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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public
Inspection

A Fo	or the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9					
	neck if ap			C Name of organization			D Employer ide	entification number			
_	dress cha		Please use IRS	REGENT UNIVERSITY			54-106117	54-1061178			
_	ıme chan	-	label or print or	Doing Business As			E Telephone n	umber			
_		-	type. See				(757) 352-	4050			
Inı —	tıal retur	'n	Specific Instruc-	Number and street (or P O box if mail is 1000 Regent University Drive	not delivered to street addre	ess) Room/su	ıte .	ts \$ 240,331,317			
Te	mınatıoı	n	tions.	1000 Regent Oniversity Drive			·	, ,			
- An	nended r	eturn		City or town, state or country, and ZIP +	- 4						
– _{Ap}	plication	pending		Virginia Beach, VA 23464							
			E Nar	ne and address of Principal Officer		l					
			Dean W	·			this a group returr liates?	rfor			
				Regent University Drive			mates.	1 163 1 140			
				a Beach, VA 23464		H(b) Are	all affiliates includ	ed?			
[Ta	ax-exem	pt status	✓ 501(c)) (3) ◀ (Insert no)	527	(If	"No," attach a list	See instructions)			
W	eb site	•: ► www	w regent ed	lu		H(c) Gr	oup Exemption Nu	ımber 🟲			
∢ тур	e of org	anızatıon	Corporat	ion 🦵 trust 🦵 association 🔽 other 🕨 Educ	cational institution	L Year of	Formation 1977 M	State of legal domicile VA			
Da	rt I	Sumi	marv								
				e organization's mission or most sig	nificant activities						
				luate Level Education	initedite decivities						
<u>2</u>		Dacher	n and Grad	date Level Education							
<u> </u>											
<u>u</u>	_	C h = = 1, 4	.b.a ba —	.5.4.		. 6	250/ 25:42	_			
sovemance			,	if the organization discontinued its o							
			-	nembers of the governing body (Part				24			
ě	4	Number	ofindeper	ndent voting members of the governi	ng body (Part VI, line 1	b)	4 _	18			
Ě	5	Total nu	ımber of er	nployees (Part V , line 2a)			5 _	1,537			
ACIIVIIIES &	6	Total n	umber of vo	olunteers (estimate if necessary) .			6 _	18			
t	7a	Total gr	oss unrela	ted business revenue from Part VIII	I, lıne 12, column (C)		7a _	10,496,030			
	ь	Net unr	elated busi	iness taxable income from Form 990)-T, line 34		7b	0			
						Р	rior Year	Current Year			
	8	Contri	butions and	d grants (Part VIII, line 1h)			5,125,972	2,559,563			
₽	9	Progra	m service	revenue (Part VIII, line 2g)			55,240,157	59,931,532			
Revenu	10			me (Part VIII, column (A), lines 3, 4			30,191,493	-12,926,250			
æ	11			art VIII, column (A), lines 5, 6d, 8c			12,183,639	10,528,453			
	12		-	dd lines 8 through 11 (must equal P		е ———					
		12)			(7)		102,741,261	60,093,298			
	13	Grants	and simila	ar amounts paid (Part IX, column (A)), lınes 1–3)		9,783,965	11,282,297			
	14	Benefi	ts paid to c	or for members (Part IX, column (A),	line 4)		0	0			
	15	Saları	es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –					
8		10)					52,767,437	51,805,799			
Expenses	16a	Profes	sıonal fund	lraısıng fees (Part IX, column (A), lır	ne 11e)		0	0			
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 ^{3,574} ,2	.55						
ш	17		-	(Part IX, column (A), lines 11a-11d	·		43,153,628	37,465,113			
	18		-	add lines 13–17 (must equal Part I			105,705,030	100,553,209			
	19			penses Subtract line 18 from line 12			-2,963,769	-40,459,911			
<u>20</u>						Regio	nning of Year	End of Year			
<u> </u>	30	T - 4 - 1		et V. line 163		Degii					
net Assers or Fund Bałances	20		•	rt X, line 16)			412,193,000	319,141,000			
둏	21	Totall	ıabılıtıes (f	Part X, line 26)			132,502,000	133,094,000			
žŽ	22	Net as	sets or fun	id balances Subtract line 21 from lir	ne 20		279,691,000 186,047,				
Pa	rt II	Sign	ature Bl	ock							
				erjury, I declare that I have examined this re							
		and beli	ef, it is true,	correct, and complete Declaration of prepar	er (other than officer) is base	ed on all inform	nation of which prepai	er has any knowledge			
riea Sigi	ase	Sign	ature of office	ar	10-05-07 ate						
ler		F Sign	ature or office	=1	ite						
•	-		n Wooten VP e or print nam								
		F Type	or print nam	е ани ние	<u>'</u>						
		Preparer			l l	Check If self-	Preparer's PTIN	(See Gen Inst)			
Paid		signature	• 🖊		1	empolyed 🕨	-				
rep	arer's		ame (or your	S L		<u>'</u>					
Jse	Only		nployed), and ZIP + 4	/			_ EIN ►				
							Phone no 🕨				
1 -	46 - 7 P C	د		rn with the preparer shown above? (Can			Tyes TNo			
a a v	TOO IDS	- 0100110	E TOIC PATIL	THE WILL THE PROPERTY CHOWN SHOULD (- 00 IDCTELLOTIONS \						

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	80.191.200 Must eau	al Part IX. Line 25. column (B).	
4U		rnedule O) icluding grants of \$	0) (Revenue \$	0)
4d	Other program services (Describe in Sc	hedule O)		
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue \$)
4b	(Code) (Expenses \$ Leisure & Recreational Activities Programs Hospit and other various hospitality services (0 -)	6,618,899 including grant ality Services - Hotel and conference		•
	(6:1-) \ \(\) \(\) \(\)	6.610.000	23.72	
	Undergraduate degrees were awarded in 2008-20		adent services, senoraliships, Academic All	ions our Grandett acytees and 100
4a	(Code) (Expenses \$ Educational Programs, General/Other Instruction Divinity, Law, Government and Undergraduate St		lobal Leadership & Entrepreneurship, Educa	ation, Psychology & Counseling,
4	Describe the exempt purpose achievement Section 501(c)(3) and (4) organizations a others, the total expenses, and revenue, i	and 4947(a)(1) trusts are req	uired to report the amount of grants	
	services?	dule O		「Yes 「No
3	If "Yes," describe these new services on S Did the organization cease conducting or		low it conducts any program	
2	Did the organization undertake any signifithe prior Form 990 or 990-EZ?	cant program services during	the year which were not listed on	┌ Yes ┌ No
	Bachelor and Graduate Level Education			
1	Briefly describe the organization's mission			

	art IV	Checklist	of Require	d :	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I .	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
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, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
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	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8.	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	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	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο

Enter the number reported in Box 3 of Farm 10.95, Annual Summary and Transmitted 1	Pai	t V Statements Regarding Other IRS Filings and Tax Complian	ce				
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable c Dut the organization comply with backup withholding rules for reportable payments to senders and reportable gamming (pamming to prize with mere). 2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Scanners (add for the calendary avera ending with or within the year covered by this return. 3 If all least one is reported in 2a, did the organization file all required federal employment Lax returns? Note left the sum of times 1a and 2a is greater than 230, you may be equired to e-file this return. 3 If all least one is reported in 2a, did the organization file all required federal employment Lax returns? Note left the sum of times 1a and 2a is greater than 230, you may be equired to e-file this return. 3 If If least one is reported in 2a, did the organization file all required federal employment Lax returns? Note left the sum of time 1a and 2a is greater than 230, you may be equired to e-file this return. 3 If If least one is reported in 2a, did the organization file all required federal employment Lax returns? Note left the sum of time 1a and 2a is greater than 230, you may be equired to e-file this return. 3 If If least one is reported in 2a, did the organization file all required federal employment Lax returns? 3 If If least one is reported in 2a, did the organization file all required federal employment Lax returns? 4 As a transfer and a count in a foreign country (such as a brain second, sections). 5 If If least organization promote proteign country (such as a brain second, sections). 5 Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 5 Was the organization party to a prohibited tax sheller transaction at any time during the required foreign federal party foreign greaters are the countributions of greaters and the committee of the form and the countributions of the greater and the countributions of greaters and the countributions o						Yes	No
b Enter the number of Forms W-26 included in line 1a Enter-0-intot applicable c Due the organization comply with backup withholding rules for reportable payments to evenders and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on form W-3, Transmitter of Wage and Tar Stewments flied for the calendar year ending with or within the year covered by this return. 3 Enter the number of employees reported on form W-3, Transmitter of Wage and Tar Stewments flied for the calendar year ending with or within the year covered by this return. 4 If Yes I leads one is reported in 2a, did the organization file all irequired feed end employment tax returns? 5 If Yes, This it filed a Form 990-T for the year? If Yeo 'provide an explanation in Schedule O A A carn time during the calendar year, did the organization have an interest in in Schedule O A A carn time during the calendar year, did the organization have an interest in in Schedule O A A carn time during the calendar year, did the organization have an interest on in Schedule O A A carn time during the calendar year, did the organization have an interest on in Schedule O A A carn time to the country (such as a bank account, securines account, or other financial Accounts. 5 If Yes, 'enter the name of the foreon country or the financial Accounts. 5 If Yes, 'the the organization and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 5 West the organization as party to a prohibited tax sheller transaction at any time during the tax year? 5 If Yes, 'to 5 a or 5 B, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 If Yes, 'to 5 a or 5 B, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 If Yes, 'to 5 a or 5 B, did the organization that were not tax deductible? 5 If Yes, 'to 5 a or 5 B, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 If Yes, 'to 5 a or 5 B, did the	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-2G included in line 18 Enter -0-If not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (capaniding) withing 50 parts withing 18 payments to vendors and reportable gaming (capaniding) withing 50 parts withing 18 payments to vendors and reportable gaming (capaniding) withing 18 payments (and the organization file all required federal employment tax returns 2. 1, 377 b If at least one is reported in 2.8, did the organization file all required federal employment tax returns 3. 1, 377 b If the second of t		of U.S. Information Returns. Enter -0- if not applicable					
c Did the organization comply with backup withholding rules for reportable payments to venders and reportable gamming (gambling) within packup withholding rules for reportable payments to venders and reportable gamming (gambling) within packup within pac			1a	6,129			
againing (gambing) wannings to prize winners? 2 Setter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements lited for the calendar year ending with or within the year covered by this return. 3 If a least one is sported in 2a, did the organization file all irrequired feeferal employment tax returns? 3 If a least one is sported in 2a, did the organization file all irrequired feeferal employment tax returns? 3 If a least one is sported in 2a, did the organization file all irrequired feeferal employment tax returns? 4 If Yes, a least of the sported in 2a, did the organization file all irrequired feeferal employment tax returns? 5 If Yes, a least the sported in 2a, did the organization file all irrequired feeferal employment tax returns? 5 If Yes, a least the sported in 2a, did the organization file all required feeferal employment tax returns? 5 If Yes, a least the sported in 2a, did the organization file all required feeferal employment tax returns? 5 If Yes, a least the sported in 2a, did the organization file all required feeferal employment tax returns? 5 If Yes, a least the sported in 2a, did the organization file feefer all 2a, did the organization employee sported in 2a, did the organization employee organization sported in 2a, did the organization employee organization employees a deductible? 6 If Yes, and the organization on clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(5). 8 If Yes, and the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions and express organization in the sported in 2a, did the organization of the supporting organization and sported forms and	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
26 Either the number of employees reported on Form W-3, Transmitted of Wape and Tax Setement End of the calculator year anding with or within the year occurred by this greature. 27 Notes! The sum of him is an all 28 is greater than 250, year may be required to effect this return. 28 Did the organization have unrelated bus insets gross income of \$1,000 or more during the year occurred by this return? 39 Did the organization have unrelated bus insets gross income of \$1,000 or more during the year occurred by this return? 30 If Yes is has it field a Form 990-T for this year? If 'No," provide an explanation in Schedule 0. 31 Yes If Yes, has it field a Form 990-T for this year? If 'No," provide an explanation in Schedule 0. 32 Yes If Yes, has it field a Form 990-T for this year? If 'No," provide an explanation in Schedule 0. 33 Yes If Yes, a third the name of the foreign country set the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Recent of Foreign Bank and Annacial Accounts. 35 Was the organization in party to a prohibited tax sheller transaction at any time during the tax year? 36 If Yes, 'to be or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 37 Organization shell any receive deductible contributions under section 170(c). 38 Ob the organization provide any receive deductible contributions under section 170(c). 39 Ob the organization on, during the year, or otherwise dispose of tangible personal property for which it was required to file Form 8292 in a section 508(a) in the section 170(c). 40 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 41 Fives, 'did the organization on, during the year, perceive any kinds, directly or indirectly, to pay premiums on a personal benefit contract? 42 If Yes, 'did the organization on, during the year, precive any kinds, directly or indirectly, to pay premiums on a personal benefit contract? 43 If Yes, 'indicate the number of Forms 0222 Med duri	С		to ven	dors and reportable	4-	V	
Statements field for the calendar year ending with or within the year covered by this return. 1	3 -		i .		10	res	
b If I least one is reported in 2n, did the organization file all required federal employment tox returns? Note: If the sum of inner is and 2 sus greater than 250 you may be required the rite than return? 10 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 11 FYes, has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule 0. 12 At any time during the calendar year, did the organization have an interest in, or a significant of the rite of the return of the retu	za	Statements filed for the calendar year ending with or within the year covered by this		1.537			
Note: If the sum of lines I a and 2 as a greater than 250, you may be required to effect this return. 3a	ь			,			
b If Yes, has it filed a Form 990. T for this year? If No." provide an explanation in Schedule O. 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, as cunties account, or other financial accountry). b If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial accountry). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No. b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes, to Sa or 5b, did the organization file form 8886-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6b Did the organization solicit any contributions that were not tax deductible? 6c Did the organization of the very solicitation an express statement that such contributions or gift were not tax deductible? 6c Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 6 Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 6 Did the organization at all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$222 or the services of the services of tangible personal property for which it was required to file Form \$222 or the services of tangible personal property for which it was required to file Form \$222 or the services or tangible personal property for which it was required to file Form \$222 or the services or tangible personal property for which it was required to file Form \$222 or the services or tangible personal property for which it was required to file Form \$222 or the services or tangible personal property for which it was required to file Form \$222 or the services or tangible personal property for which it was required to file Form					2b	Yes	
4a A lary 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 in a foreign country with the country of the instructions for exceptions and filing requirements for Form 1D 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? 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to 5s or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," to 5s or 5b, did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 6c Did the organization solicit any contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro-quo contribution of \$75 or more? 7c Did the organization provide goods or services in exchange for any quid pro-quo contribution of \$75 or more? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7d Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization of qualified intellectual property, did the organization file a Form 8298 a required? 7d For all Contributions of qualified intellectual property, did the organization file a Form 198-C as required? 7e Section \$51(c)(3) and other sponsoring organizations mantaining donor advised funds. 8 Did the organization make a distribution to a donor, donor adv	3a		ng the	year covered by this	3a	Yes	
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		
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facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders	b		10b				
a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			112				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·	5				
126	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
	Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing I	Body and Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 24			
Ь	Enter the number of voting members that are independent 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AZ, KY, MD, NH, OH, OK, VA, WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Regent University Business Office 1000 Regent University Dr

Virginia Beach, VA 23464

(757) 352-4050

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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash						
							\vdash			
										·
				\vdash			\vdash			
1b Total						1	-	2,732,630	321,084	581,128

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►54

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Tocquigny Design Inc 401 Congress Ave Austin, TX 78701	Marketing Services	6,271,307
Christian Broadcasting Network 977 Centerville Turnpike Virginia Beach, VA 23464	Facility Services	3,316,350
Hammond Associates 101 South Hanley Road Third Floor St Louis, MO 63105	Investment Services	458,712
Law and Justice Institute 201 Maryland Ave Northeast Washington, DC 20002	Educational Services	295,000
Straight Path Management PO Box 1287 Virginia Beach, VA 23451	Management Consulting Services	266,525
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	· ·	16

Statement of Revenue

1a				Function	Business Revenue	Excluded from Tax under IRC 512 513 or 514
	Federated campaigns	1a 0		Revenue		512, 513, or 514
2 22 6						
e in		1b				
s, ç am	Fundraising events	1c				
gift Iar	d Related organizations	. 1d 0				
ıs, imi	Government grants (contributions)	1e 214,058				
firs f	All other contributions, gifts, grants, similar amounts not included above	and 2,345,505	İ	j		
ê₩	similar amounts not included above					
불호 9		ed in ,613				
ლე _ r	IIIC3 1α 11 φ		2,559,563			
		Business Code				
⊕ ⊒ 2a	Tuition and Fees	611,310	54,635,178	54,635,178	0	0
Lles b		611,710		0	0	4,573,077
- R		611,710		0	0	675,829
M d		611,710	· ·	0	0	47,448
S e			47,440	0	0	47,440
E f		anue e	0	0	0	0
Program Service Revenue		- III G	°			
Š g	Total. Add lines 2a-2f ► \$ 59,931,532					
3	Investment income (including	dividends, interest				
	other similar amounts)	·	2,108,005	0	164,497	1,943,508
4	Income from investment of tax-exer	mpt bond proceeds	-146	0	0	-146
		•		0	0	
5	Royalties		186,936	U U	0	186,936
6a	(i) Real Gross Rents 32	(II) Personal 759 0				
Ь		0 0				
	expenses Rental income 32	.759 0				
°	or (loss)		22.750		33.675	0.604
d		▶	32,759	0	23,075	9,684
7a	from sales of assets other					
b	other basis and sales expenses					
C		.109 0	15.004.400			45.004.400
d	Net gain or (loss)		-15,034,109	0	0	-15,034,109
8a ⊕	Gross income from fundraising events (not including \$0 of contributions reported on li					
Other Revenue	•	. a 0				
ੂ ਵ		.b 0 Iraising events	o	o	О	o
_		<u> </u>				
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
Ь	b Less direct expenses	a 0				
c		ning activities	О	o	o	О
10		<u> </u>				
10	returns and allowances .	a 0				
b		. b 0	0	o	0	0
c	Net income or (loss) from sale Miscellaneous Revenue	Business Code		0	0	
11		721,110	6,115,367	o	6,115,367	0
	b Caterers (Food & Beverage)	722,320		0	4,057,597	
	Caterers (Food & Beverage) Bookstore Commissions	451,211		0	135,494	
			300	0	0	
	d All other revenue	— [230			230
'	e Total. Add lines 11a-11d .					
12	Total Revenue. Add lines 1h, 8c, 9c, 10c, and 11e	2g, 3, 4, 5, 6d, 7d,	60,093,298	54,635,178	10,496,030	-7,597,473

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r				
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	100,000	100,000		· · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,938,587	10,938,587		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See	243,710	243,710		
4	Part IV, lines 15 and 16 Benefits paid to or for members	243,710	243,710		
5	Compensation of current officers, directors, trustees, and key employees	1,729,006	519,809	1,011,205	197,992
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
7	Other salaries and wages	39,742,280	32,779,176	0	1,445,008
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,206,545	942,989	223,423	40,133
9	Other employee benefits	6,480,370	7,120,832	-1,039,155	398,693
10	Payroll taxes	2,647,598	2,142,927	384,820	119,851
11	Fees for services (non-employees)				
а	Management	260,408	0	260,408	0
ь	Legal	108,545	3,092	100,452	5,001
c	Accounting	137,000	0	137,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	2,733,937	1,527,428	678,912	527,597
12	Advertising and promotion	5,213,255	4,627,021	586,234	0
13	Office expenses	2,786,957	1,794,620	824,443	167,894
14	Information technology	1,603,409	886,340	704,114	12,955
15	Royalties	14,204	14,204	0	0
16	Occupancy	10,015,912	4,791,297	5,199,842	24,773
17	Travel	1,181,734	949,992	129,217	102,525
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	62,440	58,251	3,523	666
20	Interest	561,783	79	561,704	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,355,612	4,802,106	501,256	52,250
23	Insurance	314,749	34,115	269,309	11,325
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Repair/Maintenance of Equipment	597,165	429,684	167,248	233
	Bad Debt Expense	566,791	296,691	13,702	256,398
c	Hospitality	544,817	291,445	48,386	204,986
d	Restrictions Relieved	1,919,917	1,919,917	0	0
е	Hotel Services & Support	2,386,333	2,217,898	168,435	0
f	All other expenses	1,100,145	758,990	335,180	5,975
25	Total functional expenses. Add lines 1 through 24f	100,553,209	80,191,200	16,787,754	3,574,255
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	l Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				169.000		154,000
	2	Savings and temporary cash investments	•	•		1,533,000	-	1,129,000
	3	Pledges and grants receivable, net		2,325,000	-	1,633,000		
	4	Accounts receivable, net	•	•		3,167,000		1,919,000
	5	Receivables from current and former officers, directors, trustee.	· ·	•	lovens or	3,107,000	-	1,919,000
		other related parties Complete Part II of Schedule L		•		0	5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				0	6	0
	7	Notes and loans receivable, net				0	7	0
	8	Inventories for sale or use				681,000	8	439,000
\$	9	Prepaid expenses and deferred charges				1,082,000	9	1,004,000
ssets	10a	Land, buildings, and equipment cost basis	10a	ı	181,006,000			
⋖		Land and the distance of the Committee Control of	IUa		181,000,000			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		75,216,000	114,345,000	10c	105,790,000
	11	Investments—publicly traded securities	-	٠.		143,869,000	11	93,447,000
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	Part VII	I of		78,231,000	12	103,663,000
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .		66,740,000	-	9,963,000		
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				51,000		0
		D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)				412,193,000	16	319,141,000
	17	Accounts payable and accrued expenses .		8,118,000	17	7,924,000		
	18	Grants payable				0	18	0
	19	Deferred revenue		489,000	19	540,000		
	20	Tax-exempt bond liabilities	i			90,637,000	20	90,189,000
<u>, ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D					21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		0	22	0		
	23	Secured mortgages and notes payable to unrelated third parties	s .			0	23	0
	24	Unsecured notes and loans payable			24	0		
	25	Other liabilities Complete Part X of Schedule D		33,258,000	25	34,441,000		
	26	Total liabilities. Add lines 17 through 25				132,502,000	26	133,094,000
s e		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	plet e l	ines	27			
Balance	27	Unrestricted net assets				162,310,000	27	-8,479,000
<u> </u>	28	Temporarily restricted net assets				4,858,000	-	82,528,000
Ē	29	Permanently restricted net assets		112,523,000	<u> </u>	111,998,000		
Fund		Organizations that do not follow SFAS 117, check here ► are lines 30 through 34.	e					
0	30	Capital stock or trust principal, or current funds	_				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
25.5	32	Retained earnings, endowment, accumulated income, or other fu			32			
	33	Total net assets or fund balances				279,691,000	-	186,047,000
Net	34	Total liabilities and net assets/fund balances				412,193,000		319,141,000
Pa	rt XI	Financial Statements and Reporting						

) L VT	Financial	Statements		Damautina
'art XI	Financial	Statements	and	Renorting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3а	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

KEGEI	NI ONIV	/ERSITY							1061176	•		
Dэ	rt I	Pascon	for Bublic Cl	harity Status (to be co	mnleted	by all or	nanizatio		-1061178 Instruct			
				ation because it is (Please					monuce	10113)		
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	Ī	•	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ė		A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4			•	zation operated in conjunction			-				•	
	•		name, city, and	•					. , ,			
5	Г	•		or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	3
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Pari	tII)							
8	Г	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	s taxable	ıncome (l	less sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	\vdash	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively for orted organizations describe type of supporting organization Type II c	d in section	on 509(a)	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Section 5		.Check
e	Γ	other than t section 50	foundation mana 9 (a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nizations (described	ın section	509(a)(1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organi:	zation,
g		check this Since Augu following pe	ıst 17, 2006, h	as the organization accepted	d any gift o	or contrib	utıon from	any of the	:			ı
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
			· ·	ng body of the the supported		_	·			11g		
			· -	erson described in (i) above	_					11g(
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	oove?				11g(_	
h		Provide the	following inforr	nation about the organizatio	ns the org	anızatıon	supports				•	
	(i) N :	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) ī	s the	(vii) An	nount of
		orted	(,	(described on lines 1-9		ation in		nızatıon		ation in	supp	
	Organ	nization		above or IRC section	col (i) l			i) of your		rganized		
	(See Instructions)) your governing supp document? Yes No Yes			(See Instructions))			supp	oort?	ın the	US?		
			No	Yes	No							
					162	140	162	140	162	140		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 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						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 54-1061178

Name: REGENT UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1									
		Posit t	(C ion (d hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Wellington Boone , Board Member	1	Х						0	0	0
Benjamın S Carson Sr , Board Member	1	X						0	0	0
Vernon E Clark , Board Member	4	Х						150,000	0	0
Chauncey Crandall , Board Member	1	Х						0	0	0
Roberta E Eldred , Board Member	1	Х						0	0	0
Jım L Funarı , Board Member	1	Х						0	0	0
Joseph R Gregory , Board Member	1	Х						0	0	0
Roberta P Hromas , Board Member	1	Х						0	0	0
Kay Peng Khoo , Board Member	1	Х						0	0	0
Thomas J Knox , Board Member	1	Х						0	0	0
Michael D Little , Board Member	1	Х						0	321,084	38,783
Howard W Long , Board Member	1	Х						0	0	0
William Maynard , Board Member	1	Х						0	0	0
Cheryl McLeskey , Board Member	1	Х						0	0	0
David V Mellili , Board Member	1	Х						0	0	0
Lowell W Morse , Secretary	1	X						0	0	0
G Conoly Phillips , Board Member	1	Х						0	0	0
Adelia E Robertson , Board Member	1	Х						0	0	0
Dr MG Pat Robertson , President	25 00	Х		Х				1,403	0	69,695
Timothy B Robertson , Chairman of Board	1	Х						0	0	0
Thomas Saltsgıver , Board Member	1	Х						0	0	0
Jay A Sekulow , Board Member	1	Х						0	0	0
Daniel C Sellers , Board Member	1	Х						0	0	0
Robert O Snelling Sr , Board Member	1	Х						0	0	0
Louis A Isakoff , Vice President	40			Х				259,717	0	46,501
Tracy R Stewart , Vice President	40			Х				182,669	0	38,395
Salvatore Iaquinto , Vice President	40			Х				160,414	0	18,677
Dean A Wooten , Vice President	40			Х				144,256		32,620
Jeffrey S Pittman , Vice President	40			Х				144,133		29,932
Martha J Smith , Vice President	40			Х				138,630	0	29,366

Form 990, Part VII - Section Aaa

onin 330, Fart VII Section Add										
			(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Sherrı Stocks , Vıce President	40			Х				128,963	0	24,024
Carlos A Campo , Vice President	40			Х				125,109	0	13,111
Jeffery A Brauch , Dean - Law School	40					Х		213,258	0	38,556
John E Mulford , Dır - Ctr for Entrep	40					Х		175,863	0	34,734
Bruce Winston , Dean - Global Leader	40					Х		175,070	0	33,651
David J Gyertson , Prof -Org Leadership	40					Х		168,478	0	31,928
Kenneth Kavale , Educ Professor	40					Х		167,512	0	28,777
Maureen McDonnell , Former Vice President	0						х	248,888	0	42,052
Randall Pannell , Acting Academic Dean	40						Х	148,267	0	30,326

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DLN: 93493125010070

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Attach to Form 990. To be completed by organizations that

Open to Public Inspection

Department of the Treasury Internal Revenue Service

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. **Employer identification number** Name of the organization REGENT UNIVERSITY 54-1061178 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year)

3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Preservation of certified historic structure Protection of natural habitat Preservation of open space

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

Held at the End of the Year

- 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

2c

2d

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

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	3111	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Tr</u>	eas	ures, or Othe	r Similar	Asse	ts (co	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing t	hat a	re a sıgnıfıcant ι	ise of its co	llection	1	
а	Public exhibition d Loan or exc							hange programs				
b	b Scholarly research e Other											
c		Preservation for future generations										
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v they	furthe	r the	organization's ex	cempt purpo	ose in		
5		ng the year, did the organization solicit o							nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						anızatıon answ	ered "Yes	" to Fo	orm 99	90,
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	liary	for c	ontribut	tions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	!								
										A mou	nt	
С	Begi	inning balance						1c				
d	Addı	itions during the year						1d				
е	Dıst	ributions during the year						1e				
f	Endi	ing balance						1f				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV										
Pa	rt V	Endowment Funds. Complete										
1_	Pogu	nning of woor holones	(a)Current Year 276,050,000	(b) Prior	Year	(c)	wo Years Back (d)	Three Years E	заск (е)Four Ye	ears Back
1a L		nning of year balance	597,000									
b c		stment earnings or losses	-66,037,000									
d		its or scholarships	0									
e		er expenditures for facilities	22,500,000									
		programs	, ,									
f	Adm	inistrative expenses	0									
g	End	of year balance	188,110,000									
2	Prov	ıde the estimated percentage of the yea	r end balance held as	5								
а	Boar	d designated or quasi-endowment 🕨	0 %									
Ь	Perm	nanent endowment 🕨 60 %										
c	Term	n endowment ▶ 40 %										
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held	and	admınıstered for	the			
		nization by							Í	- (:)	Yes	No
		nrelated organizations			•		•			3a(i) 3a(ii)		N o N o
ь		elated organizations es" to 3a(ii), are the related organizatio				ule R?				3b	<u> </u>	100
4		cribe in Part XIV the intended uses of th	•				•					
Par	t VI						90, P	Part X, line 10.				
		Description of investment				Cost or o (investn		(b)Cost or other basis (other)	(c) Deprecia	ation	(d) Boo	ok value
1a	Land						0	8,278,000			8	8,278,000
b	Buildir	ngs					0	111,424,000	26,43	9,000		1,985,000
					—				 			
c	Lease	hold improvements					0	0		0		0
		hold improvements					0	61,156,000	48,77	7,000	12	0 2,379,000

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other Venture Capital	47,790,000	F
Other Hedge Funds	19,700,000	F
Other Fixed Income Note Receivable	12,860,000	F
Other Real Estate Investment Trust	14,655,000	F
Other Commodities	4,522,000	F
Other Oil & Gas Investment	4,136,000	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	103,663,000	
	•	
Part VIII Investments—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Fixed Income Investment limited by Bond Agreement	9,137,000	F
Annuities	826,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	9,963,000	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line .	15.)	
Part X Other Liabilities. See Form 990, Part X		0
(a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Line of Credit Facility	33,499,000	
Bond Rebate Fund	387,000	
Capital Lease Payable	555,000	
Capital Lease Layable	355,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	34,441,000	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,093,298
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	100,553,209
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-40,459,911
4	Net unrealized gains (losses) on investments	4	-53,126,000
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	917,911
9	Total adjustments (net) Add lines 4 - 8	9	-52,208,089
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-92,668,000
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-3,828,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-63,921,298
3	Subtract line 2e from line 1	3	60,093,298
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	60,093,298
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	88,840,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	-774,622
3	Subtract line 2e from line 1	3	89,614,622
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		4
с _	Add lines 4a and 4b	4c	10,938,587
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	100,553,209

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanat ion
SchD_P10_S00_L00	Schedule D, Part X	The University has been recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC) Founders Conference Center, LLC, a single member limited liability corporation with the University as its member, is a disregarded entity (tax treatment is similar to that of a partnership) for federal and state income tax purposes The University does not believe its consolidated financial statements include an uncertain tax positions
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The University's endowments consist of approximately 106 individual funds established for a variety of purposes all relating to the University's overall exempt purpose of educating students
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Add back \$144,000 - Regent Foundation - files a separate 990 Add back \$833,000 - Henrico, Inc - files a separate 990 Less losses on uncollectible contributions receivable - \$58,000 Less rounding adjustment of \$1,089
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Add back institutional scholarships of \$10,938,587 - added to expenses Less \$144,000 - Regent Foundation - files separate 990 Plus rounding adjustment of \$711
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Add institutional scholarships of \$10,938,587 - included in expenses on 990
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Less \$833,000 - Henrico - files a separate 990 Add back \$58,000 - loss on uncollectible contributions receivable Add back rounding adjustment of \$378

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization **Employer identification number** REGENT UNIVERSITY 54-1061178 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Advertisements soliciting registration of new students include a summary statement of the non-discriminatory policy of the University 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo 6a **h** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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2008

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Internal Revenue Service	Form 990, Part 1V, line 14b.
Name of the organization	on
REGENT UNIVERSITY	

Employer identification number

54-1061178

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ▼ Yes No
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activites per Region (U	se Schedule F-1	(Form 990) If add	itional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
Europe (including Iceland and Greenland)	0	1	Program Services	Fund study abroad programs	157,948
Central America and the Caribbean	0	0	Program Services	Entrepreneurs hip conference	77,174
Russia and the newly independent States	0	1	Program Services	Fund entrepreneurship training center	8,588
Totals ▶	0	2			243,710
For Paperwork Reduction Act No.	tice, see the instri	uctions for Form 9	90. Cat No '	50082W S	schedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		Central America and the Caribbean	Fund the entrepreneurship conference in Guatemala		Bank wire	0		
		Central America and the Caribbean	Fund entrepreneurship conference in Guatemala	6,000	Bank wire	0		
		Russia and the newly independent States	Fund enterpreneurship training center	·	Bank wire	0		
		Europe (including Iceland and Greenland)	Payment for classroom and dormitory space for Oxford program		Bank wire	0		
		Europe (including Iceland and Greenland)	Payment for housing for students, faculty and staff for Strasbourg program	42,495	Bank wire	0		
		Europe (including Iceland and Greenland)	Payment for program coordination and program activities for Strasbourg program	23,663	Bank wire	0		

	F-1 (Form 990) if ac					nswered "Yes" to Form	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Cash assistance to individual helping to coordinate entrepreneurial conference	Central America and the Caribbean	1	6,000	wire transfer	0		

Schedule F (Form 990) 2008

ReturnReference Schedule F, Part I, Line 2	Explanation
Schedule F, Pail I, Line 2	University employee worked alongside the foreign organization to oversee the use of the funds given for the conference

Software ID: 08000095

Software Version: v1.00

EIN: 54-1061178

Name: REGENT UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

Form 990 Schedule	F Part II -	Grants and Othe	r Assistance to Or	ganizations or E	ntities Outside in	e United States		
(a) Name of organization	b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		the Carıbbean	Fund the entrepreneurship conference in Guatemala	71,174	Bank wire	0		
		the Caribbean	Fund entrepreneurship conference in Guatemala	6,000	Bank wire	0		
		•	Fund enterpreneurship training center	8,588	Bank wire	0		
		Iceland and Greenland)	Payment for classroom and dormitory space for Oxford program	91,790	Bank wire	0		
		Iceland and Greenland)	Payment for housing for students, faculty and staff for Strasbourg program	42,495	Bank wire	0		
		Iceland and Greenland)	Payment for program coordination and program activities for Strasbourg program	23,663	Bank wire	0		

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public

Name of the organization	Employer identi	Employer identification number					
REGENT UNIVERSITY						54-1061178	
Part I General Inform	mation on Grai	nts and Assistance	2			•	
Does the organization mathe selection criteria use Describe in Part IV the o	d to award the grar rganızatıon's proce	nts or assistance? edures for monitoring th	e use of grant funds in th	ne United States			
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trinity College of the Bible and Theological Seminary 4233 Medwell Drive Newburgh, IN 47630	34-1037893	501 (c) 3	100,000	0			Grant given to further their educational purpose
			1				
2 Enter total number of seconganizations							1
3 Enter total number of oth							▶ 1

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships for students attending the various schools of Regent University	3354	10,938,587	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		The University awards financial aid to students based on certain elegibility requirements. The University's financial aid package is on file at the University and is available on request

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Onen to Pu

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. To be completed by organizations

Open to Public Inspection

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization REGENT UNIVERSITY

Part I Questions Regarding Compensation

Yes No

1a	Check the appropiate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p	· · · · · · · · · · · · · · · · · · ·			
	First class or charter travel	Housing allowance or residence for personal use			
	✓ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writter provision of all the expenses described above? If "No," o		1b	Yes	
2	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Dire	· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a	·			
	Compensation committee	Written employment contract			
	·	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	VII, Section A, line 1a			
а	Receive a severance payment or change of control paym	nent?	4a	Yes	
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc	,	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Regin Part III	·	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Maureen McDonnell received a severance package per a Separation and Release agreement
SchJ_P01_S00_L01a	Part I, Line 1a	First class or charter travel To facilitate its 24 hour security coverage of Dr Robertson, Regent University provides charter air service for his business and personal flights. The University reports the taxable income for Dr Robertson's personal flights on his form 1099. It uses the Standard Industry Fare Level (SIFL) method as allowed under IRS rules to value the personal flights. Travel for companions. Regent University may provide companion air travel for Dr. Robertson or its officers, directors and key employees when their families are required to travel for business purposes.

Software ID: 08000095

Software Version: v1.00

EIN: 54-1061178

Name: REGENT UNIVERSITY

Form 990	, Schedule J	, Part II -	Officers,	Directors,	Trustees,	, Key	Emplo	yees,	and	Highest (Compen	sated Emplo	yees	

(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr MG Pat Robertson	(ı) (ıı)	1,403 0	0 0	0 0	0	0 69,695	1,403 69,695	0
Mıchael D Little	(ı) (ıı)	0 321,084	0	0	0	0 38,783	0 359,867	0
Louis A Isakoff	(I) (II)	259,717 0	0	0	21,343 0	25,158 0	306,218 0	
Tracy R Stewart	(ı) (ıı)	182,669 0	0	0	14,872 0	23,523	221,064 0	0
Salvatore Iaquinto	(ı) (ıı)	160,414 0	0	0	7,268 0	11,409	179,091	0
Dean A Wooten	(I) (II)	144,256 0	0	0	11,900	20,720	176,876 0	0
Jeffrey S Pittman	(ı) (ıı)	144,133 0	0	0	12,074	17,858 0	174,065	0
Martha J Smith	(ı) (ıı)	138,630 0	0	0	11,620	17,746 0	167,996 0	0
Sherri Stocks	(ı) (ıı)	128,963	0	0	10,773	13,251	152,987 0	0
Carlos A Campo	(I) (II)	125,109 0	0	0	1,042	12,069	138,220	0
Jeffery A Brauch	(ı) (ıı)	213,258 0	0	0	17,632 0	20,924	251,814 0	0
John E Mulford	(ı) (ıı)	175,863 0	0	0	14,708	20,026	210,597 0	0
Bruce Winston	(ı) (ıı)	175,070 0	0	0	13,055	20,596	208,721	0
David J Gyertson	(I) (II)	168,478 0	0	0	11,431	20,497 0	200,406	0
Kenneth Kavale	(ı) (ıı)	167,512 0	0	0	13,822	14,955 0	196,289 0	0
Maureen McDonnell	(ı) (ıı)	248,888 0	0	0	21,505	20,547	290,940	0
Randall Pannell	(ı) (ıı)	148,267 0	0	0	12,426	17,900 0	178,593 0	0

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DLN: 93493125010070

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

	ne or the organization									Employer Identification number				
KEC	GENT UNIVERSITY									54-1061	178			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	crıptıon of P	urpose	(g) Det	feased	Beh)On alf of suer
											Yes	No	Yes	No
Α	Virginia College Building Authority	54-1249154	927781BS2	08-09-	2006	99,4	473,248		Refinance of existing bonds and construction of new dormitories			х		Х
Pā	rt II Proceeds (Optional for	2008)		1		1 -		1	_	_				
1	1 Total Proceeds of Issue			-	4	E	3		2	D)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds											,	
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	; <u> </u>	No
9	Were the bonds issued as part of a	a current refunding is	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and red	cords to support the											
Pa	rt III Private Business Use	(Optional for 2008)					_						
					4	-	3	-		<u>C</u>)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine		inanced property											

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	В		(<u>c</u>	D		ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
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?										

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DLN: 93493125010070

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Inspection

	ie of the organization NT UNIVERSITY				Employer identificat	tion nu	mber	
					54-1061178			
Pa	rt I Types of Property							
		(a) Check ıf applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	letermı	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes				+			
	Intellectual property		1	14613	Valuation at date o	faift		
	Securities—Publicly traded . Securities—Closely held stock .		1	14,613	Valuation at date o	giit		
	Securities—Crosery field stock. Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	• • • • • • • • • • • • • • • • • • • •							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)				 			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			-
30a	During the year, did the organiza hold for at least three years from the date of						Yes	No
	for the entire holding period? $$.					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
	If the organization did not report	: revenues i	n Column (c) for a type of p	property for which Column (a) is			

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SchM_P01_S00_L32b Schedule M, Part I, Line 32b The University does not use third parties to solicit non-cash contributions Non cash gifts of stock are housed and sold through an investment account at UBS

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization REGENT UNIVERSITY

Employer identification number

54-1061178

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	MG Pat Robertson, President of Regent University, is the father of Timothy Robertson, a board member, and the husband of AE Robertson, a board member Jay Sekulow, board member, works for an organization founded by MG Pat Robertson, President Lowell Morse, board member, works as an independent contractor for an organization founded by MG Pat Robertson, President Michael Little, board member, works for an organization founded by MG Pat Robertson, President

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The 990 is sent as a PDF file to all the board members for their review before it is filed with the IRS

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is regularly reviewed and consulted. The University requires officers, directors, trustees and key employees to complete a conflict of interest questionnaire and statement on an annual basis.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Regent University will regularly review the compensation of its officers and key employees to determine whether compensation is reasonable compared to similar positions of responsibility. The Compensation Committee of the Board of Trustees (in the absence of the Compensation Committee, the Audit Committee will assume this role) will periodically conduct an independent review of compensation which includes the President, all Vice Presidents, and key employees. This process will include securing comparable compensation data from an independent source, reviewing the data to ensure that the compensation is reasonable and contemporaneous substantiation of the deliberation and decision. Furthermore, when Regent University hires a new officer or key employee or otherwise approves a significant increase in compensation for an officer or key employee it will ensure that the compensation is reasonable compared to similar positions of responsibility.

ldentifier Return Reference		Explanation
FEGUN PIN SICCE TO		All governing documents, conflict of interest policy, audited financial statements and the 990 tax form for the university are available upon request

DLN: 93493125010070

OMB No 1545-0047

Open to Public **Inspection**

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Virginia Beach, VA 23464

54-1992893

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

VA

10,172,964

4,671,000

Internal Revenue Service Name of the organization Employer identification number REGENT UNIVERSITY 54-1061178 **Identification of Disregarded Entities (E)** End-of-year assets **(F)** Direct controlling (A)
Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income or foreign country) entity Founders Conference Center LLC 1000 Regent University Drive Regent University

Hospitality Services

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Regent University Foundation 1000 Regent University Drive Virginia Beach, VA23464 20-4273074	Investments to further the purposes of Regent University	VA	501(c)(3)	5	N/A
Henrico Inc 1000 Regent University Drive Virginia Beach, VA23464 54-1998119	Wholly owned title holding company	VA	501(c)(2)		N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y		_	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with R	Related Organizations
----------------------------	-----------------------

Part \	Transactions with Related Organizations					
No	te. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
1 Durın	g the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	'?			
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	1	No	
b Gr	ft, grant, or capital contribution to other organization(s)		1b	•	No	
c Gif	ft, grant, or capital contribution from other organization(s)		10	:	No	
d Lo	ans or loan guarantees to or for other organization(s)		1d	ı	No	
e Lo	ans or loan guarantees by other organization(s)		1e	:	No	
f Sa	le of assets to other organization(s)				No	
	urchase of assets from other organization(s)		19	,	No	
_	change of assets		1h	1	No	
	ase of facilities, equipment, or other assets to other organization(s)		1 i		No	
			1j	Yes		
j Lea	j Lease of facilities, equipment, or other assets from other organization(s)					
k Pe	k Performance of services or membership or fundraising solicitations for other organization(s)					
I Per	I Performance of services or membership or fundraising solicitations by other organization(s)					
m Sh	aring of facilities, equipment, mailing lists, or other assets		1n	n	No	
n Sh	naring of paid employees		1n	1	No	
o Re	eimbursement paid to other organization for expenses		10	•	No	
p Re	embursement paid by other organization for expenses		1p	Yes		
- 01			10		No	
	ther transfer of cash or property to other organization(s)		1q 1r		No	
r Ot	her transfer of cash or property from other organization(s)		<u></u>		140	
2 If t	the answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationship	s and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)	Henrico Inc	J		1,100,0	00	
(2)	Hanrico Inc					

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1) Henrico Inc	J	1,100,000
(2) Henrico Inc	р	1,100,000
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	