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(HANG+P.	() H	ACCOUNTING	PERIOL

-	<i>?</i>		. CH	ANGE OF	ACCOUNTING	PERT	עט.			1 OND No. 4545 0047
Forr	99	0	Under section 501(c), 527	, or 4947(a)(1) o		ue Code	(exc	ept private found	X ations)	2017
	rtment of th			_	numbers on this for			\sim	クグ	Open to Public Inspection
	al Revenue		ar year, or tax year beginn		90 for instructions a			AY 31, 2018	W.	Inspection
	thack if		organization	ing our i,	2017 (11)	u criumg	,	D Employer ide	ntificati	on number
a	pplicable	10 Ivaine of	organization					D Employer lac		
	Address change	<u>Sout</u> he	astern University, In	ic.						
	Name change		usiness as					59-	072278	19
느]Initial return		and street (or P 0 box if mail	is not delivered to	street address)	Room/s	uile	E Telephone nui		
<u> </u>	Finat return/ termin-		ongfellow Boulevard						-667-5	
	ated]Amended		own, state or province, cour nd_FL 33801	itry, and ZIP or t	foreign postal code			G Gross receipts \$	in rotur	124,315,780.
-	⊒return ⊒Applica- ⊒tion		nd address of principal offic	er Dr. Chris	Owen			H(a) Is this a groi for subordin		″ □Yes ▼No
	pending		C above	.			2	H(b) Are all subordina		
1 1	ax-exem	pt status	x 501(c)(3) 501(c) () ⋖ (ins	ert no.) 4947(a)(1) or 🔲	527	If "No," atta	ch a list	(see instructions)
		▶ www.se						H(c) Group exem	ption n	umber 🕨
			x Corporation Trust	Associatio	n Other 🕨	1 1	Year (of formation 1935	M St	ate of legal domicile FL
Pa		Summary								
9			e the organization's mission tered_student-focuse			ovide e	auc	acion in a		
Governance	_		x If the organization			nosed of	more	than 25% of its n	et asset	's
Ver			ting members of the governi		•	,03Ca 01 1		THE POST OF REAL	3	24
Ğ	i		lependent voting members of	• .	•)			4	23
Activities &	1		of individuals employed in c		•				5	1959
Ž.	6 To	tal number	of volunteers (estimate if ne	cessary)					6	24
Acti	7a To	tal unrelate	d business revenue from Pa	rt VIII, column (C	C), line 12				7a	0.
_	b Ne	et unrelated	business taxable income fro	om Form 990-T,	line 34		_		7b	0,
							<u> </u>	Prior Year	24	Current Year
<u>r</u> e	!		and grants (Part VIII, line 1h				\vdash	3,425,5 91,370,2		2,449,323 105,672,579.
Revenue	ı	•	ce revenue (Part VIII, line 2g		۹/		\vdash	760,6		<75,472.
æ	l		come (Part VIII, column (A), I e (Part VIII, column (A), lines				\vdash	4,455,9		304,432.
	I		add lines 8 through 11 (mu			1	—	100,012,4		108,350,862.
			milar amounts paid (Part IX,			·	t	27,433,3		30,718,922.
	l		to or for members (Part IX, o						0.	0.
Ş	15 Sa	alaries, othe	r compensation, employee b	enefits (Part IX,	column (A), lines 5-10	0)		41,826,7	97.	43,339,756.
Sus	16a Pr	ofessional f	undraising fees (Part IX, colu	ımn (A), line 11e)				0.	0.
Expenses	b To	otal fundrais	ing expenses (Part IX, colum	n (D), line 25)	1,84	3,269.	_			
ш	1		es (Part IX, column (A), lines				<u> </u>	31,326,9		40,872,559.
		•	s Add lines 13-17 (must equ	-	mn (A), line 25)		\vdash	100,587,0 <574,6	-	114,931,237. <6,580,375.
- 8	19 Re	evenue less	expenses Subtract line 18 i	from line 12			 	ginning of Current Y		End of Year
ance ance	20 To	ital accete (i	Part X, line 16)				150	121,487,5	-	115,795,728.
Ass	21 To	-	(Part X, line 26)				\vdash	84,443,2		83,235,761.
Net Assets or Fund Balances	22 No		fund balances Subtract line	21 from line 20)			37,044,2	36.	32,559,967.
Pa	art II	Signatur	e Block							
			I declare that I have examined th						of my kn	lowledge and belief, it is
true	correct,	and complete	Declaration of preparei (other	than officer) is bas	sed on all information of	which pre	parer		-1-1	1.0
		Slandur	e of officer	P				Date	1)15	19
Sig			y B. Spear, VP of Fir	ance				2410		
Her	e		orint name and title	lance						
	'P	lint/Type pre		Prenari	er's signature		Ţ	Date Chec	k	PTIN
Paid		avid C. M	•		David C. 7	Mora		4/15/2019 self s	inployed	P00747006
Pre	parer F	ıım's name	Capin Crouse LLP		Cuare vi Co · · ·			Firm's EIN		6-3990892
Use	Only F	irm's address	1255 Lakes Parkway	, Suite 130						
			Lawrenceville, GA	30043				Phone no.	678-51	
May	the IRS	discuss thi	s return with the preparer sh	own above? (se	ee instructions)					Yes No
7320	01 11-28-	17 LHA F	or Paperwork Reduction A	Act Notice, see	the separate instruc	tions.	D	EOEN /EE		Form 990 (2017)
						1 _	K	ECEIVED)	
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						<u></u>	<u>ار</u>	DEN, UT	_	
							_			

Form	n 990 (2017) Southeastern University, Inc. 59	-0722789	
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	Briefly describe the organization's mission		
	Associated with the Assemblies of God denomination, Southeastern		_
	University enrolls over 8,800 students, both traditional and		_
	nontraditional, who represent a variety of denominations, personal		
	interests, backgrounds, states and countries. Southeastern University		_
2		Y	,
	prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	es
_	If "Yes," describe these new services on Schedule O		'es
3		1	62
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expen	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to		
	revenue, if any, for each program service reported	ino total expense	JU,
42	(Code) (Expenses \$ 99,374,045. including grants of \$ 30,718,922.) (Revenue \$	105,	6
	Associated with the Assemblies of God denomination, Southeastern		
	University enrolls over 8,800 students, both traditional and		
	nontraditional, who represent a variety of denominations, personal		
	interests, backgrounds, states and countries. Southeastern University	-	
	offers 70 undergraduate degree programs and 20 graduate programs,		
	including 5 doctor degrees. Classes are offered in traditional, online,		
	extenstion sites and evening formats. Graduates are encouraged to		
	impact culture through a lifestyle of excellence and integrity.		
	Southeastern University's dedication to students' spiritual and		
	intellectual growth provides a framework for Christ-centered living		
	both in and outside the classroom.		
	both in and outside the classroom.		
4b		1	
4b)	
4b)	
4b		1	
4b)	
4b		1	
4b).	
4b		Y	
4b		1	
4b			
	(Code) (Expenses \$		

Form **990** (2017)

Southeastern University, Inc.

Form 990 (2017) Southeastern Unive

			Yes	N-
	504/ \(\O\) = 40.47(\(\O\) =	-	res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	^	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
Ī	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		۱.,
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا مد ا	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			8
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		·—	3
а	Part VI	11a	х	
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	119		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	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		x
а	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ŀ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مما		,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		x

Form **990** (2017)

Form 990 (2017) Southeastern University, Inc.
|Part IV| Checklist of Required Schedules (continued)

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	İ		
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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	054		х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		(Astro	: 44.
	instructions for applicable filing thresholds, conditions, and exceptions)	逐奏	4	2
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		 -
34	Part V, line 1	34	х	
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2017)

	irt V Statements Regarding Other IRS Filings and Tax Compliance			-5-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7652		
	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	1959	.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	: If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli	crt		
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		į	
	were not tax deductible?	<u>6b</u>	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а			Х	
	o If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			۱,,
	to file Form 8282?	7c	+	Х
d	I If "Yes," indicate the number of Forms 8282 filed during the year		·	
е		7e	╁	x
f	3 , 3 , 11 , 1	7f	+	
g			 	┢
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C? 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	·	
	sponsoring organization have excess business holdings at any time during the year?		+	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 49662	9a		
a	 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 	9b		
10	Section 501(c)(7) organizations. Enter	100	 -	
а	10.			
			İ	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) '		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			İ
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

59-0722789 Form 990 (2017) Southeastern University, Inc. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates?

ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Х	
ь	Other officers or key employees of the organization	15b	Х	
	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

300	Alon 0. Disolosure	_
17	List the states with which a copy of this Form 990 is required to be filed ▶FL	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available	
	for public inspection. Indicate how you made these available. Check all that apply	
	Own website Another's website X Upon request Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	
	statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_
	Mark Biddinger - 863-667-5000	
	1000 Longfellow Boulevard, Lakeland, FL 33801	

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

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

x

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c		ntior more		one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer an	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	_			I	T	T	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9000	stee			nsate		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	trust	Institutional trustee		aş.	Highest compensated emptoyee		`		and related
	below	ndual	Infron	10	Key employee	estor	<u>ş</u>			organizations
	line)	Į,	Insti	Officer	Ķe	돌를	Former			
(1) Rev. Terry Raburn	3.00]								
Chair		х	Ш	Х				0.	0.	0,
(2) Rev. Wayne Blackburn	3.00									
Vice Chair		х		х	<u> </u>			0.	0.	0.
(3) Dr. Kent Ingle	40.00									
President		х		х				267,083.	0.	211,087.
(4) Rev. John Jordan	3.00							-		
Secretary		х		х		L		0.	0.	0 .
(5) Mr. William Mutz	1.00									
Board Member (part year)		х						0.	0.	0.
(6) Rev. David Docusen	1.00									
Board Member		x						0.	0.	0.
(7) Rev. Dino Rizzo	1.00									
Board Member		x						0.	0.	, 0
(8) Rev. Douglas Witherup	1.00									
Board Member		х						0.	0.	0 .
(9) Mr. Gow Fields	1.00					l				
Board Member		х						0.	0.	0.
(10) Rev. Jeffery Portmann	1.00					1				
Board Member		х						0.	0.	0
(11) Dr. Jennifer Closshey	1.00									
Board Member		х						0.	0.	0
(12) Rev. Tommy Barnett	1.00									
Board Member		х				<u> </u>		0.	0.	0
(13) Mr. John Wooton	1.00									
Board Member		х						0.	0.	0
(14) Rev. Judy Rachels	1.00									
Board Member		х			L	L	L	0.	0.	0
(15) Rev. Kenneth Draughon	1.00									
Board Member		х			L	L	L_	0.	0.	0
(16) Rev. Victor Smith	1.00									
Board Member		х				L	L	0.	0.	0.
	1 00									
(17) Rev. Luke Barnett	1.00	J				1	1	[

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (E) (F) (B) (C) (A) Name and title Average Position Reportable Reportable Estimated amount of hours (check all that apply) compensation compensation from related other from per organizations compensation week the Highest compensated employee (W-2/1099-MISC) from the (list any organization ndividual trustee or directo (W-2/1099-MISC) organization hours for Institutional trustee and related related organizations organizations below Officer line) (27) Dr. Andrew Permenter 40.00 0 53,215. VP for Institutional Research х 127,695. 40.00 (28) Mr. Justin Lathrop 0 VP of Strategic Partnerships Х 196,801 34,915. (29) Bethany Thomas 40,00 0 х 114,231 15,029. VP for Student Development 40.00 (30) Mr. Roy Rowland IV Х 201,699 0 31,443. VP for Enrollment Management 40.00 (31) Jeffrey B. Spear 0 х 0 VP for Finance 40.00 (32) Mr. Nick Wallsteadt 0 VP for Unrestricted Education X 113,471. 14,447. (33) Dr. William Hackett 40.00 0 86,564. х 136,310. Provost 40.00 (34) Dr. Amy Bratten 120,346 0 16,086. Associate Provost (35) Grace Veach 40.00 х 126,502 0 16,909. Professor/Program Chair Unrest. Edu 40.00 (36) Susan K. Stanley 0 Associate Professor of Education х 124,794 16,681. (37) Steven Henderson 40.00 Associate Professor of Education х 121,998 0 16,307. 40.00 (38) Emile Hugo Hawkins 0 114,447 15,297. Chair Dept. Entrepreneurial Leader 316,893. 1,498,294 Total to Part VII, Section A, line 1c

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (E) (F) (D) (A) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation compensation amount of week officer and a director/trustee) other from related from (list any compensation the organizations hours for (W-2/1099-MISC) organization from the ndividual trustee or related institutional trustee (W-2/1099-MISC) organization organizations and related (ey employee below organizations Officer line) (18) Rev. Mark Batterson 1.00 0 0 0. Board Member (19) Rev. Mark Jakelsky 1.00 0. 0 ٥ Board Member 1,00 (20) Rev. Richardo Orsıni Board Member 0 0 0. 1.00 (21) Rev. Richard Wilkerson Sr. ٥. O 0 Board Member 1.00 (22) Rev. Roger Archer Board Member 0 0 0. 1,00 (23) Rev. Steven Mason 0 0. 0 Board Member 1,00 (24) Rev. Terry Roberts 0 0 0. Board Member 1,00 (25) Rev. Abner Adorno Ο. n 0 Board Member x 40.00 (26) Dr. Chris Owen 191,917 0 157,570. Executive Vice President 459,000. 0 368,657. 1b Sub-total 1,498,294. 0 316,893. c Total from continuation sheets to Part VII, Section A 1,957,294. 0. 685,550. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 27 compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Chartwell's South Region		
2 International Drive, Rye Brook, NY 10573	Food Service	4,602,544.
The Learning House		
427 S 4th Street #300, Louisville, KY 40202	Online Courses Rev Share	4,110,987.
Follett Corporation, 3 Westbrook Corporate		
Center, Westchester, IL 60154	Campus Bookstore	1,109,290.
NuJak Development Inc		
714 N Massachusetts Ave, Lakeland, FL 33801	Construction Management	865,320.
Peterson & Myers, PA, 225 East Lemon		
Street, Suite 300, Lakeland, FL 33801	Legal	517,777.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than	201

See Part VII, Section A Continuation sheets

Form 990 (2017)

Pa	rt VII							
	<u> </u>	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
12 S	1.0	Foderated campaigns	1a			1010110		0.2
unt		Federated campaigns	1b	<u></u>				į
Revenue Contributions, Gifts, Grants Tand Other Similar Amounts and Ot		Membership dues	1c					
		Fundraising events	— —					
		Related organizations	1d					
		Government grants (contribut						
	T	All other contributions, gifts, gran		2,449,323.				i
흡	_	similar amounts not included abo		27,922.				
Son	_	Noncash contributions included in lines	. 1a-11 \$		2,449,323.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	5,117,000			
6)	2.0	Tuition and fees		611600	89,133,223.	89,133,223.		
ViC	2 a b			611600	15,225,198.	15,225,198.		
gram Service Revenue	_							
	C		 					
	d						***	
F.		All other program service reve	anue.	611600	1,314,158.	1,314,158.		
		Total. Add lines 2a-2f	silde	•	105,672,579.	, ,	 	
_	3	Investment income (including	dividends inter				. 4.5	
		other similar amounts)		▶	101,200.			101,200.
	4	Income from investment of ta	x-exempt bond r	Ĭ 1				
	5	Royalties		•				
	_	-,	(i) Real	(II) Personal				1
	6 a	Gross rents		1 1				·
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)	•	•				
	7 a	Gross amount from sales of	(i) Securities	(ıı) Other	~			
		assets other than inventory	15,788,246.					
	b	Less cost or other basis				1		
		and sales expenses	15,788,246,	176,672.				
	С	Gain or (loss)	0.	<176,672.				
	d	Net gain or (loss)			<176,672.	>		<176,672.
ē	8 a	Gross income from fundraisin	g events (not					
en		ıncludıng \$	of					
ě		contributions reported on line	1c) See	1				
		Part IV, line 18	а					'
Other		Less direct expenses	b			ļ		
_		Net income or (loss) from fund	•	<u> </u>				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					!
		Less direct expenses	b				 _	
		Net income or (loss) from gam	•	<u>P</u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b					
	C	Net income or (loss) from sale		Rusiness Carls	· · · · · · · · · · · ·			, ,
	44	Miscellaneous Revenu Commissions and rebate		Business Code 611710	185,799.			185,799.
	11 a		·	611710	118,633.			118,633.
	b			311,10	110,033.			110,033.
	C			 		-		
	d	Total. Add lines 11a-11d			304,432.			l
	12	Total revenue. See instructions.			108,350,862.	105,672,579.	0.	228,960.
						, -, - •		, .

Form 990 (2017) Southeastern Univers Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

0001	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, ,	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	30,718,922.	30,718,922.		<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				.
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u></u>	
5	Compensation of current officers, directors,				
	trustees, and key employees	2,213,272.	828,845.	1,384,427.	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	53,499.		53,499.	
7	Other salaries and wages	31,633,085.	26,488,860.	4,814,313.	329,912.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,372,990.	1,899,329.	449,920.	23,741.
9	Other employee benefits	5,173,678.	4,182,043.	941,932.	49,703.
10	Payroll taxes	1,893,232.	1,525,633.	349,174.	18,425.
11	Fees for services (non-employees)				
а	Management	135,761.		135,761.	
b	Legal	513,642.		513,642.	
¢	Accounting	67,024.		67,024.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			4 455 054	1 222 626
	column (A) amount, list line 11g expenses on Sch 0)	4,968,947.	2,287,470.	1,457,851.	1,223,626.
12	Advertising and promotion	1,179,163.	1,159,739.	12,204.	7,220.
13	Office expenses	3,786,844.	2,106,439.	1,619,381.	61,024.
14	Information technology	356,466.	25,324.	317,536.	13,606.
15	Royalties	2 444 425	2 506 005	034 530	23,000.
16	Occupancy	3,444,435.	2,586,905.	834,530.	43,694.
17	Travel	2,028,757.	1,695,185.	289,878.	43,034.
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials	225,418.	188,354.	32,209.	4,855.
19	Conferences, conventions, and meetings			106,732.	10,770.
20	Interest	2,879,416.	2,761,914.	100,732.	10,770.
21	Payments to affiliates	8,194,063.	7,859,684.	303,731.	30 648,
22	Depreciation, depletion, and amortization	931,232.	898,008.	30,179.	3,045.
23	Other expenses. Itemize expenses not covered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	350,000.	55,277	-,-23,
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			·	
	amount, list line 24e expenses on Schedule 0)	4 445 656	4 445 656		
a	Bad Debt	4,117,652.	4,117,652.		
ь	Online curriculum admin	3,709,777.	3,709,777.		
C	Food service	2,974,877.	2,974,877.		
d	Study abroad/missions	1,359,085.	1,359,085.		
	All other expenses	114 021 227	99 374 045	13 712 022	1 843 250
25	Total functional expenses Add lines 1 through 24e	114,931,237.	99,374,045.	13,713,923.	1,843,269.
26	Joint costs. Complete this line only if the organization]			
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2017)

Part X Balance Sheet х Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 11,470,482 8 047 405. 1 Cash - non-interest-bearing 244,949. 319,731. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 5,235,995, 5,685,015 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule I 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 2,493 3,716. Inventories for sale or use 8 882,393, 445,988. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 149,151,533. basis Complete Part VI of Schedule D 10a 57,495,195. 95, 392, 781 91,656,338. b Less accumulated depreciation 10b 10c 8,521,757. 6,201,824. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 1,373,249 1,145,342. 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 234,315. 419,456. Other assets See Part IV, line 11 15 15 121,487,501. 115,795,728. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,310,771, 5,424,718. 17 17 Accounts payable and accrued expenses 288,903. 18 Grants payable 18 2,501,115, 1,994,251. 19 19 Deferred revenue 59,589,428. 58,200,690. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 13,037,753. 14,763,888. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 5,004,198 25 2,563,311. Schedule D 84,443,265. 83,235,761, 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 26,219,555. 27 21,757,402. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 10,802,565. 10,824,681. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

> 115,795,728. Form 990 (2017)

32,559,967.

37,044,236.

121 487 501.

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Fom	1990 (2017) Southeastern University, Inc.	59-0722789	P;	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>x</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,350) <u>,862</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	114,931	1,237.
3	Revenue less expenses Subtract line 2 from line 1	3	<6,580	375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,044	1,236.
5	Net unrealized gains (losses) on investments	5	513	3,878.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<677	7,308.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,259	9,536.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	32,559	967.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			LX
			Yes	No
1	Accounting method used to prepare the Form 990			',
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	14.67	ائتا
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	7 g alia	. La"
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		حث است	لتندل
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both		()	3. 4
	Separate basis		اً به أ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		لنشا
	review, or compilation of its financial statements and selection of an independent accountant?	_	2c X	 ,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		÷ .	.] ']
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audrt	نــانب	الندا.
	Act and OMB Circular A-133?		3a X	↓ —
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b X	<u> </u>
			Form 990	(2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			astern Universi						9-0722789
Pa	πI	Reason for Public	Charity Status (/	All organizations must co	omplete th	ns part) S	ee instructions		
The 1 2 3 4	organ	anization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
5 6 7 8 9		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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or							
10 11 12 a		university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
b		Type I. A supporting orgathe supported organization You must organization You must organization I. A supporting organization or management of organization(s) You mus	on(s) the power to re- complete Part IV, Se anization supervised f the supporting orga	gularly appoint or elect a ections A and B. For controlled in connectanization vested in the s	a majority tion with i	of the dire	ctors or truste ed organizatio	es of the s n(s), by ha	supporting
С		Type III functionally inte	· · · · · · · · · · · · · · · · · · ·		ın connec	tion with, a	and functional	ly integrat	ed with,
		its supported organization							·
d		Type III non-functionally that is not functionally int						-	
е		requirement (see instruct Check this box if the orga functionally integrated, or	anization received a	written determination fro	m the IRS	that it is a		II, Type III	
f	Ente	r the number of supported o	organizations						
g		vide the following information Name of supported organization	about the supporte (ii) EIN	d organization(s) (iii) Type of organization (described on lines 1 10 above (see instructions))	(iv) Is the orga in your govern	nization listed ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
									

	nedule A (Form 990 or 990-EZ) 2017 So	outheastern Un	iversity, Inc.			59-072278	i ugo =	
P	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checke			-	n failed to qualify	under Part III If the	organization	
	fails to qualify under the tests listed below, please complete Part III)							
Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	2,269,625.	2,684,691.	2,989,064.	3,425,534.	2,449,323.	13,818,237	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to	}		}				
	or expended on its behalf						I	
3	The value of services or facilities							
	furnished by a governmental unit to			i			I	
	the organization without charge						I	
4	Total. Add lines 1 through 3	2,269,625.	2,684,691.	2,989,064.	3,425,534.	2,449,323.	13,818,237	
5		· 						
	by each person (other than a							
	governmental unit or publicly			إر	/		}	
	supported organization) included						I	
	on line 1 that exceeds 2% of the						I	
	amount shown on line 11,			/			1	
	column (f)						1,094,061	
6	Public support. Subtract line 5 from line 4						12,724,176	
	ction B. Total Support				·- <u>-</u>			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	2,269,625.	2,684,691.	2,989,064.	3,425,534.	2,449,323.	13,818,237	
8	Gross income from interest,		- ' ' / 		·			
·	dividends, payments received on		/					
	securities loans, rents, royalties,		/					
	and income from similar sources	510,118.	182 538.	135,997.	162,586.	101,200.	1,092,439	
9	Net income from unrelated business		/			·		
•	activities, whether or not the		/					
	business is regularly carried on		/					
10	Other income Do not include gain				-	-		
	or loss from the sale of capital							
	assets (Explain in Part VI)	787,423.	1,057,252.	663,034.	759,990.	1,618,590.	4,886,289	
11	Total support, Add lines 7 through 10				 /	<u> </u>	19,796,965	
	Gross receipts from related activities,	etc (sée instruction	nne)			12	421,516,667	
	First five years. If the Form 990 is for			l fourth or fifth ta	x vear as a sectio			
	organization, check this box and stor	/	11101, 0000110, 11111	2, 1001111, 01 1111111	, ,			
Se	ction C. Computation of Publ	ic Support Per	rcentage					
14	Public support percentage for 2017 (I	ine 6. column (f) du	vided by line 11. co	olumn (fl)		14	64.27 %	
	Public support percentage from 2016		•			15	9	
	a 33 1/3% support test - 2017. If the o			line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	•		·		•	▶ x	
ŀ	33 1/3% support test -/2016. If the o		=	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	-	
	and stop here. The organization qual	•				,	▶□	
172	10% -facts-and-circumstances tes	• •	• • • • • • • • • • • • • • • • • • • •		13, 16a, or 16b, a	and line 14 is 10%	or more.	
	and if the organization meets the "fac	_						
	meets the "facts-and-circumstances"					5-	ightharpoons	
H	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or	
	more, and if the organization meets the	-						
	organization meets the "facts-and-circ						▶□	
				401 47 47	. , Lippingo			

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for					Doet II. If the execut	vation foils to
(Complete only if you checke			organization tailed	u to qualify under I	-art ii ii the organiz	auon rans to
qualify under the tests listed Section A. Public Support	below, please com	piete Part II)		**		
	(-) 0012	(5) 2014	(-) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(0) 2016	(e) 2017	(i) iotai
 Gifts, grants, contributions, and membership fees received (Do not 						
include any "unusual grants ")						
•				 		·
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					<u></u>	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities			/			
furnished by a governmental unit to						
the organization without charge						
*						
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and		 	1	 		
3 received from disqualified persons			/			
b Amounts included on lines 2 and 3 received		/	1			"
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				-		
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		/		•		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		1				
10a Gross income from interest,	1					<u> </u>
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	i					
acquired after June 30, 1975				ļ		
c Add lines 10a and 10b	/ *	<u> </u>				
11 Net income from unrelated business activities not included in line 10b,//	;					
whether or not the business is						
regularly carried on				-	ļ	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)				 	 	
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>			504/-\/0\	-4
14 First five years. If the Form 990 is f	or the organization	s first, second, thi	ra, tourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	die Command De				-	P L
Section C. Computation of Pub					145	
15 Public support percentage for 2017			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Investigation					17	%
17 Investment income percentage for 2	· ·		ne 13, column (f))		17	
18 Investment income percentage from			on line 14 and lin	o 1E io mara there		
19a 33 1/3% support tests - 2017. If the						, 13 HOC
more than 33 1/3%, check this box						and
b 33 1/3% support tests - 2016. If the						
/ line 18 is not more than 33 1/3%, ch 20 Private foundation. If the organizat						
Frivate iounication. If the organizat	ion raise mor chieck a		C O OO, OHOUR	22/ 41/4 300 11		

Part IV Supporting Organizations

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

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

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

10a

10b

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sche	dule A (Form 990 or 990-EZ) 2017 Southeastern University, Inc.	59-0722789	Pa	age 5
Pai	t IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		,	اـــا
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	لِـــــا	
Sec	tion B. Type I Supporting Organizations	<u>. </u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			۱ ۹
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		i '
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			لنبدا
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the]
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l i
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			. 1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		Ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			انـــا
	supported organizations played in this regard	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ty (see instruction:	s <u>)</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			<u> </u>
	those supported organizations and explain how these activities directly furthered their exempt purposes,			'
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	• • • • • • • • • • • • • • • • • • • •			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	igsqcut	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.]	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	man to the second control of the second cont	<u>:</u>	.	
	of the supported erganizations? If "Ves." describe in Part VI the role played by the organization in this regard	36	1	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in l	Part VI) See instructions. All
other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u> </u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	· · · · · · · · · · · · · · · · · · ·	
6 Portion of operating expenses paid or incurred for production or	1	-	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	7 (-,-6	er and a second and a second	
instructions for short tax year or assets held for part of year)	l ,		
a Average monthly value of securities	1a		<u></u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<u> </u>	-	type (
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		<u> </u>
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions)	6	•	
7 Check here if the current year is the organization's first as a non-functionall	y integrat	ed Type III supporting orga	anization (see
instructions)		,, 5.5	•

Schedule A (Form 990 or 990-EZ) 2017

Page 7

Par	τν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
	•	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI) See instructions			
		annual distributions. Add lines 1 through 6			
		putions to attentive supported organizations to which the	ne organization is responsive		,
_		de details in Part VI) See instructions	J ,		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		amount avidoo by the o amount	(i)	(iı)	(rii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI) See instructions			
3	Exces	s distributions carryover, if any, to 2017			
а	1				
b	From	2013			
С	From	2014			<u> </u>
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder Subtract lines 3g, 3h, and 3i from 3f			
4	Distrit	outions for 2017 from Section D,			
	line 7	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	under Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2017, if			
	any S	Subtract lines 3g and 4a from line 2 For result greater			
		zero, explain in Part VI. See instructions			
6	Rema	uning underdistributions for 2017 Subtract lines 3h			
	and 4	b from line 1 For result greater than zero, explain in			
		/I See instructions			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	c ,			
8		down of line 7			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		s from 2016			
		ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Schedule A, Part II, Line 10, Explanation for Other Income:
Fundraising event revenue
2014 Amount: \$ 230,605.
Misc revenue
2013 Amount: \$ 354,654.
2014 Amount: \$ 302,668.
2015 Amount: \$ 241,540.
2016 Amount \$ 263,481.
2017 Amount. \$ 1,314,158.
Commission and rebates
2013 Amount. \$ 347,398.
2014 Amount. \$ 417,074.
2015 Amount: \$ 348,267.
2016 Amount: \$ 416,268.
2017 Amount: \$ 185,799.
Debt recoveries
2013 Amount: \$ 85,371.
2014 Amount \$ 106,905.
201\$ Amount: \$ 73,227.
2016 Amount: \$ 80,241.
2017 Amount \$ 118,633.

	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, Part III, line 12.	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, F Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any ac (See instructions)	nes 1 and 2, Part IV, Sectio Part V, Section B, line 1e, Pa	n (art
Schedule	A, Part II:		
The organ	nization is a school as described under 170(b)(1)(A)(11) and is		
not requ	red to complete a public support schedule. Schedule A, Part II		
is compl	eted to verify the School can qualify under public charity		
status s	ection 170(b)(1)(A)(vi) and, therefore, qualifies to use the	·	
first li	sted special rule for Schedule B reporting.	···	
	 		
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	,		
			
			_
	•		
		·	
			
	·		
		<u> </u>	
		~	

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Southeastern University, Inc.

Employer identification number 59-0722789

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Com	plete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) Funds and oth	er accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds	_
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or	education)	orically important land a	ırea
	Protection of natural habitat	Preservation of a cer	ified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easer	nent on the last
	day of the tax year		Held at the	End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the	e tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	_	
	violations, and enforcement of the conservation easements		L	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements du	ring the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during t	ne year
_	Data and a second at the S(4) about		/L\/4\/D\/\	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(N)(4)(B)(I)	Yes 🔲 No
_	and section 170(h)(4)(B)(ii)?	an accompate in the revenue and evapone		
9	In Part XIII, describe how the organization reports conservat	·		
	include, if applicable, the text of the footnote to the organizal conservation easements	tion's illiancial statements that describes	the organization's accor	unting for
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Asset	
<u> </u>	Complete if the organization answered "Yes" on Form		(1101 011111101 710001	
12	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet	works of art
10	historical treasures, or other similar assets held for public ext			_
	the text of the footnote to its financial statements that descri		noc or pasmo ocrance, pr	orioo, mrr art mm,
h	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet wor	ks of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items		5110 551 11051 p. 61105 t. 10	, one wing an iounio
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		\$ 	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	Il gain, provide	
-	the following amounts required to be reported under SFAS 1		3-m (p. 2 - 100	
а	Revenue included on Form 990, Part VIII, line 1	TO VICE SOON COLUMN TO WINDOW HOUND	> \$	
h	Assets included in Form 990. Part X		\$	····

	dule D (Form 990) 2017 Southeaster Till Organizations Maintaining C	ollections of Ar		rasuras o	Other	59-072			ge
	Using the organization's acquisition, access								_
3	(check all that apply)	on, and other record	s, check any or the	FIOILOWING MAL	are a sigi	incant use or i	is conectic	JIT ILCIT	,
_	Public exhibition	d	Loan or av	change progran	ne				
a	Scholarly research	e		Sharige program	113				
b		e							-
C	Preservation for future generations	ellestions and avalou	a bourthou furthor:	the ergenization	a'e evem	ot purposo in E	ort VIII		
4	Provide a description of the organization's c	· · · · · · · · · · · · · · · · · · ·		-			ait Aiii		
5	During the year, did the organization solicit of		•		Sirillara	ssers	Yes		ı
Do:	to be sold to raise funds rather than to be m				/aa!! aa [000 Dort I			•
Pai	reported an amount on Form 990, Pa	-	ete ir the organizatio	on answered 1	es on r	omi 990, Fait i	v, iii le 5, 0	"	
40	Is the organization an agent, trustee, custod		lian, for contributio	ne or other ass	ets not in				-
1a		ian or other intermed	liary for contributio	ins or other ass	erz nor m	Г	Yes		l
	on Form 990, Part X?	1.1.45.45.4	H 4-6-1-			L	res		1
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table						-
						1	Amour	π	_
	Beginning balance					1c			-
	Additions during the year					1d			-
е	• .					1e			-
f	Ending balance								T
	Did the organization include an amount on F					<i>i</i> ? L	Yes	<u> </u>	1
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on F	1					
		(a) Current year	(b) Prior year	(c) Two years) Three years bac	+ 1-7	ir years	•
1a	Beginning of year balance	7,640,175.	9,235,798	. 8,928		8,143,47		811,	-
b	Contributions	533,939.	373,760		093.	486,09		294,	-
С	Net investment earnings, gains, and losses	488,545.	1,258,536		246.	367,42	-	.,332,	-
d	Grants or scholarships	140,902.	175,076	. 129	651.	68,88	5.	295,	-
е	Other expenditures for facilities								
	and programs		3,052,843						
f	Administrative expenses								
g	End of year balance	8,521,757.	7,640,175	9,235	798.	8,928,11	0. 8	,143,	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column ((a)) held as					
а	Board designated or quasi-endowment	•	%						
ь	Permanent endowment ▶ 100.00	%	_						
	Temporanly restricted endowment	 %							
-	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
За	Are there endowment funds not in the posse	•	ation that are held a	and administer	ed for the	organization			
	by	3				J		Yes	
	(i) unrelated organizations						3a(i)		•
	(ii) related organizations						3a(iı)		•
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule B1	?			3b		•
4	Describe in Part XIII the intended uses of the	•		-					•
	rt VI Land, Buildings, and Equipn		William Idila	**					٠
<u> </u>	Complete if the organization answere		Part IV line 11a	See Form 990	Part X. lır	ne 10			
		· 1		t or other		umulated	(d) Boo	nk valu	
	Description of property	(a) Cost or of basis (investing	1 ' '	(other)		eciation	(4) 500	JK Valu	,
		Sasis (ilivestii		3,387,942.			7	387	•
	المنما	ı			5	7,495,195.		971	
	Land		1 2	7 466 437 1					
b	Buildings		12	7,466,437.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	•
b c	Buildings Leasehold improvements					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b c d	Buildings		1	3,667,874. 4,629,280.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13	, 667, 1,629,	

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation		f-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · ·			<u> </u>
(2) Closely-held equity interests	•			
(3) Other				
(A)				
			-	·
(B)				
(C)				
(D)		-		
(E)				
(F)				· · · ·
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, lir	ne 13	
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-c	f-year market value
(1)				
				
(2)	···		-	
(3)				
(4)				 -
(5)				
(6)		-		
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, In	ne 15	
(a) I	Description	•		(b) Book value
(1)				
(2)	• *****			
		···		*****
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)	·			
(6)		· *·		
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<u> </u>	
D AV OIL TO THE				
Part X Other Liabilities.				
	on Form 990, Part IV, line	11e or 11f See Form 990, Pa	art X, line 25	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Pa	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line		art X, line 25	•
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value	art X, line 25	,
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans		(b) Book value 1,087,898.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits		(b) Book value 1,087,898.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5)		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5) (6)		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5)		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5) (6)		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5) (6) (7)		1,087,898. 1,387,943.	art X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5) (6) (7) (8) (9)	ement	1,087,898. 1,387,943.	art X, line 25	· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Refundable government student loans (3) Fair value of interest rate swap agree (4) Deposits (5) (6) (7) (8)	ement example 25)	1,087,898. 1,387,943. 87,470.	•	at reports the

•				
Sche	dule D (Form 990) 2017 Southeastern University, Inc.		59-0722789	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1	Total revenue, gains, and other support per audited financial statements		1	*****
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	·	
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII)	4b	<u></u>	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	'	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		, line 4, Part X, line	2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional information		
Dart	: V, line 4			
Fart	· v, line 4			
Endo	wment funds are to be used by the University to fund student			
		· ·		
scho	larships and future campus building projects.			
				,
The	2017 990, Schedule D, Part V, columns (a) - (d) have been updat	ed to		
refl	ect corrected activity, including beginning and ending balances	a. An		
adju	stment of \$3,052,843 has been made in column (b), Other expendi	itures		
_				
for	facilities and programs, to correct the 5/31/17 ending and 5/31	1/18		····
h	uning andermont balance may the audited formulal statements			
pegi	nning endowment balance per the audited financial statements.			

Schedule D (Form 990) 2017	Southeastern University, Inc.	59-0722789	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	ormation (continued)		
		,	
		(** *.	
			,
	······································		
	· · · · · · · · · · · · · · · · · · ·		
			-

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Southeastern University, Inc.

Employer identification number 59-0722789

Pa	rt I	•		
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
•	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			. 1
-	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
•	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	,•		1
	If you need more space, use Part II	3	x	
	The policy is printed in catalog and the financial aid		•	
	package. Also, it is mentioned on telephone "information on	,	٠	
	hold" message heard by the general community and potential	'	ų	ĺ
	students. It can also be found on the University's website.	'	١	٠ ٠
				, ,
4	Does the organization maintain the following?		. ,	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
-	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
_	If you answered "No" to any of the above, please explain If you need more space, use Part II		*	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		']
				٠,٠
5	Does the organization discriminate by race in any way with respect to		`	,
а		5a		Х
b	Admissions policies?	5b		х
	Employment of faculty or administrative staff?	5c		х
	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			. 1
		'		
			l `.	l j
				ليب
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			·
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of		<u>'</u>	لب
	Rev Proc 75:50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	

Schedule E (Form 990 or 990-EZ) 2017 Southeastern University, Inc.	59-0722789	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, ar	d 7, as applicable	
Also provide any other additional information		
7 100 provide any other accondition manager	•	•
Line 6 - Explanation of Government Financial Aid:		
Southeastern University receives federal and state financial aid and		
	**	
assistance, including Federal Pell grants, Federal Work-Study and Florida		
assistance, including redetal left glands, redetal work boda, and riorial		
Resource Allocation grants. And, it has never had its right to financial		
Resource Allocation grants. And, it has never had its right to irhancial		
aid or assistance from a governmental agency revoked.		
- Livery	<u> </u>	
	•	
	····	,
,		
•		
•		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization				1	Employer identifi	cation number
Southeastern University	/ Inc.				59-0722789	
		ctivities Ou	tside the United States. Comple	ete if the organiz	ation answered "Y	es" on
Form 990, Part IV	/, line 14b					
U	•		ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assis	tance?	Yes L No
O Fau awardmakara Daga	who in Dort Vitha	organization's	procedures for monitoring the use of it	e grante and oth	or accietance outs	ide the
United States	nbe in Fait v the	organization's	procedures for mornitoring the use of it	s grants and on	iei assistance outs	ide trie
	he following Part	: I, line 3 table ca	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		ty listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		ram service,	expenditures for and
	ın the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type s) in the region	investments
		in the region	recipionis located in the region,	,		in the region
Central America and				Study abroad	l and	
the Caribbean	0	0	Program services	missions		221,944.
East Asia and the		_		Study abroad	l and	20.544
Pacific	0	0	Program services	missions		30,644.
Europe (Including				Study abroad	l and	
Iceland & Greenland)	О	0	Program services	missions		133,742.
					-	
		,			_	
Middle East and			1	Study abroad	l and	104 743
North Africa	0	0	Program services	missions		104,743.
North America -				Study abroad	l and	
Canada and Mexico	0	0	Program services	missions	•	660,324.
						-
				L	_	
Court Amendan	٥			Study abroad	and	40,633.
South America	0	0	Program services	MIBSIONS		40,033.
				Study abroad	l and	
South Asia	0	0	Program services	missions		52,115.
Cub. Cabaran Africa	0	0		Study abroad	and	114,940.
3 a Sub-total	0	0	Program services			1,359,085.
b Total from continuation				n	*	_,,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0	1	• • •		1,359,085.

Schedule F (Form 990) 2017 Southeastern University, Inc.

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

	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	2								
	,								
	,								
					-				
	2 Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	recipient organizatio	ns listed above that are r insel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country ter	recognized as tax-e	xempt		
•	3 Enter total number of other organizations or entities	other organizations	or entities				•		

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Southeastern University, Inc.

Fart III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

۱۰ ا	1 .	, 1	1	1	<u> </u>	i 1	1	! 1	1
(h) Method of valuation (book, FMV, appraisal, other)			١	·					
(g) Description of noncash assistance									
(f) Amount of noncash assistance			/						
(e) Manner of cash disbursement	•								
(d) Amount of cash grant			,		•				
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance									

Schedule F (Form 990) 2017

	ule F (Form 990) 2017 Southeastern University, Inc.	59-0722789	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	☐ Yes	X No
	Corporation (see Instructions for Form 926)	L Yes	L≛ NO
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		•
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	r	
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	L Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	└── Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	L Yes	X No
5 ·	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		,
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713, don't file with Form 990)	☐ Yes	X No

	Form 990) 2017 Southeastern University, Inc. Supplemental Information	59-0722789
Part V		(9) (accounting method, smorrets a
	Provide the information required by Part I, line 2 (monitoring of funds), Part II, line 3, column	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (account	nting method), and Part III, column
	(estimated number of recipients), as applicable Also complete this part to provide any addr	ional information. See instructions
Part I, 1	ine 3:	
Expenditu	res are accounted for using the accrual method of accounting.	
		•
		· · · · · · · · · · · · · · · · · · ·
		
	•	
	- The state of the	
		
		·
	£	
		•
<u> </u>		

SCHEDULE 1 (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

► Attach to Form 990

e Office States	990, Part IV, line 21 or 22.	

Employer identification number ► Go to www.irs.gov/Form990 for the latest information.

	Southeastern University, inc.	niversity, in	.c.					59-0722789
Partl	t General Information on Grants and Assistance	nd Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	
	criteria used to award the grants or assistance?	tance?						X Yes No
ᅰ	Describe in Part IV the organization's procedures for monitoring	cedures for monit	toring the use of grant	the use of grant funds in the United States	d States			
<u>a</u>	Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organi	zations and Domestic	c Governments. C	complete if the orga	ınızatıon answered "\	'es" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additi	ional space is need	ded			
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table				•
က	Enter total number of other organizations listed in the line 1 tab	s listed in the line	1 table					^
Η	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instruct	ions for Form 990.					Schedule I (Form 990) (2017)

59-0722789

Southeastern University, Inc.

Schedule I (Form 990) (2017)

732102 11-01-17

SCHEDULE J (Fòrm 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Southeastern University, Inc.

Employer identification number 59-0722789

Pa	art I Questions Regarding Compensation			
_			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		,	
	First-class or charter travel X Housing allowance or residence for personal use		١,	.
	Travel for companions Payments for business use of personal residence	-		
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees		-3	'
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			<u> </u>
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لـــا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
			,	l i
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	١, ١		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	.		
	establish compensation of the CEO/Executive Director, but explain in Part III	Ι'	* -	
	Compensation committee X Written employment contract	ł	t 15	١٠
	Independent compensation consultant X Compensation survey or study			2
	Form 990 of other organizations X Approval by the board or compensation committee			
		,		, ,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	, ,	۱.	,
	organization or a related organization		نندا	
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			· 1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		,	-
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		' I	
	contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III		•	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	,		ليا
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8				
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			أغسيا
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Southeastern University, Inc.

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(cı)-(i)(sı)	in column (b) reported as deferred on prior Form 990
(1) Dr. Kent Ingle	Ξ	246,177.	18,041.	2,865.	25,776.	185,311.	478,170.	0.
President	≘		0	0	0	0	0	0
(2) Dr. Chris Owen	Ξ	176,232.	12,820.	2,865.	17,634.	139,936.	349,487.	0
Executive Vice President	Ξ		0	0.	0	0	0	0
(3) Dr. Andrew Permenter	Ξ	117,40	8,853.	1,440.	10,712.	42,502.	180,909.	0
VP for Institutional Research	Ξ		o	0	0	0	.0	0.
(4) Mr. Justin Lathrop	Ξ	182,334	9,631.	4,836.	13,776.	21,139.	231,716.	0
VP of Strategic Partnerships	Ξ	0	.0.	0	0	0	0.	0
(5) Mr. Roy Rowland IV	Ξ	188,910.	9,731.	3,058.	14,119.	17,324.	233,142.	0
VP for Enrollment Management	Ξ	0	.0	0	0	0	0	0.
(6) Dr. William Hackett	Ξ	125,402	9,468.	1,440.	13,950.	72,614.	222,874.	0
Provost	: ≘	0	0.	0.	0.	0.	0	0
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	▣							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
Advert 1	3							
	Ξ							
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							Schedu	Schedule J (Form 990) 2017

Supplemental Information on Tax-Exempt Bonds

Open to Public 2017 Inspection

Schedule K (Form 990) 2017 (g) Defeased (h) On behalf (i) Pooled ŝ financing **Employer identification number** × × × OMB No 1545-0047 × Yes ŝ ŝ ŝ ۵ of issuer × × × × ۵ Yes 59-0722789 Yes Yes × × ŝ × × × Yes × × × × ŝ ŝ Revenue Refunding Bonds Revenue Refunding Bonds 3,360,000. Revenue Refunding Bonds Revenue Refunding Bonds (f) Description of purpose ပ ducational Facilities ducational Facilities ducational Facilities Educational Facilities Yes Yes × × ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. × ŝ × ŝ × × 8 8 10,000,000. 10,000,000. Yes 10,000,000 Yes × × (e) Issue price × × × နိ ŝ (d) Date issued 11/26/13 11/26/13 Yes Yes 11/26/13 11/26/13 × × See Part VI for Column (f) Continuations (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, A/N N/A 4/N X/N (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Inc. Were the bonds issued as part of a current refunding issue? 39-6000354 9-6000354 39-6000354 59-6000354 Southeastern University, which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III | Private Business Use bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds A City of Lakeland B City of Lakeland C City of Lakeland D City of Lakeland Name of the organization **Bond Issues** Part II | Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part | N Ŋ ဖ თ 9 F 4 5 œ 42 ಧ 9

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE K (Form 990)

OMB No 1545-8047 Open to Public Inspection 2017

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ŝ (g) Defeased (h) On behalf (i) Pooled financing **Employer identification number** × Yes ŝ ŝ ž × ٥ of issuer Yes 59-0722789 Yes Yes ŝ × Yes ŝ ş 33,000,000, Revenue Refunding Bonds (f) Description of purpose ပ Educational Facilities Yes Yes ŝ ŝ 8 Yes Yes (e) Issue price 310,000 × × × ž ŝ (d) Date issued Yes Yes 11/26/13 × See Part VI for Column (f) Continuations (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, A/A (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 59-6000354 Southeastern University, which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III | Private Business Use (a) Issuer name bond-financed property? Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds A City of Lakeland Name of the organization **Bond Issues** Part II | Proceeds Department of the Treasury Internal Revenue Service Parti 9 Ŋ O N œ 9 F 4 5 9 8 ပ 4 5

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

Canthaastarn Injvaraity Inc			9870070-85	22789	E	Entity	-	
-								raye
	∀		3	8		၁	٥	•
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
		Х		×		×		×
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
4 Enter the percentage of linanced property used in a private business use by		į		,		,		,
-		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		x		×		×
8a Has there been a sale or disposition of any of the bond financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		x		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1141-12 and 1145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27	×		×		×		×	
Part IV Arbitrage								
	V			8		S	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	No	Yes	No	Yes	N _o
Penalty in Lieu of Arbitrage Rebate?		X		×		x		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		х		х		×		×
b Exception to rebate?		X		х		×		×
c No rebate due?		x		x		×		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×		×		×		×	
4a Has the organization or the govemmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×		×		×
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sc	Schedule K (Form 990) 2017	m 990) 2017

N

Schedule K (Form 990) 2017 % % ŝ ŝ Yes Yes % % % % å ŝ Yes Yes % % % % ŝ ŝ 59-0722789 Yes Yes 10.000000 % % % % CenterState Bank of ŝ ŝ × × × × × Yes Yes × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? A b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was 3a Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Southeastern University, Inc. Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1 145-27 business use of bond-financed property? | Part III | Private Business Use (Continued) If "No" to line 1, did the following apply? 3 Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? Schedule K (Form 990) 2017 1 141-12 and 1 145-2? Total of lines 4 and 5 a Rebate not due yet? b Exception to rebate? b Name of provider c No rebate due? Term of hedge Part IV | Arbitrage performed 732122 10-18-17 ₹ O 4 ဖ a

Page 3 Schedule K (Form 990) 2017 ŝ £ Yes Yes × Ŷ ŝ O Yes Yes × ટ ŝ 59-0722789 8 ø Yes Yes × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions No ŝ × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Southeastern University, Inc. Part V | Procedures To Undertake Corrective Action Part IV | Arbitrage (Continued) Schedule K (Form 990) 2017 b Name of provider section 1487 c Term of GIC 732123 10-18-17

N

Schedule K (Form 990) 2017

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service	▶(io to v	www.irs.gov/Fo	rm99	0 for i	nstruc	tions and the	late	est information.			ır	spect	ion	i
Name of the organization	า								_	Em	ployer	iden	ificati	on nu	mber
			Jniversity,								0722	789			
)(29) organızatıor						
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV,	line 25a or 25	b, o	r Form 990·EZ, P	art V,	line 40)b			
(a) Name of disquali	fied person	(b) F	Relationship bety			lified	16	c) D	escription of tran	sactio	n				cted?
(b) Name of disquare			person and or	ganız	ation		,						_ Y	es	No
													+		
													+	\dashv	
													+	\dashv	
													+	_	
													+	\dashv	
2 Enter the amount of	f tax incurred by	the o	roanization man	aners	or disc	gualifie	ed nersons du	nna	the year under						
section 4958	rtax incurred by	11100	rgamzation man	agers	01 010	quann	ca pordono da	9	and your arraor		▶ \$				
3 Enter the amount of	f tax. if anv. on h	ne 2. :	above, reimburs	ed by	the or	ganıza	ation				▶ \$				
Part II Loans to	and/or Fror	n Int	erested Per	sons	· .							•			
Complete if	the organization	n ansv	vered "Yes" on	Form !	990-EZ	, Part	V, line 38a or	Forr	n 990, Part IV, Iır	ie 26,	or if th	ne orga	anızatı	on	
	Y		, Part X, line 5, 6									VIST An	proved	l sa	
(a) Name of interested person	(b) Relation		(c) Purpose of loan	fror	an to or n the		e) Original cipal amount	(1	f) Balance due) In ault?	bý bo	ard or	[]] **	ritten ment?
interested person	With Organi	Zation	Orioan	<u> </u>	ization?		cipai amount					_	nittee?	├──	
				То	From	_		⊢		Yes	No	Yes	No	Yes	No
				 		<u> </u>		┢			 		\vdash		
				\vdash		 		\vdash	***			<u> </u>			\vdash
				\vdash				H				<u> </u>			
	İ			<u> </u>			***		-						
								<u> </u>					<u> </u>		<u> </u>
				<u> </u>	<u></u>						<u> </u>	ļ			<u> </u>
Total Part III Grants o	r Assistance	Bar	nefiting Inter	rooto	d Da	reen	<u> </u>					ļ <u>.</u>			
			•												
(a) Name of interes			vered "Yes" on I				c) Amount of		(d) Type	of		le) Purp	ose o	
(a) Name of filteres	sted person	'	(b) Relationship interested pers			`	assistance		assistan				assist		
			the organiza	ation											
														•	
		<u> </u>				<u> </u>									
		+				ļ			ļ						
		+									\dashv				
		+	·						 		-+				
		+									\dashv				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
	person and the organization	transaction	Hansaction	Yes	nues?
Loree Rowland	Family member of Mr	49,899	.Wages		х
			ļ	ļ	
	-		-	ļ	
				<u> </u>	
			ļ	ļ	
		<u></u>	 	<u> </u>	
Part V Supplemental Information					
Provide additional information for re	esponses to questions on Schedule L (see i	nstructions)			
Sch L, Part IV, Business Transaction	as Involving Interested Persons.				
Sch E, Part IV, Business Hansaction	as involving interested relacins.				
(a) Name of Person: Loree Rowland					
(b) Relationship Between Interested	Person and Organization	- "	<u>.</u>		
Family member of Mr. Roy Rowland IV,	VP for Enrollment Managment				
,					
			<u> </u>		
				-	
			···		
			<u>-</u>		
	~				
			,		

SCHEDULE M (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

Southeastern University, Inc.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Employer identification number

59-0722789

Par	t Types of	Property								
	•		(a) Check if applicable	(b) Number of contributions or tems contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of de noncash contribu		-	is
4	Art - Works of art			items contributed	TOTTI 550, Fait VIII	, inte rg				
1										
2	Art - Historical trea				-					
3	Art - Fractional inte									
4	Books and publica			,		-				
5	Clothing and hous	_								
6	Cars and other vel	nicles								
7	Boats and planes									
8	Intellectual proper	•								
9	Securities - Publicl	•								
10	Securities - Closely									
11	Securities - Partne	rship, LLC, or								
	trust interests									
12	Securities - Miscel	laneous								
13	Qualified conserva	ition contribution -								
	Historic structures									
14	Qualified conserva	ition contribution - Other								
15	Real estate - Resid	iential								
16	Real estate - Comr	mercial								
17	Real estate - Other	•								
18	Collectibles									
19	Food inventory									
20	Drugs and medica	l supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specime	ns								
24	Archeological artifa	acts								
25	Other (Ad	l space)	Х	1		25,000.				
26	Other ► (Sr	peaker fee)	х	1		1,500.				
27	Other ► (Su	ipplies)	Х	1		1,422.				
28	Other ► ()			_					
29	Number of Forms	8283 received by the organi	zation dunn	g the tax year for c	ontributions					
	for which the organ	nization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
									Yes	No
30a	During the year, di	d the organization receive by	y contributio	on any property rep	orted in Part I, lines	s 1 throug	h 28, that it			ĺ
	must hold for at le	ast three years from the date	e of the initia	al contribution, and	l which isn't require	d to be us	sed for			
	exempt purposes	for the entire holding period	?					30a		х
ь	If "Yes," describe	the arrangement in Part II						`		
31		tion have a gift acceptance	policy that re	equires the review	of any nonstandard	contribu	tions?	31	x	
		tion hire or use third parties								
	contributions?							32a		х
ь	If "Yes," describe	n Part II		9						
33		didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column	(a) is che	cked,			. 1
-	describe in Part II	p	(-,	21 · · · F · · F · ·		. ,	•			

Schedule M	(Form 990) 2017 Southeastern University, Inc.	59-0722789	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information	3, and whether the organ abination of both Also co	ıızatıon
Schedule	M, Part I, Column (b)		
The numbe	er of contributions represent the number of contributions		
received	not the number of items donated.		
			
		. 187	
	1		
		 -	<u>.</u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Southeastern University, Inc.

Employer identification number 59-0722789

Form 990, Part III, Line 1, Description of Organization Mission:
Offers 70 undergraduate degree programs and 20 graduate programs,
including 5 doctor degrees. Classes are offered in traditional, online,
extension sites and evening formats. Graduates are encouraged to impact
Culture through a lifestyle of excellence and integrity. Southeastern
University's dedication to students' spiritual and intellectual growth
provides a framework for Christ-centered living both in and outside the
classroom.
Form 990, Part VI, Section A, line 1:
The Executive Committee shall consist of the Chair of the Board of
Trustees, the Vice Chair of the Board of Trustees, the Secretary of the
Board of Trustees, the President of Southeastern University, the Academic
Affairs Committee Chair, the Finance and Audit Committee Chair, and up to
three (3) trustees at large selected by the Board of Trustees. The at large
members of the Executive Committee shall serve for one (1) year terms, and
may be reelected with limits. The Chairs of the Board of Trustees shall
serve as the Executive Committee Chair.
The Executive Committee shall have delegated authority from the Board of
Trustees to address routine business matters between regular board meetings
and to assist the Chair of the Board of Trustees and the President in their
joint responsibility to help the Board to function effectively and
efficiently by suggesting board meeting agenda items and periodically
assessing the quality of committee work. The Executive Committee shall have
delegated authority to act for the Board of Trustees on all matters except

Name of the organization	Employer identification
Southeastern University, Inc.	59-0722789
for the following, which shall be reserved for the Board: election or	
removal of the President; election or removal of a member of the Board of	
Trustees or a Board officer; changes to the articles of incorporation or	
bylaws of the corporation; change of the University's mission; incurring of	
University indebtedness other than indebtedness in the ordinary course of	
business; sale of University assets or tangible property other than in the	
ordinary course of business; adoption of the annual budget; and conferral	
of degrees.	
Form 990, Part VI, Section A, line 2.	
Dr. William Hackett, Provost and Dr. Chris Owen, Executive Vice President	
have a family relationship.	
Form 990, Part VI, Section A, line 3	
Southeastern University used the services of CFO Colleague to full the	
Southeastern University used the services of CFO Colleague to full the	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance.	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b:	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided to the board of trustees electronically for review. The board of trustees is given a date by which to respond prior to filing with the IRS.	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided to the board of trustees electronically for review. The board of trustees	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided to the board of trustees electronically for review. The board of trustees is given a date by which to respond prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c:	
Southeastern University used the services of CFO Colleague to full the officer position for VP of Finance. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided to the board of trustees electronically for review. The board of trustees is given a date by which to respond prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: A conflict of interest exists when any board members and employees of	

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Southeastern University, Inc.	59-0722789
Line 28 Temporarily restricted net assets 0	
Line 29 Permanently restricted net assets 10,802,565	
Zame 25 Fermanencry Teacriticed Net assets 10,002,305	
Total net assets \$32,559,967	
	
Form 990, Part XI, line 9, Changes in Net Assets	
Change in interest rate swap 2,259,536.	
Form 990, Part XII, Line 2c	
The organization's Board assumes responsibility for oversight of the	
audit of its financial statements and selection of its independent	
accountant. This process has not changed since the prior year.	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2017

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 59-0722789 Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity End-of-year assets e Total income ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity ø Southeastern University, Inc. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(a)	(q)	(0)	(0)	(e)	(±)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(D)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity	•
				501(c)(3))		Yes	N _o
Southeastern University Foundation, Inc							
46-3844101, 10000 Longfellow Blvd, Lakeland, Fundraising for	Fundraising for			**	Southeastern		
FL 33801	Southeastern University	Florida	501(c)(3)	Line 12b, II University	Jniversity	×	
						,	

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Southeastern University, Inc.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	h	rhonate nons?	(1) Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing A managing Dartner? (S) Yes No	(J) (K) General or Percentage managing ownership	ntage rship
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corpo	poration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related x year	omplete if the	e organization a	answered "Ye	s" on Form 9	90, Part IV,	line 34,	because it ha	ad one or	more rela	ated_
(a) Name, address, and EIN of related organization	<u>Σ</u> ς	Prim	(b) Primary activity.	Legal domicile (state or foreign country)	(d) Direct controlling entity	mg Type of entity (C corp., S corp.		(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Sect Sect State contract of the sect sect sect sect sections of the section of the s)(13) 0(13) 0(16d 1y?
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732162 09-11-17									-	Schec	Jule R (F	Schedule R (Form 990) 2017	2017

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Schedule R (Form 990) 2017 Southeastern University, Inc.			59-0722789		Pa	Page 3
h Related Organizations. Complete if the	vered "Yes" on Forn	organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	or 36			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				٨	Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	elated organizations listed	in Parts II-IV?		7	_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				13	7	×
 b Gift, grant, or capital contribution to related organization(s) 				ą	1	×
c Gift, grant, or capital contribution from related organization(s)				10	\dashv	×
d Loans or loan guarantees to or for related organization(s)				무	1	×
e Loans or loan guarantees by related organization(s)				9	+	× -
f Dividends from related organization(s)				+	+	7×
			•	: 5	t	×
			•	? _	T	×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
				;	+	7,
K Lease of racinities, equipment, of other assets from related organization(s)				¥ ;	\dagger	ډ ,
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			= ;	\dagger	د پ
Performance of services or membership or fundraising solicitation	ization(s)			E ;	\dagger	ډ ,
	on(s)			٤,	\dagger	٠,
 Sharing of paid employees with related organization(s) 				٥	\dagger	-
n Beimbirsement paid to related organization(s) for expenses				15	+]×
					╁	×
					r	
r Other transfer of cash or property to related organization(s)				=		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete t	nis line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		ļ
(1)						
(2)						
(6)						
(4)						
(5)			,			
(9)						
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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 bartnerships

name, address, and Ein of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) total ons: Yes No	(9) Share of end-of-year assets	Oispropor tonate allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No	General or managing partner?	(K) Percentage ownership
		,							
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Schedule R	R (Form 990) 2017	Southeastern University, Inc.	59-0722789	Page 5
Part VII	(Form 990) 2017 Supplemental Info	ormation.		
·	Describe additional inform	mation for responded to questions on Schodule B. See instructions		
	Provide additional inforr	mation for responses to questions on Schedule R See instructions		

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