	on Form	990, Part X
		organization an agent, trustee, custoc ed on Form 990, Part X?						Yes	□ No
)]	If "Vo	s," explain the arrangement in Part XII	T and complete the fol	lowing table:			Amo		
		ning balance	·	-		1c			32,148
		ons during the year				1d			
		outions during the year				1e			25,581
		g balance				1f			6,567
		e organization include an amount on F				eccount liab	sility2) V	✓ No
		•		•			· _		₩ NO
art		s," explain the arrangement in Part XII Endowment Funds.	1. Check here if the ex	pianation has bee	provide	u III Pait A.		,	
		Complete if the organization ans	wered "Yes" on Fori	m 990, Part IV, I	ine 10.				
		•	(a) Current year	(b) Prior year		ears back	(d) Three years b	oack (e) F	our years back
Ве	eginni	ng of year balance	258,127,394	294,935,557	2:	22,164,147	227,519	,618	228,162,00
Cd	ontrib	utions	6,990,216	5,440,015		7,072,475	3,573	,786	4,259,10
Ne	et inve	estment earnings, gains, and losses	19,224,021	-24,640,344		74,631,244	1,365	,733	8,746,40
Gr	rants	or scholarships	2,844,061	2,688,683		2,066,791	2,350	,103	2,187,250
Of									
		expenditures for facilities ograms	6,412,835	9,708,686		3,503,616	4,753	,149	8,393,718
ar	nd pro	•	6,412,835 7,645,001	9,708,686 5,210,465		3,503,616 3,361,902	4,753 3,191		3,066,92
ar Ad	nd pro dminis	ograms			29			,738	
ar Ad Er F	nd production of your provides the provides	ograms	7,645,001 267,439,734	5,210,465 258,127,394		3,361,902 94,935,557	3,191	,738	3,066,92
ar Ad Er F	nd production of your provides the provides	ograms	7,645,001 267,439,734 rent year end balance 1.000 %	5,210,465 258,127,394		3,361,902 94,935,557	3,191	,738	3,066,92
ar Ac Er F	nd production of your provided Board Perma	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 %	5,210,465 258,127,394		3,361,902 94,935,557	3,191	,738	3,066,92
ar Ac Er F E	nd production of year	grams	7,645,001 267,439,734 rent year end balance 1.000 % 	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	,738	3,066,92
arr Ad Er F F F	nd production of your	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % 	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	,738	3,066,92
arr Acc Err F E	nd production of your of your of your of your of your of your of your of your one of your one of your one of your one of your one of your one of your one of your one of your one of your one of your one of your one of your	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % 	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	,738	3,066,92t
arr Ac Er F E	nd production of your	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 %	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	,738	3,066,928 227,519,618 Yes No
arr Ac Er F F C C ()	nd production of years of year	grams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organizations listed as required of	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	,738 ,147 3a(i)	3,066,928 227,519,618 Yes No Yes
arr Acc Fr FF FF CC ()	nd production of years of year	grams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organizations listed as required of	5,210,465 258,127,394 (line 1g, column (a)) held a	3,361,902 94,935,557 ss:	3,191 222,164	3a(i) 3a(ii)	3,066,928 227,519,618 Yes No Yes
arr Acc Er F F C C (nd production of years of year	pgrams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization ons listed as required of e organization's endowent.	5,210,465 258,127,394 (line 1g, column (ion that are held a	a)) held a	3,361,902 94,935,557 is:	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No
ar Ac Er E E E ((((I	nd production of your control	grams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the or	5,210,465 258,127,394 (line 1g, column (ion that are held a on Schedule R? wment funds.	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No
ar Ac Er E E E ((((I	nd production of your control	pgrams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a	nd admin	3,361,902 94,935,557 is:	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No
arr Ac Er E E E (((((I	nd produministic individual provided provided perma and provided perma and produced perma and provided perma an	pgrams	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a on Schedule R? . wment funds. m 990, Part IV, I or other basis (other)	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No Ok value
ar Ac Er F F F F C C C C C C C C C C C C C C C	nd produminist of the provided and the provided and the provided and the produced and the produced and the produced and the provided and the p	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No Ok value 4,439,63
arranart Acceptage Figure 11 Acceptage () () () () () () () () () (nd production of the provided and the provided and the provided and the production of the production of the production of the production of the production of the production of the production of the provided and	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a on Schedule R? . wment funds. m 990, Part IV, I or other basis (other)	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No Ok value
arr According to A	nd production of the provided	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No Ok value 4,439,63
arr According to the Ac	nd production of year	strative expenses	7,645,001 267,439,734 rent year end balance 1.000 % uld equal 100%. ession of the organization of the org	5,210,465 258,127,394 (line 1g, column (ion that are held a	nd admin	3,361,902 94,935,557 ss: istered for	3,191 222,164 the	3a(i) 3a(ii) 3b	3,066,928 227,519,618 Yes No Yes No Ok value 4,439,63

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Complete if the organization answered "Yes" on	Form 990 Part IV	line 11h See For	m 990 Part X line 12
(a) Description of security or category	(b) Book value		(c) Method of valuation:
(including name of security)		Cost	or end-of-year market value
(1) Financial derivatives			
(3) Other	62 102 2	00	-
(A) ALTERNATIVE INVESTMENTS (B)	63,103,2	09	F
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Tabal (Column (b) much agual Farm 000, Part V, cal. (B) line 12.)	62.102.2	20	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	63,103,2	09	
Complete if the organization answered 'Yes' on	n Form 990, Part IV,		
(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 (a) Description		line 11d. See For	m 990, Part X, line 15. (b) Book value
(1)LEASE RECEIVABLE	<u>'</u>		38,523,94
(2)DUE FROM FAU			3,866,00
(3) DUE FROM PRIMARY GOVERNMENT (3)			421,33
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. • 42,811,28
Part X Other Liabilities.	Form 990 Part IV	line 11e er 11f C	oo Form 900 Part V line 25
Complete if the organization answered 'Yes' on 1. (a) Description of		mie 11e of 11f.56	(b) Book value
(1) Federal income taxes			
CERTIFICATES OF PARTICIPATION			3,866,00
ANNUITIES PAYABLE DEFERRED INFLOWS			250,15 37,679,52

ESCHEATMENTS	57,590
DUE TO PRIMARY GOVERNMENT	2,810,522
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	44,663,782

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

Schedule D (Form 990) 2022

4с

5

– Page 4 *–*

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . . . 57,239,890 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a 5.066.292 а Donated services and use of facilities 2b 109,828 b 2c Recoveries of prior year grants . . . c 5,176,120 Add lines 2a through 2d . . 2e 3 Subtract line 2e from line 1 . 3 52,063,770 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 643,395 4a 4b -1,217,807 Add lines 4a and 4b . . . c 4c -574,412 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . 51,489,358 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 33,747,090 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: а 2a 109,828 Other losses . . 2c Other (Describe in Part XIII.) 2d 1,217,807 1,327,635 2e 3 3 32,419,455 Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 643,395 4a Other (Describe in Part XIII.) 4b b

Part XIII Supplemental Information

c

5

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
PART IV, LINE 1B:	THE UNIVERSITY ACQUIRED THE HARBOR BRANCH OCEANOGRAPHIC INSTITUTE (HBOI), A RESEARCH INSTITUTE, ON JANUARY 1, 2008. DURING THE INITIAL TRANSFER, THE FOUNDATION ACQUIRED FUNDS TO BE MANAGED ON BEHALF OF A SEPARATE DIRECT SUPPORT ORGANIZATION, HBOI FOUNDATION, FOR THE BENEFIT OF THE RESEARCH INSTITUTE.
PART V, LINE 4:	THE FOUNDATION HAS FULLY ENDOWED FUNDS ESTABLISHED FOR THE SUPPORT OF THE STUDENTS, PROGRAMS AND FACULTY OF THE VARIOUS COLLEGES AT FLORIDA ATLANTIC UNIVERSITY. ENDOWMENTS INCLUDE BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE FOUNDATION OR COLLEGE TO FUNCTION AS ENDOWMENTS.
PART X, LINE 2:	THE FOUNDATION QUALIFIES AS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), WITH THE EXCEPTION OF ANY UNRELATED BUSINESS INCOME. MANAGEMENT HAS EVALUATED THE UNRELATED BUSINESS INCOME TAX IMPLICATIONS AND BELIEVES THAT THE EFFECTS, IF ANY, ARE IMMATERIAL TO THE FOUNDATION'S FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE TO THESE FINANCIAL STATEMENTS.

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

643,395 33,062,850 PART XII, LINE 4D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII 1,217,807.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

No

efile Public Visual	Render	ObjectId: 202421349349302127 - Submission: 2024-0)5-13	TIN: 59-09172	
SCHEDULE F (Form 990)	St	atement of Activities Outside the United S	States	OMB No. 1545-004	
(* 5555)	►c	omplete if the organization answered "Yes" to Form 990, Part IV, line 14b,	15, or 16.	2022 Open to Public Inspection	
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for instructions and the latest information	on.		
Name of the organization		LINDATION	Employer ide	ntification number	
INC	ZEKSITTO	UNDATION	59-0917284		
	Informat , Part IV, I	ion on Activities Outside the United States. Complete if the ine 14b.	e organization	answered "Yes" on	
other assistance,	the grante	e organization maintain records to substantiate the amount of its g ees' eligibility for the grants or assistance, and the selection criteria stance?	used	☐ Yes ☐	

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0		PROGRAM	CONFERENCES AND RESEARCH	112,79
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM	CONFERENCES AND RESEARCH	133,72
EAST ASIA AND THE PACIFIC	0	0	PROGRAM	CONFERENCES AND RESEARCH	60,42
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM	CONFERENCES AND RESEARCH	15,579
NORTH AMERICA	0	0	PROGRAM	CONFERENCES AND RESEARCH	11,39
SOUTH AMERICA	0	_	PROGRAM	CONFERENCES AND RESEARCH	7,69
SOUTH ASIA	0		PROGRAM	CONFERENCES AND RESEARCH	4,69
SUB-SAHARAN AFRICA	0		PROGRAM	CONFERENCES AND RESEARCH	1,93
EUROPE (INCLUDING ICELAND & GREENLAND)	0	_	INVESTMENTS		4,083,76
CENTRAL AMERICA AND THE CARIBBEAN	0		INVESTMENTS		9,414,38
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		2,769,05
a					
Sub-total	0	0			348,244 16,267,199
c Totals (add lines 3a and 3b)	0	0			16,615,443

Page 2

Schedule F (Form 990) 2022 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

4/25, 8:46 AM I	ı	Florida I	Atlantic Universit	y Foundation Inc - Fi I	ull Filing - Noi I	nprofit Ex	xplorer - ProPublica	
inter total number of rec exempt by the IRS, or fo inter total number of oth	r which the grantee	or counsel has	provided a section 5	i01(c)(3) equivalency le	etter		<u> </u>	dule F (Form 990) 20
				Page 2			Sellec	zaic i (10iiii 330) 2
dule F (Form 990) 2022				— Page 3 ————				Pac
rt III Grants and O				ed States. Complete	if the organiza	ation answ	vered "Yes" on Form 9	
Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amoun noncash assistand	n	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
								арргазалу оснегу
							Sched	ule F (Form 990) 20
				— Page 4 ————				
dule F (Form 990) 2022						Page 4		
t IV Foreign Forms								
	ired to file Form 926, I	Return by a U.S. T	ransferor of Property to	x year? If "Yes," the o a Foreign Corporation (se 		□No		
Gifts, and/or Form 3520-A	20, Annual Return to F A, Annual Information	Report Transaction Return of Foreign	s with Foreign Trusts a Trust With a U.S. Owne	organization may be requi and Receipt of Certain Fore er (see Instructions for For	ign ·ms	☑ No		
	rm 5471, Information	Return of U.S. Per	sons with Respect to C	ear? If "Yes," the organiza Certain Foreign Corporation 	s.	□No		
fund during the tax year?	If "Yes," the organizat	ion may be requir	ed to file Form 8621, I	npany or a qualified electin nformation Return by a nstructions for Form 8621)	_	□No		
Did the organization have may be required to file Fo Instructions for Form 886	rm 8865, Return of U.	S. Persons with Re	espect to Certain Foreig		_	□No		
Did the organization have organization may be requisited 5713; don't file with Form	ired to separately file I	orm 5713, Intern	ational Boycott Report	the tax year? If "Yes," the (see Instructions for Form		☑ No		
				Sche	dule F (Form 99	90) 2022	_	
				— Page 5 ————				
edule F (Form 990) 2022						Page 5		

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

Schedule F (Form 990) 2022

Additional Data

Software ID: Software Version: efile Public Visual Render

ObjectId: 202421349349302127 - Submission: 2024-05-13

TIN: 59-0917284 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

organization answered Tes 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 for instructions and the latest information.								Open to Public Inspection
Name of the organization FLORIDA ATLANTIC UNIVI	ERSITY FOU	UNDATION						entification number
NC							59-0917284	
	_	t ies. Complete if re not required to	_		n answered "Yes" on Fo	orm 990,	, Part IV, line 1	.7.
		•			part. ollowing activities. Check	all that a	nnly	
a Mail solicitations	-	tion raised runds th	rough an	•	Solicitation of nor			
b Internet and em		ions			f Solicitation of gov	_		
0 51		.10115					grants	
d In-person solicitatio				,	Special fundraisin	g events		
					vidual (including officers, on with professional fund		rvices?	es 🗆 No
b If "Yes," list the 10 to be compensated				draisers)	pursuant to agreements	under wh		
(i) Name and address of or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or refundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Fotal				>				
3 List all states in which licensing.	the organ	ization is registered	d or licens	sed to sol	icit contributions or has l	peen notifi	ied it is exempt t	from registration or
=======================================				=======			==========	
or Paperwork Reduction A	Act Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat. No.	50083H	So	chedule G (Form 990) 2022
				<u> </u>	age 2 ————			
Schedule G (Form 990) 20	n22							Page 2
<u> </u>		s. Complete if th	ie organ	ization a	answered "Yes" on For	m 990, F	Part IV, line 18	

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

https://projects.propublica.org/nonprofits/organizations/590917284/202421349349302127/full

gross receipts greater than \$5,000.

1/14/2	25, 8:46 AM F	Florida Atlantic University Fo	oundation Inc - Full Filing -	Nonprofit Explorer - ProPu	ıblica
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		PRESIDENT'S GALA	GOLF TOURNAMENT	12	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
е					
Revenue					
eve					
~					
	1 Gross receipts	435,950	232,791	812,373	1,481,114
	2 Less: Contributions	5,000		258,066	263,066
	Gross income (line 1 minus line 2)	430,950	232,791	554,307	1,218,048
		100/200		20.1/20.	
	4 Cash prizes				
98	5 Noncash prizes				
Expenses	6 Rent/facility costs	18,801		1,735	20,536
쭚	7 Food and beverages	295,838	87,929	77,692	461,459
ぜ	8 Entertainment	6,590		8,060	14,650
Direct	9 Other direct expenses	456,167	68,130	196,865	721,162
-	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			1,217,807
	11 Net income summary. Subtract line 10				241
Pai	rt III Gaming. Complete if the orga		s" on Form 990 Part I'	V line 19 or reported	
1 (1)	on Form 990-EZ, line 6a.	amzation answered Te	3 011 101111 330, 1 410 1	v, mie 19, or reported	more than \$15,000
Je		(a) Dingo	(b) Pull tabs/Instant	(a) Other semina	(d) Total gaming (add col.
enr		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Revenue					
_	1 Gross revenue				
Expenses	2 Cash prizes				
be	a Nanasah nyina				
页	3 Noncash prizes				
Direct	4 Rent/facility costs				
ä	5 Other direct expenses				
	<u> </u>	☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	Volunteer labor 1 1 1 1	U NO			
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	Not gaming income summary Subtract	t line 7 from line 1 colum	n (d)		
	8 Net gaming income summary. Subtrac	time / nom line 1, column			
9	Enter the state(s) in which the organizati				
a	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lie	censes revoked, suspended	d or terminated during the	e tax year?	☐ Yes ☐ No
b	If "Yes," explain:				
					1
				Sc	hedule G (Form 990) 2022

Sche	dule G (Form 990) 2022					F	Page 3
11	Does the organization conduct	gaming activities with nonmember	rs?		Yes	□No	
12	Is the organization a grantor, b formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:		1 1	∪ res		
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the orga	nization's gaming/special events books and r	ecords:			
	Name						
15a	Does the organization have a c revenue?	ontract with a third party from who					
b		aming revenue received by the orgained by the third party $ hildsymbol{ hilde}$ \$	ganization 🕨 \$ and the	he			
С	If "Yes," enter name and addre	ss of the third party:					
	Name						
	Address						
16	Name •	n ▶ \$					
	Description of services provided	i ▶					
	☐ Director/officer	Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		istributions from the gaming proceeds to				
b	<u> </u>		uted to other exempt organizations or spent		☐ Yes	U No	
		pt activities during the tax year					
Pai			tions required by Part I, line 2b, column licable. Also provide any additional info				S.
	Return Reference		Explanation				
		<u> </u>	Scheo	lule G (Foi	m 990) 20	022	
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1/14/25. 8:46 AM Florida Atlantic University Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202421349349302127 - Submission: 2024-05-13 TIN: 59-0917284 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number FLORIDA ATLANTIC UNIVERSITY FOUNDATION 59-0917284 INC **General Information on Grants and Assistance** Yes ☐ No 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 (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(g) Description of grant (book, FMV, appraisal, other) organization (if applicable) noncash assistance or government (1) FLORIDA ATLANTIC UNIVERSITY PO BOX 3091 STUDENT 65-0385507 10,705,176 501(C)(3) SCHOLARSHIPS BOCA RATON, FL 33431 (2) FLORIDA ATLANTIC ACADEMIC, RESEARCH 65-0385507 501(C)(3) 14,189,642 AND INSTITUTIONAL UNIVERSITY PO BOX 3091 SUPPORT BOCA RATON, FL 33431 (3) FLORIDA PREPAID COLLEGE FOUNDATION 59-3012202 501(C)(3) 0 237,461 STUDENT SCHOLARSHIPS PO BOX 31242 TAMPA, FL 33641 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table • 0 Cat No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022 - Page 2 -Schedule I (Form 990) 2022 Page 2 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. Part III (b) Number of (c) Amount of cash grant (f) Description of noncash assistance (a) Type of grant or assistance (d) Amount of (e) Method of valuation (book FMV, appraisal, other) (1) (2) (3) (4) (5) (6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference PART I, LINE 2:

THE FOUNDATION SENDS FUNDS TO THE UNIVERSITY FOR STUDENT SCHOLARSHIPS. THE UNIVERSITY DETERMINES THE SCHOLARSHIP RECIPIENTS ACCORDING TO DONOR SCHOLARSHIP CRITERIA. ALL QUALIFYING CRITERIA ARE LISTED ON THE AWARD SHEET AND SENT TO THE FOUNDATION. THE FUNDS ARE SENT TO THE UNIVERSITY AFTER THE OFFICE OF STUDENT FINANCIAL AID VERIFIES THE STUDENT'S STATUS. THE FOUNDATION HAS ACCESS TO STUDENT SCHOLARSHIP REPORTS AND WILL REQUEST REFUNDS FOR ANY SCHOLARSHIP NOT AWARDED DUE TO A CHANGE IN THE STUDENT'S STATUS.

Schedule I (Form 990) 2022

Additional Data Return to Form

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TIN: 59-0917284

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Ves" on Form 990, Part IV, line 23.
Attach to Form 990.

2022

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

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Name of the organization	Employer id
FLORIDA ATLANTIC UNIVERSITY FOUNDATION	
INC	59-0917284

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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 on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		No
b	Any related organization?	5b		No
6	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:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section	8		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

- Page 2

Schedule J (Form 990) 2022 Page **2**

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

For each individual whose compensation must be reported 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.

(A) Name and Title	(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JOHN KELLY FAU PRESIDENT, UNTIL 12/31/22	(i)	0	0	0	0	0	0	0
	(ii)	517,261	501,500	62,233	28,526	21,736	1,131,256	0
2 CHRISTOPHER DELISIO CEO, UNTIL 6/26/23	(i)	0	0	0	0	0	0	0
	(ii)	363,586	75,000	19,308	34,038	21,656	513,588	0
3 STACY VOLNICK INTERIM FAU PRESIDENT, AS OF 1/1/23	(i)	0	0	0	0	0	0	0
	(ii)	392,571	30,000	16,041	58,198	9,204	506,014	0
4 DAVID KIAN INTERIM CEO, AS OF 6/26/23	(i)	0	0	0	0	0	0	0
	(ii)	291,879	28,900	12,516	27,325	21,747	382,367	0
5 DAVID GREEN INTERIM VP OF INSTITUTIONAL ADVANCEM	(i)	0	0	0	0	0	0	0
	(ii)	215,157	5.000	7.468	19.856	19.856	267.337	

5 AMANDA NICKESON ASSISTANT VP OF DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	193,288		7,441	18,097	9,204	228,030	0
7 STACEY BELL CFO, UNTIL 7/15/22	(i)	0	0	0	0	0	0	0
	(ii)	197,960	0	565	14,024	11,583	224,132	0
8 KELLY KIRKPATRICK-MARMOL DIRECTOR OF ADVANCEMENT	(i)	0	0	0	0	0	0	0
	(ii)	176,744	0	6,387	16,546	19,856	219,533	0
9 LAURIE CARNEY SENIOR DIRECTOR OF DEVELOPMENT1	(i)	0	0	0	0	0	0	0
	(ii)	181,793	0	6,541	20,750	9,204	218,288	0
10 MICHAEL O MILLER DIRECTOR OF ADVANCEMENT	(i)	0	0	0	0	0	0	0
	(ii)	171,694	0	6,673	16,074	19,856	214,297	0
L1 KRISTINA GREGG XECUTIVE DIRECTOR OF ADVANCEMENT	(i)	0	0	0	0	0	0	0
	(ii)	172,391	0	6,532	16,140	18,968	214,031	0

– Page 3 –

Schedule J (Form 990) 2022

Page **3**

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

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES AND DOES NOT PROVIDE ANY OFFICER, DIRECTOR, OR OTHER REPRESENTATIVE WITH ANY COMPENSATION. MEMBERS ARE COMPENSATED THROUGH FLORIDA ATLANTIC UNIVERSITY, A RELATED ORGANIZATION, WHERE THERE IS REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES. A UNIVERSITY REPRESENTATIVE DETERMINES THE FAIR COMPENSATION BY POLLING PEER INSTITUTIONS IN THE STATE ON THE MARKET RATE FOR THIS POSITION. THIS MEASURE OBTAINS THE SAME RESULT AS COMPARING THESE INSTITUTION'S FORM 990. ADDITIONALLY, WRITTEN EMPLOYMENT CONTRACTS, ARE ALSO USED IN ESTABLISHING THE CEO'S COMPENSATION.

Schedule J (Form 990) 2022

Additional Data Return to Form

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ObjectId: 202421349349302127 - Submission: 2024-05-13

TIN: 59-0917284

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2022

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization FLORIDA ATLANTIC UNIVERSITY FOUNDATION 59-0917284 Part I Types of Property (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications 1,098 FMV Clothing and household aoods 6 Cars and other vehicles . . Boats and planes Intellectual property . . . Securities—Publicly traded . 1,026,046 FMV 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation 14 contribution—Other . 15 Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 Collectibles 18 19 Food inventory . . . Χ 330 FMV 20 Drugs and medical supplies . Taxidermy 21 Historical artifacts . . . 22 Scientific specimens . . 23 24 Archeological artifacts . . Χ 5,821 FMV LAB Other ► (EQUIPMENT) 25 **GIFT** Χ 2,241 FMV 26 Other ▶ (BASKETS) Χ 27 Other ▶ (GIFT CARDS) 515 FMV 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes Nο 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 isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't 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) (2022) 1/14/25, 8:46 AM

Schedule M (Form 990) (2022)

raye **∠**

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

PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

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ObjectId: 202421349349302127 - Submission: 2024-05-13

TIN: 59-0917284

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Comp

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FLORIDA ATLANTIC UNIVERSITY FOUNDATION

Employer identification number

59-0917284

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL BOARD MEMBER ELECTIONS MUST BE APPROVED BY FLORIDA ATLANTIC UNIVERSITY BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B	THE FOUNDATION BOARD HAS DELEGATED THE AUTHORITY TO REVIEW AND APPROVE FORM 990 (AND ALL REQUIRED SCHEDULES) TO THE AUDIT COMMITTEE. AFTER REVIEW BY THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER, THE DRAFT FORM OF THE 990 (AND SCHEDULES) WILL BE INCLUDED IN THE AUDIT COMMITTEE MEETING PACKET. ONCE APPROVED BY THE AUDIT COMMITTEE, THE FOUNDATION WILL SEND THE APPROVED FORM 990 TO ALL BOARD MEMBERS PRIOR TO FILING. THEN THE CEO WILL AUTHORIZE THE TAX PREPARER TO FILE THE FORM 990 AND ALL RELATED SCHEDULES.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND KEY PERSONNEL. THE BOARD AND KEY STAFF REVIEW THE POLICY AND REPORT CONFLICTS ANNUALLY. THE AUDIT COMMITTEE IS AWARE OF ALL REPORTED CONFLICTS. CONFLICTS ARE DETERMINED BY THE BOARD AND STAFF MEMBERS, AND CONFLICTS ARE DISCLOSED AT EACH COMMITTEE WHERE THE PROPOSED ACTION AND THE CONFLICT EXISTS. IF A BOARD MEMBER IS FOUND TO HAVE A CONFLICT THEY ARE ASKED TO DISCLOSE THE CONFLICT, RECUSE THEMSELVES FROM VOTE AND WHEN NECESSARY, LEAVE THE ROOM DURING THE VOTE.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER FOR THE FOUNDATION ALSO HOLDS THE TITLE OF VP FOR INSTITUIONAL ADVANCEMENT FOR THE UNIVERSITY. ALTHOUGH THE FOUNDATION MEMBERS SIT ON THE COMMITTEE TO HIRE THIS PERSON, HE/SHE IS PAID BY THE UNIVERSITY. THEREFORE, A UNIVERSITY REPRESENTATIVE WHO DETERMINES THE FAIR COMPENSATION BY POLLING PEER INSTITUTIONS IN THE STATE ON THE MARKET RATE FOR THIS POSITION. THIS MEASURE OBTAINS THE SAME RESULT AS COMPARING THESE INSTITUTION'S FORM 990. THE FOUNDATION DOES NOT HAVE ANY OF ITS OWN EMPLOYEES, BUT RATHER SERVICES REQUIRED ARE PROVIDED BY THE UNIVERSITY. COMPENSATION DATA IS PERIODICALLY PROVIDED BY THE UNIVERSITY TO THE FOUNDATION RELATED TO THE PRESIDENT OF THE UNIVERSITY AND THE CEO OF THE FOUNDATION, BUT THE FOUNDATION'S RESPONSIBILITIES DO NOT EXTEND TO THE OVERSIGHT OF THE COMPENSATION OF THE EMPLOYEES OF THE UNIVERSITY.
FORM 990, PART VI, SECTION C,	THE FAU FOUNDATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

LINE 19

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OMB No. 1545-0047

2022 Open to Public

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

Inspection

Name of the organiz FLORIDA ATLANTIC UNI	ation								Er	nployer id	dentificati	on numbe	er		
INC	VERSITI FOUNDATION								59	-0917284					
Part I Iden	tification of Disregarded Entities.	. Complete if	the organi	ization answe	red "Yes" o	n Form 9	90, Part	IV, line	33.						
(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary acti							(e) year assets					
			is. Comple	te if the orga	nization an	swered "	Yes" on I	orm 99	0, Par	t IV, line	34 becaus	e it had	one or n	nore	
Name, a	(a) address, and EIN of related organization				Legal domic	ile (state			n Pub (if s	(e) blic charity s ection 501(d	tatus c)(3))			Section (13) co ent	512(b) ntrolled
(1)FLORIDA ATLANTIC 777 GLADES ROAD BOCA RATON, FL 3343			PUBLIC UNIVE	ERSITY	Fl		501(C)(3)		LINE	2					No
65-0385507	UNIVERSITY ALUMNI ASSOCIATION		ALUMNI ASSO	OCIATION	FI	=	501(C)(3)		LINE	10					No
	DCEANOGRAPHIC INSTITUTE FOUNDATION				FI	-	501(C)(3)		LINE	7					No
5600 NORTH US HIGH FORT PIERCE, FL 3494 59-1644333	16														
(4)FLORIDA ATLANTIC 777 GLADES ROAD BOCA RATON, FL 3343	UNIVERSITY RESEARCH CORPORATION			ERSITY	FI	-	501(C)(3)		LINE	2					No
65-0267991															
		nof Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c													
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гог Рарегwогк ке	auction Act Notice, see the Instruction				Cat. N	0. 501351					Sc	neaule K	(Form S	190) 20	122
Schedule R (Form 99														Pag	
	more related organizations treated a	as a partners	hip during	the tax year.										it had	
	Name, address, and EIN of related organization	Primary	Legal domicile (state or foreign	Direct controlling entity	Predominar income(relate unrelated, excluded from under sectio	t Share ed, tot inco	e of Sha al end me ye	re of -of- ar	Disprop	rtionate	Code V-UB amount in box 20 of Schedule K-	I Gene man part	ral or aging	Perce owne	ntage
					512-514)			-	Yes	No		Yes	No		
Part IV Identi	fication of Related Organizations	Taxable as	a Corpor	ation or Tru	st. Comple	e if the	organiza	tion and	wered	"Yes" on	Form 900). Part IV	it had one or m if that one or m if that one or m if the controlling entity edule R (Form 99 general or managing partner? Yes No Part IV, line 34		
		ations treate	d as a corp	poration or tr	ust during t		ear.		1					<i>"</i>	

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end- of-year assets	Percentage ownership	Section 5: controlle	12(b)(13) d entity?
		country)		or trust)		assets		Yes	No
	1	1	1	1	1		Schedule R	(Form 990	1) 2022

Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022

ocnedule	K (10111 350) 2022					Pag	je 3
Part \	Transactions With Related Organizations. Complete if the organizations	ation answered "Yes"	on Form 990, Part IV	/, line 34, 35b, or 36.			
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	Yes	No
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with	one or more related org	anizations listed in Part	s II-IV?		ĺ	
a Re	ceipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		No
b Gi	t, grant, or capital contribution to related organization(s)				1b \	Yes	
c Gif	t, grant, or capital contribution from related organization(s)				1c		No
d Lo	ans or loan guarantees to or for related organization(s)				1d `	Yes	
e Lo	ans or loan guarantees by related organization(s) $\ldots \ldots \ldots$				1e '	Yes	
f Div	idends from related organization(s)				1f		No
	le of assets to related organization(s)				1g		No
h Pu	rchase of assets from related organization(s)				1h		No
	hange of assets with related organization(s)				1i		No
j Lea	ise of facilities, equipment, or other assets to related organization(s)				1j		No
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No
I Per	formance of services or membership or fundraising solicitations for related organizat	ion(s)			11 '	Yes	
m Per	formance of services or membership or fundraising solicitations by related organizat	ion(s)			1m		No
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s	s)			1n `	Yes	
o Sh	aring of paid employees with related organization(s)				10	Yes	
p Re	imbursement paid to related organization(s) for expenses				1p '	Yes	
q Re	imbursement paid by related organization(s) for expenses				1q		No
					Щ,	,	
	ner transfer of cash or property to related organization(s)					Yes	<u></u>
	her transfer of cash or property from related organization(s)				1s		No
2 If t	he answer to any of the above is "Yes," see the instructions for information on who r						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	ved		
(1)FLORIE	A ATLANTIC UNIVERSITY	В	20,282,425	CORP. BOOKS IN ACCORDANCE W/ GAAS			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)FLORIDA ATLANTIC UNIVERSITY	В	20,282,425	CORP. BOOKS IN ACCORDANCE W/ GAAS
(2)FAU ALUMNI ASSOCIATION	D	34,073	CORP. BOOKS IN ACCORDANCE W/ GAAS
(3)FLORIDA ATLANTIC UNIVERSITY	Е	2,810,522	CORP. BOOKS IN ACCORDANCE W/ GAAS
(4)FLORIDA ATLANTIC UNIVERSITY	P	2,228,588	CORP. BOOKS IN ACCORDANCE W/ GAAS
(5)FLORIDA ATLANTIC UNIVERSITY	0	2,600,000	CORP. BOOKS IN ACCORDANCE W/ GAAS
(6)FLORIDA ATLANTIC UNIVERSITY	R	1,237,458	CORP. BOOKS IN ACCORDANCE W/ GAAS
(7)FLORIDA ATLANTIC UNIVERSITY	D	474,552	CORP. BOOKS IN ACCORDANCE W/ GAAS

Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501	partners ction (c)(3) izations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or iging	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	

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Schedule R (Form 990) 2022		. age 5											D F
Part VII Supplemental Informa	ntion												Page 5
Provide additional information	on for responses to quest	ions on Sche	dule R. See in	structions.									
Return Reference					Ex	cplanation	1					- /-	
											Schedul	e K (Form	990) 2022
Additional Data											D	turn to	F

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