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DLN: 93493135041342

Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

2010

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

Open to Public
Inspection

ear, or tax year beginning 07-01-2010 and ending 06 organization or UNIVERSITY Business As If and street (or P O box if mail is not delivered to street address egent University Drive Itown, state or country, and ZIP + 4 Beach, VA 23464 It ame and address of principal officer Int University Business Office It Regent University Drive Inia Beach, VA 23464 It ame and address of principal officer It university Business Office It ame and address of principal officer It university Business Office It ame and address of principal officer It university Drive It ame and address of principal officer It university Business Office It ame and address of principal officer It university Drive It ame and address of principal officer	H(a) Is the H(b) Are	54-10611 E Telephone r (757) 352	s \$ 263,129,002 tes? Yes No				
r and street (or P O box if mail is not delivered to street address egent University Drive town, state or country, and ZIP + 4 Beach, VA 23464 ame and address of principal officer nt University Business Office 0 Regent University Drive nia Beach, VA 23464 (c)(3)	H(a) Is the H(b) Are If "	E Telephone r (757) 352 G Gross receipt all affiliates included? 'No," attach a list	s \$ 263,129,002 tes? Yes No				
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nt University Business Office Regent University Drive nia Beach, VA 23464 (c)(3)	H(b) Are If "	all affiliates included? 'No," attach a list	┌ Yes ┌ No				
Regent University Drive nia Beach, VA 23464 (c)(3)	H(b) Are If "	all affiliates included? 'No," attach a list	┌ Yes ┌ No				
nia Beach, VA 23464 (c)(3)	If"	'No," attach a lıst	,				
edu	——————————————————————————————————————						
edu	527	oup exemption nu					
			inder F				
ration Trust Association Other Feducational							
	L Year of	formation 1977	State of legal domicile VA				
		<u> </u>					
he organization's mission or most significant activitie	s						
duate Level Education							
\sqsubset ıf the organization discontinued its operations or d	sposed of more thar	n 25% of its net as	ssets				
members of the governing body (Part VI, line 1a) .		з	2				
ndent voting members of the governing body (Part VI	, line 1b)	. 4	2				
		5	1,50				
	•	6	2.				
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a							
			9,812,390				
,,,,,,,			Current Year				
and grants (Part VIII line 1h)			4,727,780				
			80,975,385				
			11,472,166				
	· —	9,746,466	9,822,331				
- , , , , , , , , , , , , , , , , , , ,		91,484,322	106,997,662				
		14,594,833	17,327,552				
compensation, employee senents (rate 1x, column (r	,, ilies	47,954,023	49,901,268				
ndraısıng fees (Part IX, column (A), line 11e)		0	C				
	l l						
xpenses (Part IX, column (D), line 25) 🛌 3,280,023							
xpenses (Part IX, column (D), line 25) • 3,280,023 s (Part IX, column (A), lines 11a-11d, 11f-24f) .	 .	36,107,354	38,595,360				
		36,107,354 98,656,210					
s (Part IX, column (A), lines 11a-11d, 11f-24f) .	ine 25)		38,595,360 105,824,180 1,173,482				
s (Part IX, column (A), lines 11a-11d, 11f-24f) . Add lines 13-17 (must equal Part IX, column (A), li	ine 25)	98,656,210 -7,171,888 ing of Current	105,824,180				
s (Part IX, column (A), lines 11a-11d, 11f-24f) . Add lines 13-17 (must equal Part IX, column (A), lixpenses Subtract line 18 from line 12	Beginn	98,656,210 -7,171,888 ing of Current Year	105,824,180 1,173,482 End of Year				
s (Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), lixpenses Subtract line 18 from line 12	Beginn	98,656,210 -7,171,888 ing of Current Year 305,310,000	105,824,180 1,173,482 End of Year 309,544,000				
s (Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), lixpenses Subtract line 18 from line 12	Beginn	98,656,210 -7,171,888 ing of Current Year 305,310,000 131,109,000	105,824,180 1,173,482 End of Year 309,544,000 130,125,000				
s (Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), lixpenses Subtract line 18 from line 12	Beginn	98,656,210 -7,171,888 ing of Current Year 305,310,000	105,824,180 1,173,482 End of Year 309,544,000				
	members of the governing body (Part VI, line 1a) . Indent voting members of the governing body (Part VI Individuals employed in calendar year 2010 (Part V, line) Individuals employed in calendar year 2010 (Part V, line) Individuals employed in calendar year 2010 (Part V, line) Individuals employed in calendar year 2010 (Part V, line) Individuals employee benefits (Part VIII, line 1a) Individuals employee benefits (Part IX, column (C), line 1a Individuals employee benefits (Part IX, column (A), line 1a) Individuals employee benefits (Part IX, column (A), line 1a) Individuals employee benefits (Part IX, column (A), line 1a) Individuals employee benefits (Part IX, column (A), line 4a) Individuals employee benefits (Part IX, column (A), line 4a) Individuals employee benefits (Part IX, column (A), line 4a) Individuals employee benefits (Part IX, column (A)	members of the governing body (Part VI, line 1a)	Andividuals employed in calendar year 2010 (Part VI, line 1b)				

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	
		-

1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	J U		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7 c		
		ı		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b LO	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c	.		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 990	(201

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

itains a response to any question in					

Se	ction A. Governing Body and Management								
			Yes	No					
	1 1								
1a	Enter the number of voting members of the governing body at the end of the tax year								
ь	Enter the number of voting members included in line 1a, above, who are								
	Independent 1 1 1 20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1							
	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? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Does the organization have members or stockholders?	6		No					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		Νo					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo					
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						
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo					
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)								
	venue coue.)		Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110					
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	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? The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15a	Yes						
U		130	1 65						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
ь	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							
Se	ection C. Disclosure	100							
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AZ , KY , MD , NH , NY , OH , OK , \	/A . W	 А						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	, , ,							
_5	(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								

- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Fragent University Business Office

1000 Regent University Dr Virginia Beach, VA 23464

(757) 352-4050

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organ	nization nor any r	sate	d any current office	er, director, or trust	ee									
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				hours Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
See Additional Data Table														

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

(A) Name and Title		(B) A verage hours		(tion that a			ıll		Repo compe	D) rtable nsation	(E) Reportable compensation from related		(F Estim amount o	ated of other	
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	n the ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from the organization and related organizations		
See A	ddıtıonal Data Table														
						H									
						H									
				1		┢						+			
				-		-		-				+			
						┝									
				-		_		-							
				_											
1b	Sub-Total				•	•	<u>.</u> .	<u> </u>							
c	Total from continuation sheets Total (add lines 1b and 1c) .					•		>		2,836,632	355,22	18		479,008	
2	Total number of individuals (incl \$100,000 in reportable compen	ludıng but not lır	nıted to	thos	e lıs	ted	above) who	received	d more tha	n				
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					еу е •	mploy •	ee, o	rhighest • • •	compens	ated employee • • •	3	Yes		
4	For any individual listed on line organization and related organiz												V		
5	Did any person listed on line 1a	receive or accri	ue comi	pensa	• ition	• i froi	n anv	• unrel	lated orga	anization o	r individual for	4	Yes		
	services rendered to the organiz		-				-		_		•	5		No	
	ection B. Independent Con														
1	Complete this table for your five \$100,000 of compensation from			ınaep	ena	ento	contra	ctors	that rec	eived more	e tnan				
	Nai	(A) me and business ad	dress							Descr	(B) option of services		(C Compe		
401 C	igny Design Inc Jongress Ave 1, TX 78701									Marketing-A	dvertising Services		4	1,377,657	
977 C	ian Broadcasting Network Senterville Turnpike ia Beach, VA 23464								I	Facılıty Servi	ces		3	3,173,376	
448 V Suite	M Services INc fiking Drive 145 ia Beach, VA 23452	Drive Building Engineers							709,551						
Roya 1920	l and Company E Parham Rd nond, VA 23228									Marketing	Advertising Consulta	ants		475,387	
550 G	echnology Architects Greenwich Rd ia Beach, VA 23462								,	Architecture	Services			472,543	
	Total number of independent cont \$100,000 in compensation from			ot lır	nıted	d to	those	liste	d above)	who receiv	ed more than				

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	other organizations must complete column (A) but are not required to the column (A) but are not	(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	0	0		<u>'</u>					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,327,552	17,327,552							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors, trustees, and key employees	1,928,820	443,131	1,253,341	232,348					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0					
7	Other salaries and wages	39,666,180	33,048,874	5,240,133	1,377,173					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	955,633	723,502	201,814	30,317					
9	Other employee benefits	4,692,645	7,114,820	-2,839,044	416,869					
10	Payroll taxes	2,657,990	2,157,864	382,531	117,595					
а	Fees for services (non-employees) Management	243,103	0	243,103	0					
b	Legal	165,631	29,894	130,026	5,711					
c	Accounting	131,343	0	131,343	0					
d	Lobbying	0	0	0	0					
е	Professional fundraising services See Part IV, line 17	0			0					
f	Investment management fees	0	0	0	0					
g	Other	3,433,277	2,247,540	756,447	429,290					
12	Advertising and promotion	5,282,482	4,830,503	450,980	999					
13	Office expenses	2,619,368	1,915,152	380,666	323,550					
14	Information technology	2,010,821	964,909	1,039,261	6,651					
15	Royalties	6,822	6,822	0	0					
16	Occupancy	10,231,553	6,598,797	3,590,005	42,751					
17	Travel	1,200,482	825,263	201,657	173,562					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings	51,956	45,712	5,977	267					
20	Interest	394,970	6	394,964	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization	5,354,435	4,000,035	1,316,468	37,932					
23 24	Insurance	348,470	34,673	302,472	11,325					
а	Repair & Maintenance of Equipment	1,294,590	654,590	639,371	629					
b	Bad Debt Expense	407,557	406,544	1,013	0					
c	Hospitality	646,701	510,096	73,852	62,753					
d	Restrictions Relieved	1,825,540	1,825,540	0	0					
e	Hotel Services & Support	2,030,646	1,944,172	86,474	0					
f	All other expenses	915,613	334,018	571,294	10,301					
25	Total functional expenses. Add lines 1 through 24f	105,824,180	87,990,009	14,554,148	3,280,023					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation									

Pa	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			67,000		53,000
	2	Savings and temporary cash investments			1,096,000	_	64,000
	3	Pledges and grants receivable, net		3,675,000		4,048,000	
	4	Accounts receivable, net		1,265,000	_	2,206,000	
					1,265,000	4	2,200,000
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	empioyees, and				
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
÷		Schedule L			0	6	5,076,000
Assets	7	Notes and loans receivable, net			0	7	0
4	8	Inventories for sale or use		453,000	8	442,000	
	9	Prepaid expenses and deferred charges		1,072,000	9	1,170,000	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	nd equipment cost or other basis <i>Complete</i> 188,327,000				
	ь	Less accumulated depreciation	10b	85,698,000	103,456,000	10c	102,629,000
	11	Investments—publicly traded securities		93,223,000	11	115,276,000	
	12	Investments—other securities See Part IV, line 11	91,246,000	12	68,560,000		
	13	Investments—program-related See Part IV, line 11		9,757,000	13	10,020,000	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			305,310,000		309,544,000
	17	Accounts payable and accrued expenses .			8,414,000	17	8,817,000
	18	Grants payable	0	\vdash	0		
	19	Deferred revenue	586,000		522,000		
	20	Tax-exempt bond liabilities	_		89,727,000		89,245,000
8	21	Escrow or custodial account liability Complete Part IV of Schedu			0		0
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,		-		
Lial		persons Complete Part II of Schedule L			0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties			0	\vdash	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities Complete Part X of Schedule D			32,382,000	25	31,541,000
	26	Total liabilities. Add lines 17 through 25			131,109,000	\vdash	130,125,000
_		Organizations that follow SFAS 117, check here ▶	plete	lines 27			
Balances		through 29, and lines 33 and 34.					
an(27	Unrestricted net assets			149,503,000	27	149,801,000
Bal	28	Temporarily restricted net assets			7,287,000	28	10,088,000
Þ	29	Permanently restricted net assets			17,411,000	29	19,530,000
Fund		Organizations that do not follow SFAS 117, check here ▶ a	nd cor	mplete			
0r		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds $\ \ . \ \ . \ \ .$				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			174,201,000	33	179,419,000
_	34	Total liabilities and net assets/fund balances			305,310,000	34	309,544,000
_							

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		106,9	97,66			
2	Total expenses (must equal Part IX, column (A), line 25)	2			324,18			
3	3 Revenue less expenses Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	5 Other changes in net assets or fund balances (explain in Schedule O)							
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		179,4	19,00			
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮				
				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		No			
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued						
За	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? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes				

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DLN: 93493135041342

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

REGENT UNIVERSITY 54-1061178 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
			instructions))	Yes	No	Yes	No	Yes	No
Total									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493135041342

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nal Re	venue Service	orm 990. ► See separate instructions.			Inspecti	on
	of the organization TUNIVERSITY		Emp	loyer ident if icat	ion number	
LOLIN	TONIVERSITI		54-	1061178		
art		dvised Funds or Other Similar Fu	ınds	or Accounts.	Complete	ıf th
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		(b) Funds and ot	horaccount	
т	otal number at end of year	(a) Donor advised funds	'	(b) Fullus allu ot	ner account	.5
	ggregate contributions to (during year)					
	ggregate grants from (during year)					
	ggregate value at end of year					
D	old the organization inform all donors and donor advisions are the organization's property, subject to the		or adv	sed	┌ Yes	┌ No
u	old the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit				┌ Yes	┌ No
rt	III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Forn	n 990, Part IV,	line 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication the last day of the tax year	Preservation of a c	ertifie	d historic struct	Jre	
_				Held at the I	nd of the Y	'ear
	otal number of conservation easements		2a			
	otal acreage restricted by conservation easements	-	2b			
	lumber of conservation easements on a certified his	` '	2c			
	lumber of conservation easements included in (c) a lumber of conservation easements modified, transfe		2d			
t N	he taxable year Iumber of states where property subject to conserva Ooes the organization have a written policy regarding Inforcement of the conservation easements it holds	ation easement is located F			┌ Yes	⊏ No
	taff and volunteer hours devoted to monitoring, insp		ents d	uring the year ►	, 105	,
Δ	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durın	g the year ► \$ _		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financial				
t	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar A	ssets.	
а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fu			
h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in				
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
Ι	f the organization received or held works of art, histo ollowing amounts required to be reported under SFA		r finan			
R	evenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

FOL	TITE Organizations Maintaining Co	Hections of Art,	HISTO	ricai ire	ası	ures, or o	tne	r Similar <i>i</i>	ASSE	ts (co	<u>ntinuea)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the f	ollowing th	nat a	re a significa	ant u	se of its coll	ectioi	า	
а	Public exhibition		d [Loan o	rexc	hange progr	ams				
b	Scholarly research		е Г	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ey further	the	organızatıon	ı's ex	cempt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complete	e if the	e organiz	atıo			es" to Form	າ 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary for	contribut	ions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	llowing	table		Г			Amou	ınt	
С	Beginning balance					-	1c		A11100		
d	Additions during the year					}	1d				
e	Distributions during the year					 	1e				
f	Ending balance					-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	212			L				Yes	
	If "Yes," explain the arrangement in Part XIV		21.						,	103	, 140
	rt V Endowment Funds. Complete		answe	red "Yes	" to	Form 990.	Par	t IV. line 1	0.		
		(a)Current Year		or Year		Two Years Bac		(d)Three Year	c	e)Four Y	ears Back
1a	Beginning of year balance	170,494,000		.88,110,000	<u> </u>	276,050,0	_	Back	+		
b	Contributions	770,000		331,000		597,0					
c	Investment earnings or losses	28,221,000		-2,947,000		-66,037,0	000				
d	Grants or scholarships	0		0			0				
e	Other expenditures for facilities and programs	10,500,000		15,000,000		22,500,0	000				
f	Administrative expenses	0		0			0				
g	End of year balance	188,985,000	1	70,494,000		188,110,0	000				
2	Provide the estimated percentage of the year	r end balance held as									
а	Board designated or quasi-endowment 🕨	88 %									
b	Permanent endowment ► 10 %										
С	Term endowment ► 2 %										
3a	Are there endowment funds not in the posses	ssion of the organizat	ıon tha	t are held	and	admınıstere	d for	the			
	organization by (i) unrelated organizations							[s	3a(i)	Yes	No No
	(ii) related organizations		•		•		•	⊢	Ba(ii)		No
ь	If "Yes" to 3a(II), are the related organization			edule R?			٠.	` . ` . ` . 	3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's endo	wment	funds							
Par	t VI Investments—Land, Buildings	s, and Equipment	t. See	Form 99	0, P	art X, line	10.				
	Description of investment			a) Cost or ot sıs (ınvestm		(b) Cost or of basis (othe		(c) Accumulat depreciation		(d) Boo	ok value
1a	Land				0	8,278	,000				8,278,000
b	Buildings				0	111,501	,000	31,569,	000	7	9,932,000
С	Leasehold improvements				0		0		0		0
d	Equipment				0	66,638	,000	54,129,	000	1.	2,509,000
	Other				0	1,910	<u> </u>		0		1,910,000
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	n (B), III	ne 10(c).)				•		10	2,629,000

Part VII Investments—Other Securities. See	orm 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives	0	
(2)Closely-held equity interests	0	
(3)Other		
(A) Venture Capital	39,060,000	F.
(B) Notes Receivable	12,860,000	F
(C) Real Estate Investment Trust	8,040,000	F
(D) Commodities	6,508,000	F
(E) Hedge Funds	2,092,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	68,560,000	
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1) Fixed Income investment limited by Bond Agreement (2) Annuities	8,968,000 1,052,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	10,020,000	
Part IX Other Assets. See Form 990, Part X, lin		(h) Paak value
(a) Descrip	LIOII	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) Amount	
Federal Income Taxes	0	
Line of Credit Facility	30,930,000	
Bond Rebate Fund	387,000	
Capital Lease Payable	224,000	
Total (Column (h) should agreed from 2000 forth V and (2011)	2.2	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	31,541,000	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	106,997,662
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	105,824,180
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,173,482
4	Net unrealized gains (losses) on investments	4	8,331,464
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	9,942,055
9	Total adjustments (net) Add lines 4 - 8	9	18,273,519
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,447,001
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	107,111,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 8,331,464		
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	113,338
3	Subtract line 2e from line 1	3	106,997,662
4	Amounts 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	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	106,997,662
-	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	87,664,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-832,628
3	Subtract line 2e from line 1	3	88,496,628
4	Amounts included on Form 990, Part IX, line 25, 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)		
c	Add lines 4a and 4b	4c	17,327,552
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	105,824,180
Par	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The University's endowments consist of approximately 113 individual funds established for a variety of purposes all relating to the University's overall excempt purpose of educating students
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The University does not believe its consolidated financial statements include any uncertain tax positions
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Add back \$9,109,000 Regent Foundation - files a separate 990 Add back \$833,000 - Henrico Inc - files a separate 990 Add \$55 rounding adjustment
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Add back institutional scholarships od \$17,327 552 This amount is added to expenses Subtract \$9,109,000 - Regent Foundation - files a separate 990 Subtract rounding adjustment of \$426
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Subtract \$833,000 - Henrico, Inc - files a separate 990 Add back \$372 rounding adjustment
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Add institutional scholarships of \$17,327,552 - included in expenses for 990

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As Filed Data -

DLN: 93493135041342

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

Employer identification number

		061178			
Pa	rtI		YI	ES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its character governing instrument, or in a resolution of its governing body?	arter, bylaws,	. Y e	es	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?	ı	. Y	es	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast rethe period of solicitation for students, or during the registration period if it has no solicitation program, that makes the policy known to all parts of the general community it serves? If "Yes," please described please explain. If you need more space use Part II	, ın a way	S Ye	es	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4	a Ye	es	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondi	scriminatory 4	b Ye	es	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public of with student admissions, programs, and scholarships?	dealing 4	c Ye	es	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4	d Ye	es	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	56	a		No
b	Admissions policies?	5	b		No
c	Employment of faculty or administrative staff?	5	c		Νo
	Scholarships or other financial assistance?		d		Νo
	Use of facilities?	5			No
Ī		5	<u> </u>	+	No
g	Athletic programs?	_ 5	9	+	No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6	a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6	ь	\perp	Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 th of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	rough 4 05	,		

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03		Advertisements soliciting registration of new students include a summary statement of the non-discriminatory policy of the University

Schedule E (Form 990 or 990-EZ) 2010

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

2010

DLN: 93493135041342

Open to Public
Inspection

Internal Revenue Service			F Attach to Form 990				Inspection
Name of the organization REGENT UNIVERSITY						Employer identification	on number
						54-1061178	
1 Does the organization maintain the selection criteria used to a Describe in Part IV the organization.	n records to substantı award the grants or as:	ate the amount of the sıstance?					∀ Yes ┌
Form 990, Part IV, li	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	es" to . Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
2 Enter total number of section	501(c)(3) and govern	ment organizations .				<u>+</u>	

Enter total number of other organizations . . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	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
(1) Scholarships for students attending the various schools of Regent University	4597	17,327,552	0		

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.IdentifierReturn ReferenceExplanationSchI_P01_S00_L02Schedule I, Part I, Line 2The 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 upon request.

Compensation Information

DLN: 93493135041342

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

REGENT UNIVERSITY

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Employer identification number

54-1061178

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
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 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			_
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) M G Robertson	(ı) (ıı)	0	0	2,029 22,229		0 117,767	2,029 139,996		
(2) Carlos A Campo	(ı) (ıı)	269,090 0	1	0	2,917 0	22,867 0	294,874 0		
(3) Louis A Isakoff	(ı) (ıı)	285,007 0	1	`I	2,861 0	28,793 0	316,661 0		
(4) Tracy R Stewart	(1) (11)	208,408 0	1		2,000	28,467 0	238,875 0		
(5) Ann R LeBlanc	(ı) (ıı)	106,953 0	- 1	<u> </u>	2,000	15,131 0	124,084		
(6) Martha J Smith	(ı) (ıı)	142,650 0	- 1		1,470 0	20,446 0	173,216 0		
(7) Jeffrey S Pittman	(1) (11)	143,504 0	1	-	1,475 0	20,312 0	165,291 0		
(8) Dean A Wooten	(ı) (ıı)	140,892 0		- I	1,470 0	21,714 0	164,076 0		
(9) Sherry R Stocks	(ı) (ıı)	131,823		· · · · · · · · · · · · · · · · · · ·	1,331	14,063 0	147,217		
(10) Alfred P Rovai	(ı) (ıı)	129,567 0	1	·	1,250	11,014 0	141,831		
(11) Jeffrey A Brauch	(ı) (ıı)	243,764 0		0	2,416 0	23,846 0	270,026 0		
(12) Bruce E Winston	(ı) (ıı)	178,888 0	- 1	0	1,599 0	20,973 0	201,460		
(13) Douglas H Cook	(ı) (ıı)	177,304 0		·	1,428	27,758 0	206,490		
(14) John E Mulford	(I) (II)	172,002 0	1	0	1,765 0	22,362 0	196,129		
(15) David J Gyertson	(I) (II)	166,361 0		0	1,639 0	25,222 0	193,222		
(16) Salvatore R Iaquinto	(I) (II)	177,502 0			1,800	11,474 0	190,776		

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

Identifier	Return Reference	Explanation
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.

Schedule J (Form 990) 2010

Software ID: 10000077 **Software Version:** v1.00

EIN: 54-1061178

Name: REGENT UNIVERSITY

Form 990, Schedule J, Part	t I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees			
(A) Name	-	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	belletits	(6)(1)-(6)	990 or Form 990-EZ	
	(I) II)	 0 0	0	2,029 22,229	0	0 117,767	2,029 139,996	0	
	(I) II)	269,090 0	0 0	0 0	2,917 0	22,867 0	294,874 0	0 0	
	(I) II)	285,007 0	0 0	0 0	2,861 0	28,793 0	316,661 0	0	
	(I) II)	208,408 0	0	0	2,000 0	28,467 0	238,875 0	0	
	(ı) II)	106,953 0	0 0	 0 0	2,000 0	15,131 0	124,084 0	0 0	
	(ı) II)	142,650 0	0	8,650 0	1,470 0	20,446 0	173,216 0	0 0	
	(ı) II)	143,504 0	0	 0 0	1,475 0	20,312 0	165,291 0	0 0	
	(ı) II)	140,892 0	0	0 0	1,470 0	21,714 0	164,076 0	0	
Sherry R Stocks	(ı) II)	131,823 0	0	0 0	1,331 0	14,063 0	147,217 0	0	
	(I) II)	129,567 0	0	0 0	1,250 0	11,014 0	141,831 0	0	
	(ı) II)	243,764 0	0	0	2,416 0	23,846 0	270,026 0	0	
	(I) II)	178,888 0	0	0	1,599 0	20,973 0	201,460 0	0	
	(ı) II)	177,304 0	0	0	1,428 0	27,758 0	206,490 0	0	
	(ı) ii)	172,002 0	0	0	1,765 0	22,362 0	196,129 0	0	
	(I) II)	166,361 0	0	0	1,639 0	25,222 0	193,222 0	0	
Salvatore R Iaquinto (1	(I) II)	177,502 0	0	0	1,800 0	11,474 0	190,776 0	0	

Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

REGENT UNIVERSITY

(Form 990)

DLN: 93493135041342 OMB No 1545-0047

> Open to Public **Inspection**

Employer identification number

54-1061178 **Bond Issues** (h) On (i) Pool (g) Defeased Behalf of financing (c) CUSIP # (d) Date Issued (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (e) Issue Price Issuer Yes No Yes No Yes No Virginia College Building Refunding of existing bonds 54-1249154 927781BS2 08-09-2006 99,473,248 (June 01) and construction of Х Χ Х Activity

Proceeds C Α В D Amount of bonds retired Amount of bonds legally defeased 2 ol Total proceeds of issue 3 99,473,248 Gross proceeds in reserve funds 4 8,544,084 Capitalized interest from proceeds 5 Proceeds in refunding escrow 6 66,845,955 7 Issuance costs from proceeds 1,142,743 8 Credit enhancement from proceeds Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 22,970,466 Other spent proceeds 11 Other unspent proceeds ol 12 Year of substantial completion 13 2007 Yes Yes No No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ

allocation of proceeds? Part III **Private Business Use**

Has the final allocation of proceeds been made?

15

16

			A	В			С)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Χ

Х

Does the organization maintain adequate books and records to support the final

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	File Private Dusiness Ose (Continued)								
		-	4		В	С		ļ ,	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х							
b	Are there any research agreements that may result in private business use of bond- financed property?		Х						
С	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?	Х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		1 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Б.	TTV Aubituaca								

		A		В				ן ט	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	х							
2	Is the bond issue a variable rate issue?		Х						
3 a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x						
b	Name of provider				•		1		
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	×							
b	Name of provider	Wachovia Bai	nk NA			,			
С	Term of GIC		30						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x							
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041342

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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Name of the organization REGENT UNIVERSITY		Employer identification number									
Part I Excess Benefit Tra Complete If the organiza							organi		only).	ne 40h	
1 (a) Name of disc				(b) Description of transaction							(c) rected?
			(2) 2 63611110111					Yes	No		
2 Enter the amount of tax impossection 4958								ear unde	r · s		
3 Enter the amount of tax, If an								•	· \$		
Part II Loans to and/or											
Complete If the organ	ization a	answere	d "Yes" on For I	m 990	, Part IV, line 26, I	or Form	1990-E	Z, Part V		a T	
(a) Name of interested person and purpose			(c) Original principal amount		(d)Balance due	(e) I defau		Approved by board or committee?		(g) Writt	
	То	From				Yes	No	Yes No		Yes	No
(1) Robertson Charıtable Remaınder Trust											
7777		Х	6,00	0,000	5,076,000		No	Yes		Yes	
Total	<u> </u>		>	- \$	5,076,000						
Part IIII Grants or Assista				sted F	Persons.		_	<u> </u>			
Complete if the org					rm 990, Part IV, een interested pers						
(a) Name of interested per	son ———	`			ganızatıon .		(c) A m	ount of g	rant or ty	pe of assis	tance

Part IV	Business	Transactions	Involvina	Interested	Persons
	D45111055	a a c		Tiller Colcu	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered Tes Off Form 330, Fare IV, fine 200, 200, or 200.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?					
				Yes	No				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation	
SchL_P02_S00_L00	Schedule L, Part II	Purpose for loan to Robertson Charitable Remainder Trust - to	
		provide working capital	

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493135041342

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization REGENT UNIVERSITY

54-1061178 Types of Property (a) (b) (c) (d) Method of determining oncash contribution Check if Number of Contributions or items Noncash contribution amounts applicable contributed reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded Χ 29,430 Valuation at date of gift 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other . . **18** Collectibles 19 Food inventory 20 Drugs and medical supplies **21** Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (__ Other ►(__ 26 Other ►(_ 27 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

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 Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041342

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization REGENT UNIVERSITY

Employer identification number

54-1061178

ldentifie	er	Return Reference	Explanation
F990_P06_S0		Form 990, Part VI, Section A, Line 2	MG Pat Robertson, Chancellor of Regent University, is the husband of AE Robertson, a board member Jay Sekulow, board member, works for an organization founded by MG Pat Robertson, Chancellor Lowell Morse, board member, works as an independent contractor for an organization founded by MG Pat Robertson, Chancellor Michael Little, board member, works for an organization founded by MG Pat Robertson, Chancellor

ldentifier	Return Reference Explanation										
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The 990 is reviewed with the Audit Committee and sent as a PDF file to all board members for their review before it is filed with the IRS									

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	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 regularly reviews the compensation of its officers and key employees to determine whether compensation is reasonable compared to similar positions of responsibility at other institutions. 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 date from an independent source, reviewing the data to ensure that the compensation is reasonable and contemporaneous substantiation of the deliberation and decision making process. 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
1		All governing documents, conflict of interest policy, audited financial statements and the 990 tax form for the University are available upon request

ldentifier	Return Reference	Explanation								
F990_P11_S00_L05	Form 990, Part XI, Line 5	Add back unrealized gain taken on Regent Foundation prior year - \$4,045,000 Reflected on Regent Foundation in current year on separate 990 Subtract rounding adjustment of \$482								

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

DLN: 93493135041342

Schedule R (Form 990) 2010

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
REGENT UNIVERSITY

Employer identification number
54-1061178

Part I Identification of Disregarded Entities (Comple	te ıf the organızatı	on a	answered "Yes	" or	n Form 990, Par	rt I\	/, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(b) Primary activity			(d) Total income		(e) End-of-year assets	(f) Direct controllir entity	Direct controlling		
(1) Founders Conference Center LLC 1000 Regent University Dr Virginia Beach, VA 23464 54-1992893	Hospitality Services		VA		9,833,000		3,841,0	Regent University			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete e tax year.)	ıf t	he organizatio	n ar	nswered "Yes" o	on F	orm 990, Part	IV, line 34 becaus	e it had	one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) Public chanty status (if section 501(c)(3))		(f) Direct controlling entity	Section 5 cont	g) 512(b)(1 trolled nization	
(1) Regent University Foundation									Yes	No	
1000 Pegant University Dr											
Virginia Beach, VA 23464 20-4273074	Support Regent Univ		VA		501(c)3		5	N/A			
(2) Henrico Inc											
1000 Regent University Dr	Title Holding Co		VA		501(c)2			N/A			
Virginia Beach, VA 23464 54-1998119											

Cat No 50135Y

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	mplete if ring the t	the org ax year	ganızatıon (r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	(f) total income		(g) Share of end-of-year assets		i) ortionate tions?	amount in be Schedule	(i) de V—UBI at in box 20 of nedule K-1 orm 1065)		ral or aging ner?	(k) Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	i cation of Relat because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
Name, address, an	(a) d EIN of related organız	ration	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership

(5)

(6)

Par	Transactions With Related Organizations (Complete if the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	ts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b	Gıft, grant, or capıtal contribution to other organization(s)			1b		No		
C	Gıft, grant, or capital contribution from other organization(s)			1c		No		
d	Loans or loan guarantees to or for other organization(s)			1d		No		
е	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1 g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>	Yes	\vdash		
k Performance of services or membership or fundraising solicitations for other organization(s)								
1	Performance of services or membership or fundraising solicitations by other organization(s)							
m								
n	Sharing of paid employees			1n		No		
o	Reimbursement paid to other organization for expenses			10		No		
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	Other transfer of cash or property to other organization(s)			1 q		No		
r	Other transfer of cash or property from other organization(s)			1r		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	tionships and transacti	on thresholds				
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount		
(1) He	enrico Inc	J	1,100,000					
(2) He	enrico Inc	р	1,100,000					
(3)								
(4)								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are partr sect 501(d organiz	all ners non c)(3) ations?	(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	No	
									+		
									+		

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: 10000077
Software Version: v1.00

EIN: 54-1061178

Name: REGENT UNIVERSITY

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Wellington Boone Board Member	1	x						0	0	0		
Benjamın S Carson Sr Board Member	1	х						0	0	0		
Vernon E Clark Board Member	1	Х						150,000	0	0		
Chauncey W Crandall Board Member	1	Х						0	0	0		
William J Federer Board Member	1	Х						0	0	0		
Kay Peng Khoo Board Member	1	Х						0	0	0		
Robert E Levy	1	×						0	0	0		
Board Member Mıchael D Little	1	X						0	332,999	19,380		
Board Member Howard W Long	_											
Board Member	1	Х						0	0	0		
William L Maynard Esq Board Member	1	Х						0	0	0		
Cheryl P McLeskey Board Member	1	Х						0	0	0		
David V Mellili Board Member	1	х						0	0	0		
Lowel W Morse Board Member	1	Х						0	0	0		
G Conoly PHillips Board Member	1	Х						0	0	0		
A E Robertson Board Member	1	Х						0	0	0		
M G Robertson	1	×						2,129	22,229	117,767		
Board Member Thomas M Saltsgiver	1	Х						,	0	0		
Board Member Jay A Sekulow												
Board Member	1	Х						0	0	0		
Daniel C Sellers Jr Board Member	1	Х						0	0	0		
Magda M Serrano Board Member	1	Х						0	0	0		
Robert O Snelling Sr Board Member	1	x						0	0	0		
Andrew J Waites Board Member	1	Х						0	0	0		
Carlos A Campo President	40			Х				269,090	0	25,783		
Louis A Isakoff Vice President and General Counsel	40			Х				285,007	0	31,654		
Tracy R Stewart Vice President for Enrollment Mgmt & IT	40			Х				208,408	0	30,467		

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

(A) Name and Title	(B) A verage hours	Posi t	((tion (that a	che	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week _		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
Ann R LeBlanc Vice President for Advancement	40			х			106,953	0	17,131
Martha J Smith Vice President for Human Resources	40			х			151,300	0	21,916
Jeffrey S Pittman Vice President for Student Services	40			х			143,504	0	21,787
Dean A Wooten Vice President for Finance	40			х			140,892	0	23,184
Sherry R Stocks Vice President for Univ Marketing & Public Relations	40			х			131,823	0	15,393
Alfred P Rovai Assoc Vice President for Academic Affairs	40			х			129,567	0	12,264
Jeffrey A Brauch Dean - Law School	40				х		243,764	0	26,262
Bruce E Winston Dean - Global Leadership & Entrepreneurship	40				Х		178,888	0	22,572
Douglas H Cook Professor - Law School	40				х		177,304	0	29,186
John E Mulford Director - Center for Entrepreneurship	40				Х		172,002	0	24,127
David J Gyertson Professor - School of Education	40				Х		166,361	0	26,861
Salvatore R Iaquinto Assistant to Chancellor	0					х	179,640	0	13,274