Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2011 cale	endar year, or tax year beginnin	g 07/01	, 2011 , a	nd ending	06/	30	, 20 12	
В	Check if	applicable:	C Name of organization EMBRY-R	RIDDLE AERONAUT	ICAL UNIVERSIT	TY INC	1	D Employ	er identification number	
	Address	change	Doing Business As						59-0936101	
П	Name ch	•	Number and street (or P.O. box if r	nail is not delivered to	street address)	Room/suite		E Telephor	ne number	
$\overline{\Box}$	Initial ret	•	600 South Clyde Morris Blvd					-	386-226-6000	
Н			City or town, state or country, and	7IP + 4					300-220-0000	
H	Terminat			211 1 4			L	2 0		
Н	Amende		Daytona Beach, FL 32114				_	G Gross receipts \$ 366,229,003		
Ш	Applicati	ion pending					H(a) Is this a g	•		
			600 South Clyde Morris Blvd, I	Daytona Beach, FL	<u>32114</u>		H(b) Are all			
<u> </u>	Tax-exer	mpt status:	501(c)(3) 501(c)	() ◀ (insert no.)	<u></u> 527	If "No	," attach a	list. (see instructions)	
J	Website	: ► ww	vw.erau.edu				H(c) Group	exemption	number ►	
<u>K</u>	Form of o	organization:	: Corporation Trust Assoc	iation ☐ Other ►	L Yea	ar of formation	n: 1960	M State	of legal domicile: FL	
Р	art I	Summ	nary							
	1	Briefly de	escribe the organization's mis	sion or most signi	ficant activities:	Embry-R	Riddle Aeron	nautical l	Jniversity is an	
_			dent, non-profit, coeducational							
Activities & Governance			es in Daytona Beach, and Preso							
nai			ued on Schedule O, Statement 2				, .9 0/		<u></u>	
Ver	2		his box $\triangleright \square$ if the organization		nerations or di	snosed of	more than	25% of	its net assets	
ဗိ	3		of voting members of the gov		•			3		
≪			9	• • •				-	16	
ijes	4		of independent voting member	•	• • •	•		4	16	
ΞΞ	5		mber of individuals employed	•	•	•		5	6,497	
Aci	6		mber of volunteers (estimate it	= :				6	0	
	7a		related business revenue from					7a	1,580,125	
	b	Net unre	elated business taxable income	e from Form 990-	Г, line 34			7b	166,166	
				Prior Yea	ar	Current Year				
Φ	8	Contribu	itions and grants (Part VIII, line	7,	893,824	8,587,333				
Ž	9	9 Program service revenue (Part VIII, line 2g)						569,102	350,362,935	
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and	7d)		1,	535,000	687,000	
Œ	11	Other rev	venue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 1	0c. and 11e) .		3.	432,074	3,593,732	
	12		enue—add lines 8 through 11 (430,000	363,231,000		
	13								43,781,087	
	14		paid to or for members (Part I	17,	246,862					
	15		other compensation, employee		•		1/2			
Expenses			•	•		· —	102,	819,501	173,567,053	
ë	16a		onal fundraising fees (Part IX,		•			38,475	31,624	
Ϋ́	_ b		ndraising expenses (Part IX, co			8,005				
_	17		xpenses (Part IX, column (A), li		•	. • • 📙		134,162	121,528,236	
	18		penses. Add lines 13–17 (mus		lumn (A), line 25	i)	313,	239,000	338,908,000	
	19	Revenue	e less expenses. Subtract line	18 from line 12 .				191,000	24,323,000	
Net Assets or Fund Balances						Beg	ginning of Curi	rent Year	End of Year	
sets	20	Total ass	sets (Part X, line 16)				490,	734,000	507,755,000	
t As	21	Total liab	oilities (Part X, line 26)				228,	010,000	220,708,000	
울	22	Net asse	ets or fund balances. Subtract	line 21 from line 2	0		262,	724,000	287,047,000	
P	art II	Signa	ture Block			•				
		Ities of periu	ury, I declare that I have examined this	return, including acco	mpanving schedules	and stateme	ents, and to the	e best of n	nv knowledge and belief, it is	
tru	e, correct	t, and comp	olete. Declaration of preparer (other that	in officer) is based on a	Il information of which	ch preparer ha	as any knowle	dge.		
Sig	n	Sign	nature of officer				Date			
He		11		TIVE VD. CEO						
ERIC B WEEKES, SENIOR EXECUTIVE VP, CFO Type or print name and title										
		1, ,,	'	Propararia sissati		Dat-			DTIN	
Pa	id	Print/Type preparer's name Preparer's signature Dat						Check [if PTIN	
Pr	epare	parer						self-emp	ployed	
	e Onl		name ►				Firm'	s EIN ▶		
		Firm's a	address ►				Phon	e no.		
Ma	y the IF	RS discus	s this return with the preparer	shown above? (s	ee instructions)				Yes No	

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Part		_
	Check if Schedule O contains a response to any question in this Part III	<u>_</u>
1	Briefly describe the organization's mission:	
	Embry-Riddle Aeronautical University is an independent, non-profit, coeducational university serving students motivated toward	
	careers in aviation and aerospace. Campuses in Daytona Beach, and Prescott, Arizona provide education in traditional settings,	
	while a network of learning centers throughout the United States and abroad serve civilian and military students through	
2	(Continued on Schedule O, Statement 3) Did the organization undertake any significant program services during the year which were not listed on the	—
2		
	prior Form 990 or 990-E∠?	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured I	οv
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 249,774,678 including grants of \$ 42,070,000) (Revenue \$ 363,231,000)	_
	Embry-Riddle Aeronautical University provided comprehensive education leading to undergraduate and graduate degrees,	
	seminars, short courses and research activity to 23,172 part-time and full-time students.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	_
4e	Total program service expenses ► 249,774,678	

Part	IV Checklist of Required Schedules			
	la the consciention described in section 504(a)(0) on 4047(a)(4) (atheres the conscient formulation)(0.16.6)(a.7.		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	Ť	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	_		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	,	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X.	11f	,	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
14 a		14a	<u> </u>	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	,	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	-
	If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	
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	,	
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 25	24a	,	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		\(\tau \)
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
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	051-		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25b 26	,	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	,	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	~	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	<i>'</i>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		,
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	,	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	,	

	<u>'</u>
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 313			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6497			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	V	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	~	
b	If "Yes," enter the name of the foreign country: Germany, Singapore	4 a		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		~
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	/	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	'	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 .		.,
		7с		_
d e	,	7e		~
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			·
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
46	against amounts due or received from them.)	4.5		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
D				
С	the organization is licensed to issue qualified health plans			
14a	Did the appropriation we shall be appropriated and appropriate	14a		V
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		•
	1. 135, has it mod a 1 offit 125 to report those payments: It 140, provide an explanation in deficulte 0.	. 70		

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 16 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. Enter the number of voting members included in line 1a, above, who are independent . 1b 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a ~ 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 1 12c 13 13 ~ 14 1 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 1 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 AZ, FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Embry-Riddle Aeronautical University Inc, (386)226-6000

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Part VII 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		u o.g.		(0		•				
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	`				than o		Reportable	Reportable	Estimated
Name and Title	hours per					is both or/trust		compensation	compensation from	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
James Henderson	_							_	_	_
Board Member	5	~						0	0	0
Mori Hosseini	-									
Board Member	5	~						0	0	0
Joseph Martin										
Board Member	3	~						0	0	0
Lawrence Clarkson										
Board Member	3	~						0	0	0
Kenneth Dufour	_									
Board Member	3	~						0	0	0
James Hagedorn	-									
Board Member	3	~						0	0	0
Karen Holbrook	-									
Board Member	3	~						0	0	0
Glen Ritchey										
Board Member	2	~						0	0	0
John Amore										
Board Member	2	~						0	0	0
David Robertson										
Board Member	2	~						0	0	0
Ronald Keys										
Board Member	2	~						0	0	0
Jean Rosanvallon										
Board Member	2	~						0	0	0
Zane Rowe										
Board Member	2	~						0	0	0
Louis Seno										
Board Member	2	~						0	0	0

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

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

				((C)					
/A\	(B)	Position						(D)	(E)	(F)
(A) Name and Title	(B) Average		(do not chec box, unless p officer and a					Reportable	(E)	(F) Estimated
Name and Title	hours per							compensation	Reportable compensation from	
	week		_					from	related	other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	dua	Itior	4	ğ	st c	<u> </u>	(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations in Schedule	7 7	ାal t		loye) om				and related organizations
	O)	stee	rust		Φ	ens				organizations
			ee			Highest compensated employee				
Constitue Boulete										
Caroline Daniels		1								•
Board Member	2							0	0	0
Jeffrey Feasel		_								0
Board Member	2							0	0	0
John P Johnson				1				042 544		
President Frie R Westers	50							843,511	0	0
Eric B Weekes				_				0.40.004		•
Senior Executive Vice President, CFO	40							243,201	0	0
Christina Frederick-Recascino					,			005 400		
Vice President Academics and Research	40							235,108	0	0
Richard Heist					,			005 070		•
Executive Vice President, CAO	40							225,878	0	0
John Watret					/			000 407		•
Executive Vice President, CAO	40							220,197	0	0
Francis Ayers					/			047 (04		
Executive Vice President, CAO	40				-			217,691	0	0
Tim Brady					1			4/5 007		
Dean	40				-			165,287	0	0
Steven Ridder						\ \				
Director of Athletics	40							690,528	0	0
Sathya Gangadharan						\ \		0/5 400		
Professor	40					_		265,193	0	0
Maj Mirmirani						_			_	_
Dean	40	-				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		203,076	0	0
Irene McReynolds										
Vice President Human Resources	40	-				~		199,844	0	0
Daniel Montplaisir						\ \rac{1}{2}				
Vice President Development	40							194,258	0	<u>0</u>

Form **990** (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)							
(A)		(B)	Position (do not check more than of						(D)	(E)			(F)
	Name and title						is both		Reportable compensation	Reportable compensation from			mated ount of
		hours per week			_		or/trust	–	from	related	110111		ther
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatio (W-2/1099-M			ensation
		related	idua rect	utio	еr	emp	est o	ਕੁ	organization (W-2/1099-MISC)	(00-2/1099-101	130)		m the nization
		organizations	al tru	nal		oloye	com						related
		in Schedule O)	ıste	trus		й	pen					organ	izations
			Φ	tee			sate						
							۵				-+		
1b :	Sub-total								3,703,772		0		0
c ·	Total from continuation sheets to Part		n A					•					
	/							•	3,703,772		0		0
	Total number of individuals (including but					ed a	above	e) w		ore than \$10	00.000) of	
	reportable compensation from the organi							٠,		νιο αποπτ φ το	,,,,,,,		
													Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	е,	key e	emp	oloyee, or high	est compei	nsated	d 📗	
•	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	indi	ividu	ıal					3	V
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	nper	nsatio	n a	and other comp	ensation fro	om the	э	
(organization and related organizations	greater that	an \$1	150,	000	? //	f "Ye	s, "	complete Sch	edule J foi	r such	ר	
i	individual											4	✓
	Did any person listed on line 1a receive o									ation or ind	ividua	ıl	
1	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J t	or s	such person .			5	V
Section	B. Independent Contractors												
1 (Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more that	n \$100	0,000 of	
(compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending witl	h or within t	he orç	ganizatio	n's tax
	year.												
	(A)								(B)			(C)	
	Name and business add	ress							Description of se	ervices		Compens	ation
Brown	and Brown Inc, PO Box 2412, Daytona Bead	h, FL 32115	i					Ins	surance and Cor	sulting			4,397,391
	Health Care Plan Inc, PO Box 9910, Dayton			0				Ins	surance Services	5			3,411,379
	Inc and Affiliates, 600 South Clyde Morris				F			Dir	ning Services				2,097,708
	pard Inc, PO Box 200154, Pittsburgh, PA 15								mputer Services	5			1,766,288
	igel Construction Inc, 200 Magnolia Avenue		each,	FL:	321	14			nstruction Servi				1,296,794
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	imit		th	nose listed abo	ove) who			
	received more than \$100,000 of compens	sation from	the o	rgar	nizat	tion	>		46				

Part	VIII	Statement of Reve	enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	s 1 6	7,413				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1k	0				
s, G Am	С	Fundraising events .	10	98,064				
3ift Iar,	d	Related organizations	s 1 0	0 k				
ıs, (imi	е	Government grants (con	ntributions) 16	3,959,316				
tion r S	f	All other contributions, gi						
ibul		and similar amounts not inc	cluded above 11	f 4,522,540				
ntr d C	g	Noncash contributions include	ded in lines 1a-1f: S	1,166,106				
Co	h	Total. Add lines 1a-1	f	🕨	8,587,333			
ıne				Business Code				
ever	2a I	Higher Education		611310	350,362,935	350,362,935	0	0
e Re	b			-				
۷ic	С			-				
Sel	d			-				
'am	е			-				
Program Service Revenue	f	All other program ser			0	0	0	0
	g	Total. Add lines 2a–2	†	.	350,362,935			
	3	Investment income and other similar amo						_
			•		1,666,000	1,666,000	0	0
	4	Income from investment			4,000	4,000	0	0
	5	Royalties	(i) Real	▶ (ii) Personal	0	0	0	0
	6a	Gross rents	2,916,60					
	b	Less: rental expenses	2,910,00	0 0				
	C	Rental income or (loss)	2,916,60	-				
	d	Net rental income or (2,916,609	1,415,167	1,501,442	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other	2/10/001	.,,	.,,,,,,,	
		assets other than inventory		0 573,000				
	b	Less: cost or other basis						
		and sales expenses .		0 1,556,000				
	С	Gain or (loss)		0 -983,000				
	d	Net gain or (loss) .		. <u> </u>	-983,000	-983,000	0	0
Ð								
'n	8a	Gross income from fu events (not including \$	_					
Other Reven		of contributions reporte	98,064					
r B		See Part IV, line 18 .						
the	L			a 104,659				
ō		Less: direct expenses Net income or (loss) f		b 25,976 a events . ▶	70 (02		70 / 02	
		Gross income from ga			78,683		78,683	0
	Ju							
	b	Less: direct expenses		b				
		Net income or (loss) f						
		Gross sales of in						
		returns and allowance						
	b	Less: cost of goods s		b 1,416,027				
		Net income or (loss) f		1	598,440	598,440	0	0
	-	Miscellaneous R		Business Code		2,120		
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	11d		0			
	12	Total revenue. See in	nstructions.	🕨 🛚	363,231,000	353,063,542	1,580,125	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	43,781,087	43,781,087							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,703,772	0	3,703,772	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0					
7	Other salaries and wages	130,535,880	103,673,838	25,705,093	1,156,949					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,006,000	6,164,620	1,761,320	80,060					
9	Other employee benefits	20,582,229	15,848,317	4,528,090	205,822					
10	Payroll taxes	10,739,172	8,293,907	2,352,709	92,556					
11	Fees for services (non-employees):									
а	Management	0	0	0	0					
b	Legal	306,914	0	306,914	0					
С	Accounting	81,111	0	81,111	0					
d	Lobbying	303,530	0	303,530	0					
е	Professional fundraising services. See Part IV, line 17	31,624			31,624					
f	Investment management fees	61,333	0	61,333	0					
g	Other	25,022,645	14,412,471	10,486,065	124,109					
12	Advertising and promotion	3,467,298	2,078,305	1,382,898	6,095					
13	Office expenses	10,994,904	7,242,818	3,707,521	44,565					
14	Information technology	3,633,062	2,035,419	1,583,798	13,845					
15	Royalties	4,703	0	4,703	0					
16	Occupancy	5,769,156	2,783,446	2,985,710	0					
17	Travel	8,026,869	5,130,246	2,713,036	183,587					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,020,809	5,130,240	2,713,030	0					
19	Conferences, conventions, and meetings	796,672	421,568	364,099	11,005					
20	Interest	8,095,000	0	8,095,000	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	22,765,000	17,527,000	5,238,000	0					
23	Insurance	4,665,564	2,237,154	2,428,410	0					
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.)	1,000,001	2,237,101	2,120,110	Ü					
а	Fuel and Oil	3,833,984	3,678,814	155,170	0					
b	Equipment Rental	15,957,262	9,142,299	6,814,655	308					
С	Rent	4,704,639	3,090,399	1,614,240	0					
d	Miscellaneous	3,038,590	2,232,970	768,140	37,480					
е	All other expenses	0	0	0	0					
25	Total functional expenses. Add lines 1 through 24e	338,908,000	249,774,678	87,145,317	1,988,005					
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 (2011)					

Part X Balance Sheet

	art X	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	119,214,000	1	120,534,000
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	3,467,000	3	3,157,000
	4	Accounts receivable, net	10,009,556		11,385,778
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	444,444	5	222,222
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0		0
Assets	7	Notes and loans receivable, net	12,412,000	-	12,627,000
As	8	Inventories for sale or use	2,075,000		2,683,000
	9	Prepaid expenses and deferred charges	3,438,000		3,114,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 501,655,000	5/102/255		3/11/1/200
	b	Less: accumulated depreciation 10b 251,329,000	232,013,000	10c	250,326,000
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	100,577,000	12	96,708,000
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	7,084,000	15	6,998,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	490,734,000	16	507,755,000
	17	Accounts payable and accrued expenses	39,412,000	17	38,980,000
	18	Grants payable	0		0
	19	Deferred revenue	4,628,000		3,190,000
	20	Tax-exempt bond liabilities	164,609,000		163,083,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	1,930,000		319,000
	24	Unsecured notes and loans payable to unrelated third parties	1,930,000		319,000
	25	Other liabilities (including federal income tax, payables to related third	0		0
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,431,000	25	15,136,000
	26	Total liabilities. Add lines 17 through 25	228,010,000		220,708,000
ses		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	220/01/000		220/200/000
anc	27	Unrestricted net assets	235,619,000	27	258,163,000
Bal	28	Temporarily restricted net assets	11,852,000	28	11,513,000
Ε	29	Permanently restricted net assets	15,253,000	29	17,371,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net	33	Total net assets or fund balances	262,724,000	33	287,047,000
_	34	Total liabilities and net assets/fund balances	490,734,000	34	507,755,000

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	3	63,23	1,000	
2	Total expenses (must equal Part IX, column (A), line 25)	3	338,908,000		
3	Revenue less expenses. Subtract line 2 from line 1		24,32	3,000	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	2	62,72	4,000	
5	Other changes in net assets or fund balances (explain in Schedule O)			0	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	2	87,04	7,000	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		>	
b	Were the organization's financial statements audited by an independent accountant?	2b	<		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	~		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a	•		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	'		
		Forn	n 990	(2011)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Name of the organization

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

Open to Public Inspection

Employer identification number

FMB	RY-RIDDLE AERON	JAUTICAL UNIVE	RSITY INC						59-093	36101		
Pai			rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i				
The 0	☐ A church, cond ✓ A school desc ☐ A hospital or a	vention of churce ribed in section a cooperative ho	ation because it is: (Fo ches, or association of a 170(b)(1)(A)(ii). (Attac espital service organiza	churches ch Schede ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		(iii) Ento	r tho	
_	hospital's name, city, and state:											
5	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	=											
8	☐ A community t	trust described i	in section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable ind	ceptions	s, and (2) ss sectio	no more	than 33	31/3%	of its
10 11												
е	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	organization, o	check this box								e III sup 	portin	ig 🗌
g	Since August following pers		the organization accep	oted any	gift or co	ontributio	n from a	ny of the)			
			indirectly controls, eitlody of the supported of							nd 11g(i)	Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
h		-	a person described in ion about the support							11g(iii)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	ganization (v) Did you notify ed in your the organization in organization in organization in col.				mount o	of	
			, , , , ,	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	I											

Page **2**

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	ion A. Public Support	quality und	or the tests he	sted below, p	icase compie	to rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)		(0,200	(1)	(4)	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	•			12	on 501(c)(3)
.0	organization, check this box and stop her	•					•
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6			1. column (f))		14	%
15 16a	Public support percentage from 2010 Sch 33 ¹ / ₃ % support test—2011. If the organize box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33¹	15 /3% or more, c	%
b	331/3% support test—2010. If the organ check this box and stop here. The organi					e 15 is 33 ¹ /3%	
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me supported organization	ion meets the eets the	e "facts-and-ci	ircumstances" tances" test. T	test, check th	nis box and st	op here.
18	supported organization				a, or 17b, chec	k this box and	see

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

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

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

C+:	and Dublic Comment	under the te	oto noted ben	ov, picase ce	inpicte i ait	11.,	
	on A. Public Support	() 0007	(1) 0000	() 0000	(1) 00 (0	() 0044	(n =
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						_
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2011 (line 8	. ,	•				%
16	Public support percentage from 2010 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (-			%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests—2011. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box		_	-		=	_
b	33 ¹ /3% support tests—2010. If the organize line 18 is not more than 33 ¹ /3%, check this line 18 is not more than 33 ¹ /3%.						
20	Private foundation. If the organization di	_	_				
20	i ilvate iounidation. Il tile organization di	a not oneck a	201 UII III IE 14	, 13a, 01 130, (DIRECT THIS DOX	and see modu	

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

• 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" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

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

ii tile o	rganization answered res	to Form 990, Fart IV, line 5 (Floxy	ax) of Form 990-E2	L, Part V, lille 330 (Proxy ra	ix), uieii	
	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
Name o	of organization			Employer iden	tification number	
EMBR	Y-RIDDLE AERONAUTICAL				59-0936101	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 of	organization.	
1	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.		
2	Political expenditures .					
3	Volunteer hours					
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).		
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$		
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes N	0
4a	Was a correction made?				Yes N	o
b	If "Yes," describe in Part					
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).	
1	Enter the amount direct	y expended by the filing organiz	ation for section	527 exempt function		
	activities			\$		
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section		
	527 exempt function activ	vities		\$		
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,		
4	Did the filing organization	file Form 1120-POL for this year	?		Yes N	0
5		ses and employer identification nur				
•		ents. For each organization listed,				
		entributions received that were pro-				
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, provi	ide information in Part I\	/.
	(a) Name	(In) Address	(a) [IN]	(d) Amount poid from	(a) Amount of political	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and	
				funds. If none, enter -0	promptly and directly	
					delivered to a separate political organization. If	
					none, enter -0	
/4\						_
(1)						
(0)						_
(2)						
(2)						
(3)						
(4)						
(4)						
<i>(</i> 5)						
(5)						
(6)						

Pai	t II-A Complete if the organiza section 501(h)).	tion is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization name, address, EIN, ex					oup member's
В	Check ► ☐ if the filing organization	rol" provisions a	ipply.			
	Limits on Lo	obbying Expendit	ures	-	(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.		organization's totals	group totals
1:	a Total lobbying expenditures to influer	nce public opinion	(grass roots lobby	ing)		
ı	Total lobbying expenditures to influen	nce a legislative bo	ody (direct lobbying	g)		
(Total lobbying expenditures (add line	s 1a and 1b) .				
(d Other exempt purpose expenditures					
(Total exempt purpose expenditures (add lines 1c and 1	d)			
1	 Lobbying nontaxable amount. Enter columns. 	er the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amount	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	·				
	Grassroots nontaxable amount (enter	25% of line 1f)				
ı	n Subtract line 1g from line 1a. If zero of	or less, enter -0-				
i	Subtract line 1f from line 1c. If zero o	r less, enter -0-				
j	If there is an amount other than ze			•		☐ Yes ☐ No
	reporting section 4911 tax for this ye	earr				
	(Some organizations that columns belo	made a section 5 w. See the instru	ctions for lines 2a	not have to com through 2f on pa		•
	Lobby	ing Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbying nontaxable amount					
I	Lobbying ceiling amount (150% of line 2a, column (e))					
(Total lobbying expenditures					
•	d Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled I	orm	5768		
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	lobbying activity.	Yes	No	An	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~			
С	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		'			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~			30	3,530
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?		~			
j	Total. Add lines 1c through 1i				30	3,530
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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	/E\ c		tion		
rart	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), C	or sec	uon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	s, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	•			
а	Current year	. [2a			
b	Carryover from last year	. [2b			
С	Total	. [2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditure next year?	.	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Pari	• • • • • • • • • • • • • • • • • • • •					
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I p, complete this part for any additional information.	art II	-A; an	d Part	II-B,	line
	ule C, Part II-B, Line 1 - The University retains lobbying firms at the state and federal levels. Within the sta					
-	rily done in support of the Florida Resident Access Grant program, a program that provides a scholarship			_		ng
	ams at private institutions. A number of our undergraduates rely on this grant to support their education. A number of our research centers and other educational initiatives. Our federal lobby					า
	ating for policy development withing the FAA that will positively impact our students, as they progress th					
	gement educational programs - two areas heavily regulated by the Federal Aviation Administration. We wo v potential policy changes affect our collegiate training programs.	ork to	make t	he FA <i>F</i>	awa	re

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

EMBR	Y-RIDDLE AERONAUTICAL UNIVERSITY INC		59-0936101
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(1	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets	held in d	donor advised
	funds are the organization's property, subject to the organization's exclusive legal cont		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees		
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or		
	conferring impermissible private benefit?	-	
Par			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	10 1 0111	11 000, 1 art 10, 1110 7.
•	Preservation of land for public use (e.g., recreation or education) Preservation	of an hiet	torically important land area
			fied historic structure
	Preservation of open space	oi a ceitii	ned historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the	form of a conservation
_	easement on the last day of the tax year.		e form of a conservation
	casement on the last day of the tax year.	П	Held at the End of the Tax Year
_	Tatal acceptance of a proceduration acceptance	-	
a	Total number of conservation easements	 	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not historic structure listed in the National Register		
_		L	2d houth a grandination during the
3	Number of conservation easements modified, transferred, released, extinguished, or te tax year ►	rminated	by the organization during the
4 5	Number of states where property subject to conservation easement is located		bandling of
5	Does the organization have a written policy regarding the periodic monitoring, in violations, and enforcement of the conservation easements it holds?		
_			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation.	n easeme	ents during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	sements (during the year
•	`		170/b)/4)/D)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements (i) and section 170(h)(4)(B)(ii)?		
•			
9	In Part XIV, describe how the organization reports conservation easements in its revenue		
	balance sheet, and include, if applicable, the text of the footnote to the organization's forganization's accounting for conservation easements.	manciai s	statements that describes the
Dord		u Othou	Cimilar Assats
Part	,		Similar Assets.
4.	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in in		
	works of art, historical treasures, or other similar assets held for public exhibition, epublic service, provide, in Part XIV, the text of the footnote to its financial statements the		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its		
	works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide the following amounts relating to these items:	education	i, or research in furtherance of
			.
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar following array and to be appropriate to the control of the contro		s for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these		
а	Revenues included in Form 990, Part VIII, line 1		. • \$
h	Assets included in Form 990 Part X		• •

chedul	e D (Form 990) 2011						Page 2
Part		Collections of A	Art. Historical	Treasures.	or Other Similar	Assets (cor	
3	Using the organization's acquisition, a						
	collection items (check all that apply):	,	, , , , , ,	, , ,	J		
а	☐ Public exhibition		d □ Loa	n or exchange	e programs		
b	☐ Scholarly research		e 🗌 Oth	=			
С	☐ Preservation for future generations		- -				
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.						
5	During the year, did the organization sassets to be sold to raise funds rather						s □ No
Part							
	line 9, or reported an amount			J		,	,
1a	Is the organization an agent, trustee,			for contribution	ons or other assets	not	
	included on Form 990, Part X?						s 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIV and comple	te the following	table:			
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun	t on Form 990, Pa	rt X, line 21? .				s 🗌 No
	If "Yes," explain the arrangement in Pa						
Part	V Endowment Funds. Comple						
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years b	ack (e) Four	ears back
1a	Beginning of year balance	62,356,000	48,197,00	0 40,96	54,000 49,572	000	
b	Contributions	2,122,000	1,843,00	0 1,57	74,000 451,	000	
С	Net investment earnings, gains, and						
_	losses	-832,000	12,870,00		90,000 -8,243		
d	Grants or scholarships	594,000	554,00	0 73	31,000 816,	000	
е	Other expenditures for facilities and						
_	programs	0		0	0	0	
f	Administrative expenses	0		0	0	0	
g	End of year balance	63,052,000	62,356,00		97,000 40,964	000	
2	Provide the estimated percentage of the	=		g, column (a))) held as:		
a	Board designated or quasi-endowmen		_%				
b		3 <u>7</u> %					
С	Temporarily restricted endowment	0 %	20/				
3a	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the			hat are hold a	and administered for	tho	
Ja	organization by:	possession or the	e organization t	nat are neid a	ina administered for		/aa Na
	=						res No
	(i) unrelated organizations					. 3a(i)	<i>V</i>
h	(ii) related organizations					. 3a(ii) . 3b	· ·
ь 4	Describe in Part XIV the intended uses					. 30	
- Part							
en t	Description of property	(a) Cost or oth		or other basis	(c) Accumulated	(d) Book	value
	2000. Priority	(investme		(other)	depreciation	(3) 2001	
1a	Land	9	,245,000	0			9,245,000
b	Buildings		,839,000	0	119,001,000	17	9,838,000

141,758,000

51,813,000

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

c Leasehold improvements

d Equipment

0

0

0

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

Part VII	Investments—Other Securities	. See Form 990, Part X, l	line 12.	
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other M		80,942,000	End-of-Year Market Value	
	sits with Fiduciaries	15,766,000	End-of-Year Market Value	
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	96,708,000		
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of va	luation:
	(,)	(,,	Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b) must squal Form 000 Part V sal (D) line 12)			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)	et Viling 15		
Partix	Other Assets. See Form 990, Pa	IT A, IIIIE 15. I) Description		(b) Book value
(1)	(8	J Description		(b) Dook value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, co		<u> </u>	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	0	-	
	es for student loans and financial aid	10,065,000		
	t deposits and advance payments	5,071,000		
(4)				
(5)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	15,136,000		

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 363,231,000 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 338,908,000 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 24,323,000 4 4 0 5 Donated services and use of facilities 5 0 6 6 0 7 7 0 8 8 0 9 9 0 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 24.323.000 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements 321,161,000 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 0 2b 0 C 2c 0 2d d 0 2e 3 Subtract line **2e** from line **1** 3 321,161,000 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.... 4a 0 42,070,000 42,070,000 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 363,231,000 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII 296,838,000 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 0 2b 0 c 0 d 2d 0 2e 0 3 Subtract line **2e** from line **1** 3 296.838.000 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 . . . 4a 4b 42,070,000 42,070,000

Part XIV Supplemental Information

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

Schedule D, Part V, Line 4 - Endowment funds are used primarily for student scholarships.

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

Schedule D, Part X, Line 2 - Embry-Riddle Aeronautical University is a tax-exempt educational institution organized as described in Section 501(c)(3) of the Internal Revenue Code. The University is an independent, nonsectarian, not-for-profit coeducational university serving culturally diverse students. Embry-Riddle Aeronautical University continues to be organized and operated consistent with the requirements of section 501(c)(3) tax exempt organization. To protect the University's tax exempt status and provide guidance to its employees and representatives, the University has adopted several policies, which can be found in the Administrative Policies and Procedures Manual (APPM). The University has adopted APPM 1.6 (Political Activities Policy) which prohibits political campaign activity on University property and the use of property or resources for this purpose. To further protect this tax exempt status, the University has adopted APPM 1.5 (Lobbying Policy), with all Lobbying activity coordinated through the Vice President, Academics and Research. Amounts paid for lobbying are insignificant and reviewed annually through the 990 preparation process. The University addresses private inurnment issues through APPM 1.3.1 (Conflict of Interest Policy), which applies to employees and contains a Board of Trustee Supplement. Unrelated business income is reviewed annually and reported on the annual IRS 990T. The University's unrelated business income is related to the rental of

338,908,000

Schedule D (Form 990) 2011 Page **5**

Part XIV - Supplemental Information (Continued)

real property for cell phone tower use and the provision of maintenance, custodial, and other services in conjunction with the rental of property to the FAA. This income is partially offset by expenses and is insignificant. My conclusion is that the University's qualification as a
501(c)(3) tax exempt organization will more likely than not be sustained upon examination by tax authorities. II. Public Charity Status as a Private School under 170(b)(1)(A)(ii). The University is an independent, nonsectarian, not-for-profit coeducational university serving
culturally diverse students seeking careers in aviation, aerospace, business, engineering, and related fields. Embry-Riddle Aeronautical University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award degrees at the
associate, bachelor, master, and doctoral levels. Several approved policies in place ensure no discrimination based on race, gender, age, religion, etc. APPM 8.3.10 (Harassment and Nondiscrimination Policy) and APPM 1.22 (Privacy Policy) applies to employees and students
at all University locations and complies with federal and state laws. For fiscal year 2012, total undergraduate FTE enrollment at the two residential campuses for fall was 6010, graduate FTE enrollment was 580, total full time faculty was 479, total part time faculty was 2663,
total full time staff was 1,407 and total part time staff was 106. Students have 60 degree programs to choose from at two residential campuses and more than 150 Worldwide Campus locations. Total degrees awarded in 2011/2012 were 5,387. My conclusion is that the
University's qualification as a public charity under 170(b)(1)(A)(ii) will more likely than not be sustained upon examination by tax authorities. III. Taxation of Revenue - Major Sources of Revenue are Related to Exempt Purpose: The University's major sources of
revenue are related to its exempt purpose - educating students. Student tuition and fee revenue are the largest source of revenue at 85.75%. Student related revenue for Bookstore, Food Service and Housing is at 6.78%, for a total of 92.53% of all revenue sources being
directly related to educating students. Revenue and expenses related to these functions are captured in individual cost centers and reported at a functional level for each campus. Unrelated business income is not significant, but is accumulated in cost centers that also
capture the cost of delivering that service and reported annually on the University's 990T. My conclusion is that the University's major sources of revenue are related to its tax exempt status and thus not taxable. This tax exempt status will more likely than not be sustained
upon examination by tax authorities.
Schedule D, Part XII, Line 4b - The following amount is reported as contra-revenue on the financial statements; \$42,070,000 of Institutionally Funded Scholarship expenses.
Schedule D, Part XIII, Line 4b - \$42,070,000 of Institutionally Funded Scholarship expenses were reported on the financial statements as a contra-revenue amount.

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

Employer identification number

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC

59-0936101

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, 1 bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 2 brochures, catalogues, and other written communications with the public dealing with student admissions, 2 v Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media 3 during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please v 3 The University publicizes its non-discrimination policy at multiple locations of the University's website, including the following pages: Admissions, Transfer Students, Student Life, Career Services and University Diversity. The non-discrimination policy is also published on the undergraduate applications (in both hard copy and electronic formats), in the Student Catalog, on University Information CD's, and in the University Values Statement. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Admissions policies? . . 5b Employment of faculty or administrative staff? . . . 5c Scholarships or other financial assistance? . . . 5d Educational policies? . 5e Use of facilities? Athletic programs? 5g Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? . . . 6a Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

Part II

6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).							
Schedule E, Part I, Line 6 - The University receives financial assistance from Federal and State agencies for student financial aid and							
academic research.							

Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2011 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

	RY-RIDDLE AERONAUTICAL UN						9-0936101
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organ	ization ans	wered "Yes" to
1	For grantmakers. Does the		maintain reco	ords to substantiate the am	ount of its grants	and other	
	assistance, the grantees' eli						
	grants or assistance?						☐ Yes ☐ No
2	For grantmakers. Describe	e in Part V t	he organizati	on's procedures for moni	toring the use o	of its grant	s and other
	assistance outside the Unite	ed States.					
3	Activities per Region. (The fo	ollowing Part I	, line 3 table o	can be duplicated if additio	nal space is need	led.)	
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity liste a program se	ed in (d) is	(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specifi	c type of	and investments
			independent contractors	investments, grants to recipients	service(s) in i	region	in region
			in region	located in the region)			
(4)		_	_		l		
(1)	East Asia and the Pacific	1	3	Program Services	Higher Education	1	1,401,271
(2)	France (including located		2	Dua mana Camaiana	Himbon Education		105.0/2
(=)	Europe (including Iceland	1	2	Program Services	Higher Education	1	195,062
(3)							
(4)							
(5)							
(6)							
(7)							
(0)							
(8)							
(0)							
(9)							
(10)							
(10)							
(11)							
(12)							
(13)							
(14)							
(4.5)							
(15)							
(16)							
(16)							
(17)							
(17) 3a	Sub-total						
oa b	Total from continuation						
-	sheets to Part I						
С	Totals (add lines 3a and 3b)	2	5				1,596,333

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (a) Name of (f) Manner of (i) Method of (g) Amount of (b) IRS code (c) Region (d) Purpose of (e) Amount of (h) Description organization valuation (book, FMV, cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance appraisal, other) (if applicable) (1) (2) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14) (15) (16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011 Page 4

Part IV **Foreign Forms** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ✓ Yes □ No Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes ✓ No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ✓ Yes □ No Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ✓ No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Yes **✓** No Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2011

✓ No

Yes

Schedule F (Form 990) 2011 Page 5 Part V **Supplemental Information** Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Employer identification number Name of the organization **EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC** 59-0936101 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events ✓ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes \(\subseteq \text{No} \) If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 See Schedule G, Part IV, Statement 2 3 5 6 7 8 9 10 38,835 7.211 31.624 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing **All States**

Schedule G (Form 990 or 990-EZ) 2011 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) **Blue Gold Gala Golf Tournament** 0 (event type) (event type) (total number) Revenue Gross receipts 169,418 33,305 202,723 2 Less: Charitable contributions 82,608 15,456 98,064 3 Gross income (line 1 minus line 2) 86,810 17,849 104,659 0 0 0 4 Cash prizes 5 Noncash prizes 0 Direct Expenses 6 Rent/facility costs . . . 0 6,524 6,524 7 Food and beverages . . 0 0 0 8 Entertainment . . 0 0 0 Other direct expenses 17,768 1,684 19,452 Direct expense summary. Add lines 4 through 9 in column (d) 10 25,976) Net income summary. Combine line 3, column (d), and line 10 11 78,683 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . Direct Expenses 2 Cash prizes . . . 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . No 6 No Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: 9 Is the organization licensed to operate gaming activities in each of these states? а If "No," explain:

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

If "Yes," explain:

chedu	le G (Form 990 or 990-EZ) 2011		P	age 3
11	Does the organization operate gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Ye	es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Ye	es 🗆	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Ye	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns to provide any additional information (see instructions).			
			-	

Schedule G, Part IV, Statement 1

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 59-0936101

Form: Schedule G Page: 1

Line Number: Part I Line 2b

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3	
			Receipts			
Aria Calls and Cards	Coordinates telephone fundraising activities	Yes	38,835	31,624	7,211	
717 W St Germain Street						
Saint Cloud, MN 56301						
Total:			38,835	31,624	7,211	

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Employer identification number

EMBRY-RIDDLE AERONAUTICAL UN	IIVERSITY INC						59-0936101
Part I General Information	n on Grants and	l Assistance					
Does the organization maintaintenance the selection criteria used to			_			r the grants or assistanc	
2 Describe in Part IV the organ	nization's procedu	res for monitoring	the use of grant fu	ınds in the United	States.		
						the organization answrecipient received mo	
Part II can be duplica	ted if additional	space is neede	<u>d</u>				<u>,</u>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 3 Enter total number of other of							. >

Schedule I (Fo	orm 990) (2011)					Page 2
Part III	Grants and Other Assistance to Inc	dividuals in the l	Jnited States. Com	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	Part III can be duplicated if additiona	l space is neede	d.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Tuition	Waivers	166	2,354,825			
0011		40705	07.000.400			

2 Scholarships	12725	37,899,498				
3 Grants in Aid	420	3,526,765				
4						
5						
6						
7						
Part IV Supplemental Information. Complet	te this part to pro	ovide the informatio	n required in Part I,	line 2, and any other ad	ditional information.	
Schedule I, Part I, Line 2 - Financial Aid funds are awarde						

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23. 990. ► See separate instructions. ► Attach to Form 990.

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 59-0936101

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	✓ First-class or charter travel ✓ Housing allowance or residence for personal use					
	✓ Travel for companions ☐ Payments for business use of personal residence					
	✓ Tax indemnification 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
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. Explain in Part III.					
	✓ Compensation committee ✓ Written employment contract					
	☐ Independent compensation consultant ☑ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		~		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	The organization?	5a		~		
b	Any related organization?	5b		~		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	The organization?	6a		~		
b	Any related organization?	6b		~		
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		_		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	–				
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		~		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

Schedule J (Form 990) 2011

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

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

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

			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
John P Johnson	(i)	371,174	130	472,207	19,600	18,144	881,255	0
1	(ii)	0	0	0	0	0	0	0
Eric B Weekes	(i)	241,629	1,572	0	19,462	9,836	272,499	0
_ 2	(ii)	0	0	0	0	0	0	0
Christina Frederick-Recascino	(i)	231,373	3,735	0	18,414	324	253,846	0
3	(ii)	0	0	0	0	0	0	0
Richard Heist	(i)	225,748	130	0	18,185	13,296	257,359	0
4	(ii)	0	0	0	0	0	0	0
John Watret	(i)	212,857	7,340	0	17,462	21,576	259,235	0
5	(ii)	0	0	0	0	0	0	0
Francis Ayers	(i)	211,561	130	6,000	16,877	324	234,892	0
6	(ii)	0	0	0	0	0	0	0
Tim Brady	(i)	165,157	130	0	29,837	13,296	208,420	0
7	(ii)	0	0	0	0	0	0	0
Steven Ridder	(i)	288,027	47,630	354,871	19,600	18,144	728,272	0
8	(ii)	0	0	0	0	0	0	0
Sathya Gangadharan	(i)	103,879	130	101,184	13,184	18,144	236,521	0
9	(ii)	0	0	0	0	0	0	0
Maj Mirmirani	(i)	200,783	2,293	0	15,967	324	219,367	0
10	(ii)	0	0	0	0	0	0	0
Irene McReynolds	(i)	196,109	3,735	0	15,862	13,896	229,602	0
11	(ii)	0	0	0	0	0	0	0
Daniel Montplaisir	(i)	194,128	130	0	15,785	19,344	229,387	0
12	(ii)	0	0	0	0	0	0	0
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2011

Concadic o (rage C
Part III	Supplemental Information
Complet	e this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also con	plete this part for any additional information.
Schedule	J, Part I, Line 1a - For the President and his wife as approved by the compensation committee of the Board of Trustees and stated in President's employment contract given
that it is c	ustomary for people serving in those positions to travel in first class. Cabinet members may also travel in first class but must be approved in advance by the President. When it
is not feas	sible to travel commercial, charter travel may be used as approved by the President. Travel for Companions - Companions of Cabinet members when they participate in ERAU
business	and/or fund raising and when approved in advance by the President. President's wife when traveling for business related and/or fund raising purposes and as stated in
President	s employment contract. Tax indemnification and gross-up payments - For the President as approved by the compensation committee of the Board of Trustees and stated in the
President	s employment contract. Payments are reported on Part II, Column Biii. Housing allowance or residence for personal use - Housing allowance for the President as approved by
the compo	ensation committee of the Board of Trustees and stated in President's employment contract. Housing allowance for the Director of Athletics/Head Basketball Coach and as
stated in I	nis employment contract. This is treated as fully taxable compensation and are reported on Part II, Column Biii. Health or social club dues or initiation fees - Dues for the
	as approved by the compensation committee of the board of Trustees and stated in the President's employment contract for business and fund raising purposes. Dues for the
Chief Dev	elopment Officer, Executive Vice President/Chief Academic Officer and Chief Financial Officer as approved by the President for business and fund raising purposes.

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Employer identification number

Name of the organization 59-0936101 EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC Part I **Bond Issues** (i) Pooled financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (e) Issue price behalf of issuer Volusia County Educational Facilities Authority Capital Improvements and refund 1992 39.531.252 Yes No Yes No Yes No 80-0000613 000928836 08/21/2003 Volusia County Educational Facilities Authority Capital Improvements 80-0000613 928836JK2 08/18/2005 54,960,719 Volusia County Educational Facilities Authority Refund 1996 Bonds 49.583.229 80-0000613 928836JK2 08/18/2005 Volusia County Educational Facilities Authority Refund 1999 A & B Bonds 47.545.048 80-0000613 928836.JO9 07/07/2011 D **Proceeds** Part II В С D Α 11,140,000 0 10.885,000 185,000 Amount of bonds legally defeased 14,306,189 0 43.740.473 42.261.522 3 39,531,252 54.960.719 49,583,229 47,548,048 3.124.880 8,400,499 4.200.392 5 0 0 0 0 7 532,768 354,198 321,020 561,231 8 1,385,514 1,704,665 1,537,876 521,903 9 0 0 0 0 10 22,227,902 0 41,680,876 0 11 0 0 0 0 12 0 0 0 13 2010 Yes Nο Yes Nο Yes No Yes Nο Were the bonds issued as part of a current refunding issue? V 15 Were the bonds issued as part of an advance refunding issue? V 16 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III **Private Business Use** В С D Was the organization a partner in a partnership, or a member of an LLC, Yes Nο Yes No Yes Nο Yes No which owned property financed by tax-exempt bonds? v v Are there any lease arrangements that may result in private business use of

Schedule K (Form 990) 2011

Part	Private Business Use (Continued)								
			Α		В	(0	l	D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	'		·					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?		~		~				
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	· ·							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?		·		· ·				
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		%		9
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		1.46 %		0.73 %		%		9
6	Total of lines 4 and 5		1.46 %		0.73 %		%		9
7	Has the organization adopted management practices and procedures to	✓		~					
	ensure the post-issuance compliance of its tax-exempt bond liabilities?								
Part	IV Arbitrage								
rait	Albitiage		Α		В		2		D
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
•	Arbitrage Rebate, been filed with respect to the bond issue?	162	/ NO	162	NO /	162	/ NO	165	/ NO
2	Is the bond issue a variable rate issue?		· ·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· ·		
	Has the organization or the governmental issuer entered into a qualified								-
ou	hedge with respect to the bond issue?				,		· /		_
h	Name of provider						1		
	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		~		~		~		~
b	Name of provider		'		1		'		1
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .								
5	Were any gross proceeds invested beyond an available temporary period? .		~		~		~		~
6	Did the bond issue qualify for an exception to rebate?		~		~		~		~
			-						
Part	V Procedures To Undertake Corrective Action								
Chec	k the box if the organization established written procedures to ensure that violation	ons of fede	ral tax requir	ements are	timely identi	fied and co	orrected thro	ugh the vo	luntary
closir	ng agreement program if self-remediation is not available under applicable regula	tions						· 🗆	,
Part		nal informa	ation for res	ponses to	questions of	on Schedi	ule K (see ir	structions	s).

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Name of the organization Employer identification number **EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC** 59-0936101

Par	Excess Benefit Transactions (s Complete if the organization ans						m 990)-EZ,	Part \	V, line	40b.	
1				1		<u> </u>			(c			rected?
•	(a) Name of disqualified person				(b) Description of transaction				Yes	No		
(1)												
(2)												
(3)												
(4)												
(5)												
(6) 2	Enter the amount of tax imposed or	the o	rganizat	ion managers or disc	nualified	persons dui	rina th	ne ve	ar			
_			_		-			J	<u></u> \$;		
3	Enter the amount of tax, if any, on line								▶ \$			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,	,				-		,			
Par												
	Complete if the organization ans	wered	"Yes" or	n Form 990, Part IV, li	ne 26, o	r Form 990-E	Z, Pa	rt V, li	ne 38	Ba.		
	(a) Name of interested person and purpose	(b) Loan	to or from	(c) Original (d) Balar		(d) Balance due		efault?	? (f) Approved		(a) W	/ritten
	(,,		nization?	principal amount	(-,		(*,		by board o		r agreement?	
									COITIII	iiiiee?		
		То	From				Yes	No	Yes	No	Yes	No
(1)	John P Johnson, Acquisition of residence		-	1,000,000		222,222		/			<i>'</i>	
(2)												
(3)												
(4)												
(5) (6)												
(7)												
(8)												
(9)												
(10)												
<u>Cota</u>				▶ \$		222,222						
Part								!				
	Complete if the organization ans	wered	"Yes" or	n Form 990, Part IV, li	ne 27.							
	(a) Name of interested person	(b) Re	elationship	between interested person	and the	(c) A	mount	and typ	oe of a	ssistan	се	
				organization								
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7) (8)												
(9)												
(10)												
	anerwork Reduction Act Notice see the I	actructi	iono for I	Form 900 or 900 E7	Cat. N	n 50056A	Coho	dula L	/Earm	000 01	990 E	7) 2011

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)	Brown and Brown Inc	Trustee Henderson was a	28,800	Consultant for health insurance cov	·	~
(2)	Brown and Brown Inc	Trustee Henderson was a	4,394,991	Approximately \$390,000 were fees to	f	~
(3)	Intervest Construction Inc	Trustee Hosseini is a princ	432,718	Approximately \$343,000 were lease		'
(4)	MHK of Volusia County Inc	Trustee Hosseini is a princ	60,851	Aircraft charter services provided a	1	'
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	Complete this part to provid	le additional information for res	ponses to question	ns on Schedule L (see instructions).	
			-			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

► Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC

Employer identification number

59-0936101

Part	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1 2	Art—Works of art Art—Historical treasures	<i>'</i>	5	, , ,	Sale of Comp	oarable	prop	erties
3 4 5	Art—Fractional interests Books and publications Clothing and household	~		1,200	Cost of dona	ted proj	perty	y
	goods	~		129	Cost of dona	ted pro	perty	y
6	Cars and other vehicles	~	1	16,545	Cost of dona	ted pro	erty	y
7	Boats and planes	~	1	3,250	Cost of dona	ted pro	perty	<u>y</u>
8	Intellectual property							
9	Securities—Publicly traded	·	1	2,746	Selling price	of dona	ted	prope
10 11	Securities—Closely held stock . Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	~	1	250	Sale of comp	arable p	orop	erties
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Software)	<i>'</i>	1		Cost of dona			
26	Other (Equipment Machinery	<i>V</i>	9		Cost of dona			
27	Other ► (Other gift certificates) Other ► (Other services)	<i>'</i>	219		Cost of dona			
<u>28</u> <u>29</u>	Number of Forms 8283 received		10		Cost of dona	tea pro	perty	
23	which the organization completed				29			0
	p.		·, · · · · · · · · , — · · · · · · · · ·	-g	23	Υ	es	No
30a	During the year, did the organization it must hold for at least three year	irs from the	e date of the initial contribu	tion, and which is not req	uired to be			
	used for exempt purposes for the	entire hold	ing period?			30a		~
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep				31	_	
32a	Does the organization hire or use contributions?					32a		
ь 33	If "Yes," describe in Part II. If the organization did not report at describe in Part II.							

Schedule M (chedule M (Form 990) (2011)							
Part II	Supplemental Information. Complete this part to 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.							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number					
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC	59-0936101					
Form 990, Part VI, Section A, Line 3 - The University's Prescott Campus delegated responsibility for bu	uilding and grounds maintenance to a					
contractor, Sodexo LLC, with which it has an extensive and complex business relationship.						
Form 990, Part VI, Section B, Line 11b - Form 990 was completed by University staff and forwarded to						
Trustees of Embry-Riddle Aeronautical University. The Audit Committee met and reviewed the form an						
participate in order to answer questions. At the end of the session, the Audit Committee voted to approve the 990. After the meeting, a copy of the 990 was sent to the entire University's Board of Trustees. After allowing the Trustees time to review the form and ask questions, any						
material changes were incorporated into the document. The finalized document was the filed with the						
material changes were incorporated into the document. The infanzed document was the filed with the	iks.					
Form 990, Part VI, Section B, Line 12c - The University's Internal Audit Department annually sends out	and receives conflict of interest					
disclosure forms from University employees. Moreover, actual or potential conflicts of interest are rev	iewed, evaluated and monitored by					
the University's Office of General Counsel. Conflicts are either resolved or forwarded to Human Resou	rces and the particular employee's					
supervisory chain of command for disciplinary action for an unresolved conflict of interest.						
Form 990, Part VI, Section B, Line 15 - The University's Vice President of Human Resources and President of Human Resources	• •					
all University top management employees, and the President is required to approve all salaries at or a						
of Human Resources provides salary and benefit comparability data to the Chairman of the Board of T						
the Executive Committee of the Board of Trustees in relation to salary and benefits of the President an	Id CEO.					
Form 990, Part VI, Section C, Line 19 - The University makes its governing documents, conflict of inter	est policy and financial statements					
available to the public upon request.	est policy and illuncial statements					

Schedule O, Statement 1

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 59-0936101

Form: 990 Page: 1 Line Number:

Reasonable Cause Explanations

Explanation	
n/a	

Schedule O, Statement 2

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 59-0936101

Form: 990 Page: 1

Line Number: Part I Line 1

Activity Or Mission Description

Description

centers throughout the United States and abroad serve civilian and military students through ERAU-Worldwide. Embry-Riddle prepares graduates for productive careers and responsible citizenship with special emphasis on the needs of aviation, aerospace, engineering and related fields. The curriculum emphasizes communication and analytical skills, understanding the free enterprise system, extending the knowledge of aviation and aerospace, promoting ethical behavior, delivering continuing educational opportunities for adults, developing broadly educated individuals, and engaging in research that addresses needs in aviation and aerospace-related industries. See http://www.erau.edu/ for additional information.

Schedule O, Statement 3

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 59-0936101

Form: 990 Page: 2

Line Number: Part III Line 1

Mission Description

Description

ERAU-Worldwide. Embry-Riddle prepares graduates for productive careers and responsible citizenship with special emphasis on the needs of aviation, aerospace, engineering and related fields. The curriculum emphasizes communication and analytical skills, understanding the free enterprise system, extending the knowledge of aviation and aerospace, promoting ethical behavior, delivering continuing educational opportunities for adults, developing broadly educated individuals, and engaging in research that addresses needs in aviation and aerospace-related industries. See http://www.erau.edu/ for additional information.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC

Employer identification number 59-0936101

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ERAU Deutschland GmbH Zimmerstr 23, Berlin, 10969, Germany	Higher Education	Germany	157,068	87,605	N/A
(2) Embry-Riddle Aeronautical University Singapore 150 Cecil Street 15-01, Singapore, 069543, Singapore	Higher Education	Singapore	830,009	553,521	N/A
(3)					
(4)					
(5)					
(6)					

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

(a)

Name, address, and EIN of related organization

(b)

Primary activity

(c)

Legal domicile (state or foreign country)

Exempt Code section

(if section 501(c)(3))

Direct controlling entity

Section 512(b)(13)

controlled entity?

	or foreign country)	(if section 501(c)(3))	entity	contr	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No																			
_(1)																														
(2)																														
(3)																														
(4)																														
(5)																														
(6)																														
(7)																														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ERAU Holdings Inc (06-1638801)	Holding Company	FL	N/A	С	0	0	100%
600 South Clyde Morris Blvd, Daytona Beach, FL 32114							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

NI - 4	Occupated from 4 from coefficie field of Dorte II III on Northic colonials		es No	-
	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1	es No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	_		
а		1a		_
b		1b		_
С	Gift, grant, or capital contribution from related organization(s)	1c	· ·	_
d	Loans or loan guarantees to or for related organization(s)	1d	· ·	
е	Loans or loan guarantees by related organization(s)	1e	'	
				Ī
f	Sale of assets to related organization(s)	1f	· ·	
q		1g	V	_
h		1h		_
i		1i	·	-
•			-	
·	Lease of facilities, equipment, or other assets from related organization(s)	1j	V	
) J		1k		-
k				_
- 1		11	· ·	_
m		lm		_
n	Sharing of paid employees with related organization(s)	1n	· ·	_
0		10	· ·	
р	Reimbursement paid by related organization(s) for expenses	1p	'	
q	Other transfer of cash or property to related organization(s)	1q	V	
r	Other transfer of cash or property from related organization(s)	1r	V	_
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thres	sholds.	_
	(a) (b) (c)	(d)		_
	Name of other organization Transaction Amount involved Method		termining	
	type (a-r) amo	ount in	olved	
				-
(1)				
(')				-
(0)				
(2)				-
<i>(</i> -)				
(3)				_
(4)				_
(5)				_
(6)				

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	Are all sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	
(1)	-												
(2)	-												
(3)	-												
<u>(4)</u>	-												
(5)	-												
(6)	-												
(7)	-												
(8)	-												
(9)	-												
(10)	-												
(11)	-												
(12)	-												
(13)	-												
(14)	-												
(15)	-												
(16)	-												
													000) 0044

	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	