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DLN: 93493100015530

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

CAMPBELL UNIVERSITY INC

% DR JOHN ROBERSON

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

POST OFFICE BOX 97

City or town, state or province, country, and ZIP or foreign postal code

BUIES CREEK, NC 27506

F Name and address of principal officer

J BRADLEY CREED

POST OFFICE BOX 97

BUIES CREEK, NC 27506

H(a) Is this a group return for subordinates?

Yes No

H(b) Are all subordinates included?

Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website: WWW CAMPBELL EDU

G Gross receipts \$ 470,254,699

K Form of organization

Corporation

Trust

Association

Other

L Year of formation 1887

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

34

4 Number of independent voting members of the governing body (Part VI, line 1b)

32

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

3,223

6 Total number of volunteers (estimate if necessary)

42

7a Total unrelated business revenue from Part VIII, column (C), line 12

541,101

7b Net unrelated business taxable income from Form 990-T, line 34

73,840

Revenue

8 Contributions and grants (Part VIII, line 1h)

18,461,371

9 Program service revenue (Part VIII, line 2g)

208,763,460

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11,833,650

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

2,481,698

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

241,540,179

250,035,492

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

72,961,397

75,161,901

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

87,612,674

91,967,894

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25)

3,752,057

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

82,262,216

75,026,285

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

242,836,287

242,156,080

19 Revenue less expenses Subtract line 18 from line 12

-1,296,108

7,879,412

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

546,244,906

568,606,539

21 Total liabilities (Part X, line 26)

141,741,520

168,461,223

22 Net assets or fund balances Subtract line 21 from line 20

404,503,386

400,145,316

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2020-04-08

Date

DR J BRADLEY CREED PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-04-08

Check if self-employed

PTIN P01064157

Firm's name BDO USA LLP

Firm's EIN

Firm's address 1100 PEACHTREE ST NE 700

Phone no (404) 688-6841

ATLANTA, GA 30309

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO GRADUATE STUDENTS WITH EXEMPLARY ACADEMIC AND PROFESSIONAL SKILLS WHO ARE PREPARED FOR PURPOSEFUL LIVES AND MEANINGFUL SERVICE. THE UNIVERSITY IS INFORMED AND INSPIRED BY ITS BAPTIST HERITAGE AND THREE BASIC THEOLOGICAL AND BIBLICAL PRESUPPOSITIONS: LEARNING IS APPOINTED AND CONSERVED BY GOD AS ESSENTIAL TO THE FULFILLMENT OF HUMAN DESTINY, IN CHRIST ALL THINGS CONSIST AND FIND ULTIMATE UNITY, AND THE KINGDOM OF GOD IN THE WORLD IS ROOTED AND GROUNDED IN CHRISTIAN COMMUNITY. THE UNIVERSITY EMBRACES THE CONVICTION THAT THERE IS NO CONFLICT BETWEEN THE LIFE OF FAITH AND THE LIFE OF INQUIRY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 135,393,543	including grants of \$	(Revenue \$ 185,976,932)
See Additional Data				

























4b	(Code)	(Expenses \$ 75,161,901	including grants of \$ 75,161,901)	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 9,867,559	including grants of \$	(Revenue \$ 21,726,806)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 1,443,949	including grants of \$	(Revenue \$ 4,670,471)	

4e	Total program service expenses ▶	221,866,952
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 479	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,223			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 34		
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			
b Enter the number of voting members included in line 1a, above, who are independent	1b 32		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
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 Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14	No
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?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NC

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
DR JOHN ROBERSON POST OFFICE BOX 127 BUIES CREEK, NC 27506 (910) 893-1205

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 ☐

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,399,834	0	229,955

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 170

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
parish group, 2 trailridge road ASHEVILLE, NC 28804	PUBLICATION	1,626,001
GREEN SOUTH LANDSCAPING CO, 1318 TYSINGER RD LILLINGTON, NC 27546	LANDSCAPING	456,705
ACADEMY BUS LLC, PO BOX 1410 HOBOKEN, NJ 07030	TRANSPORTATION	323,018
cennergistic LLC, PO BOX 650823 DALLAS, TX 75265	energy management	269,305
BDO USA LLP, PO BOX 642743 PITTSBURG, PA 15264	AUDIT/TAX/ACCOUNTING	255,329

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 10</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	52,711				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,910,147				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,208,761				
	g Noncash contributions included in lines 1a - 1f \$		757,652				
	h Total. Add lines 1a-1f		25,171,619				
Program Service Revenue			Business Code				
	2a TUITION & FEES		900099	185,976,932	185,976,932		
	b AUXILIARY ENTERPRISES		713910	21,752,432	21,726,806	25,626	
	c ATHLETICS, STUDENT SERVICES		900099	830,413	830,413		
	d NCAA CONFERENCE DISTRIBUTIONS		900099	604,170	604,170		
	e SCHOOLS & CAMPS		611710	127,120	84,179	42,941	
	f All other program service revenue			92,074	92,074		
	g Total. Add lines 2a-2f		209,383,141				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,853,435		4,853,435	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)			136,951	71,176	65,775	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			7,001,402		7,001,402	
	8a Gross income from fundraising events (not including \$ 52,711 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events		-11,051		-11,051	
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		20,991		20,991		
Miscellaneous Revenue		Business Code					
11a TUNKU ABDUL RAHMAN COLLEGE		900099	163,815	163,815			
b OTHER REVENUE		900099	3,231,403	2,824,644	406,759		
c PHARMACY ANALYTICAL LAB		541380	83,786		83,786		
d All other revenue							
e Total. Add lines 11a-11d			3,479,004				
12 Total revenue. See Instructions			250,035,492	212,374,209	541,101	11,948,563	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	75,161,901	75,161,901		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	983,453	640,866	342,587	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	74,347,308	70,345,508	2,129,188	1,872,612
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,781,474	4,473,060	172,755	135,659
9 Other employee benefits.	6,431,399	5,998,079	273,959	159,361
10 Payroll taxes.	5,424,260	5,100,308	180,948	143,004
11 Fees for services (non-employees):				
a Management.	583,792	583,792		
b Legal.	201,080		201,080	
c Accounting.	294,212		294,212	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,954,491	8,805,511	148,980	
12 Advertising and promotion.	2,912,258	2,215,828		696,430
13 Office expenses.	993,385	932,478	38,864	22,043
14 Information technology.	4,947,534	4,540,721	208,491	198,322
15 Royalties.	0			
16 Occupancy.	9,972,345	9,845,569	76,214	50,562
17 Travel.	5,145,859	5,029,889	51,731	64,239
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	968,596	738,290	150,097	80,209
20 Interest.	2,873,349	2,672,215	201,134	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	13,055,385	7,572,123	5,483,262	
23 Insurance.	2,167,956	407,371	1,760,482	103
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INSTITUTIONAL SUPPORT	10,749,403	5,831,736	4,721,645	196,022
b AUXILIARY ENTERPRISES	5,566,332	5,566,332		
c STUDENT SERVICES	1,836,538	1,691,394	13,450	131,694
d INSTRUCTIONAL SERVICES	1,540,135	1,452,143	87,992	
e All other expenses	2,263,635	2,261,838		1,797
25 Total functional expenses. Add lines 1 through 24e.	242,156,080	221,866,952	16,537,071	3,752,057
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,466	1	7,342
	2 Savings and temporary cash investments	15,641,204	2	32,973,499
	3 Pledges and grants receivable, net	8,557,032	3	10,246,801
	4 Accounts receivable, net	9,235,830	4	5,659,561
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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 instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	4,606,087	7	8,080,189
	8 Inventories for sale or use	680,057	8	600,133
	9 Prepaid expenses and deferred charges	325,550	9	3,096,789
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 462,541,961		
	b Less: accumulated depreciation	10b 135,805,015		
		299,068,735	10c	326,736,946
	11 Investments—publicly traded securities	204,007,641	11	177,013,339
	12 Investments—other securities. See Part IV, line 11	562,574	12	562,574
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	3,552,730	15	3,629,366	
16 Total assets. Add lines 1 through 15 (must equal line 34)	546,244,906	16	568,606,539	
Liabilities	17 Accounts payable and accrued expenses	9,702,607	17	11,248,067
	18 Grants payable	0	18	0
	19 Deferred revenue	6,006,305	19	6,680,258
	20 Tax-exempt bond liabilities	65,957,790	20	62,094,189
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	40,355,977	23	64,174,296
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	19,718,841	25	24,264,413
	26 Total liabilities. Add lines 17 through 25	141,741,520	26	168,461,223
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	209,293,681	27	218,037,761
	28 Temporarily restricted net assets	83,977,865	28	64,247,996
	29 Permanently restricted net assets	111,231,840	29	117,859,559
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	404,503,386	33	400,145,316
34 Total liabilities and net assets/fund balances	546,244,906	34	568,606,539	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,035,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,156,080
3	Revenue less expenses Subtract line 2 from line 1	3	7,879,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	404,503,386
5	Net unrealized gains (losses) on investments	5	-11,185,779
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	94,844
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,146,547
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	400,145,316

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 56-0529940
Name: CAMPBELL UNIVERSITY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

STUDENT EDUCATION SERVICES INCLUDING EDUCATION ADMINISTRATION AND INSTITUTIONAL SUPPORT THE UNIVERSITY SERVED A TOTAL ENROLLMENT OF 6,448 STUDENTS BASED ON FALL 2018 IPEDS REPORTING THE UNIVERSITY OFFERS UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES IN ARTS AND SCIENCES, LAW, DIVINITY, PHARMACY, CLINICAL RESEARCH, EDUCATION, BUSINESS, OSTEOPATHIC MEDICINE, PHYSICAL THERAPY, PHYSICIAN ASSISTANT PRACTICE AND PUBLIC HEALTH

Form 990, Part III, Line 4b: STUDENT AID TO QUALIFIED STUDENTS <hr/>
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Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES INCLUDING STUDENT HOUSING, FOOD SERVICES, BOOKSTORE, AND OPERATION OF KEITH HILLS GOLF COURSE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN N THOMPSON CHAIR	8 0 1 0	X		X				0	0	0
LEAH DEVLIN VICE-CHAIR	4 0 1 0	X		X				0	0	0
TERRENCE BAGLEY TRUSTEE	2 0 0 0	X						0	0	0
ROBERT J BARKER SR TRUSTEE	2 0 1 0	X						0	0	0
TRAVIS BURT TRUSTEE	2 0 0 0	X						0	0	0
TEDDY BYRD TRUSTEE	2 0 0 0	X						0	0	0
R HENRY CAPPS JR TRUSTEE	2 0 0 0	X						0	0	0
DAVID CLARK TRUSTEE	2 0 0 0	X						0	0	0
ALLISON COBB TRUSTEE	2 0 0 0	X						0	0	0
DAVID COURIE SR TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEXTER FLOYD TRUSTEE	2 0 0 0	X						0	0	0
DON YATES GORDON TRUSTEE	2 0 0 0	X						0	0	0
JOSEPH HALL JR TRUSTEE	2 0 0 0	X						0	0	0
OSCAR HARRIS TRUSTEE	2 0 0 0	X						0	0	0
DAVID J HAILEY TRUSTEE	2 0 0 0	X						0	0	0
MOLLY HELD TRUSTEE	2 0 0 0	X						0	0	0
ANNA DREW KIRK TRUSTEE	2 0 0 0	X						0	0	0
GENE LEWIS TRUSTEE	2 0 0 0	X						0	0	0
ELAINE MARSHALL TRUSTEE	2 0 0 0	X						0	0	0
CARLIE C MACK MCLAMB JR TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY MILTON TRUSTEE	2 0 0 0	X						0	0	0
JIM PERRY TRUSTEE	2 0 0 0	X						0	0	0
WILLIAM PULLY TRUSTEE	2 0 0 0	X						0	0	0
ROBERT RANSDELL TRUSTEE	2 0 0 0	X						0	0	0
HENRY L SMITH TRUSTEE	2 0 0 0	X						0	0	0
LUTHER D STARLING JR TRUSTEE	2 0 0 0	X						0	0	0
FRED H TAYLOR TRUSTEE	2 0 1 0	X						0	0	0
BARBARA WALKER TRUSTEE	2 0 0 0	X						0	0	0
ROBERT WELLONS TRUSTEE	2 0 0 0	X						0	0	0
HAROLD B WELLS TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID WHARTON TRUSTEE	2 0 0 0	X						0	0	0
ROBERT L WHITEMAN TRUSTEE	2 0 1 0	X						0	0	0
MARY WILLIS TRUSTEE	2 0 0 0	X						0	0	0
LUBY WOOD TRUSTEE	2 0 0 0	X						0	0	0
GUILFORD W BASS LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
ED BYRD LIFETIME TRUSTEE	1 0 1 0	X						0	0	0
HELEN CURRIN LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
ANNABELLE FETTERMAN LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
ESTER HOWARD LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
BERNARD MCLEOD JR LIFETIME TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SADIE NEEL LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
WILLARD D SMALL LIFETIME TRUSTEE	1 0 0 0	X						0	0	0
J BRADLEY CREED PRESIDENT	65 0 1 0			X				441,902	0	28,850
JAMES ROBERTS VICE-PRESIDENT FOR BUSINESS	60 0 1 0			X				186,601	0	22,850
JOHN ROBERSON EXEC ASST TO THE PRESIDENT	50 0 1 0			X				152,704	0	17,410
JULIE BYRD COMPTROLLER, TREASURER	50 0 1 0			X				116,526	0	16,610
JOHN KAUFFMAN DEAN, COLLEGE OF OSTEOPATHIC	60 0 0 0					X		403,104	0	29,060
J RICH LEONARD DEAN, SCHOOL OF LAW	55 0 0 0					X		301,801	0	28,660
DAVID TOLENTINO ASSOC DEAN CLINICAL AFFAIRS	60 0 0 0					X		269,359	0	29,060
JAMES E POWERS ASSOC DEAN CLINICAL INTEGRAT'N	65 0 0 0					X		266,619	0	29,060

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD ELLIOTT CHAIR, DEPT OF PSYCHIATRY	60 0 0 0					X		261,218	0	28,395

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMPBELL UNIVERSITY INC

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number
56-0529940

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3** ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5** ☐ 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)
- 6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8** ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9** ☐ 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 university _____
- 10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11** ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify 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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
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 factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section 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	
3	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	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 56-0529940
Name: CAMPBELL UNIVERSITY INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a 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, 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)

Facts And Circumstances Test

SCHEDULE D
(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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CAMPBELL UNIVERSITY INC

Employer identification number
56-0529940

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	149,437,784	143,109,273	135,803,435	133,564,944	124,569,754
b Contributions	5,773,403	2,087,715	2,278,567	7,495,084	2,038,371
c Net investment earnings, gains, and losses	970,253	8,710,129	9,466,857	-2,286,760	10,560,218
d Grants or scholarships	10,386,117	4,600,312	4,439,586	3,376,616	3,603,399
e Other expenditures for facilities and programs	-6,702,111	-130,979		-406,783	
f Administrative expenses					
g End of year balance	152,497,434	149,437,784	143,109,273	135,803,435	133,564,944

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

73 210 %

b

Permanent endowment

26 790 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	794,000	32,229,208		33,023,208
b Buildings		340,845,998	92,233,354	248,612,644
c Leasehold improvements		110,362	20,532	89,830
d Equipment		34,542,040	15,480,670	19,061,370
e Other		54,020,353	28,070,459	25,949,894
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				326,736,946

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) 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) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ADVANCES & DEPOSITS	4,103,161
ANNUITIES PAYABLE	4,795,890
ADVANCES FROM GOVT FOR FEDERAL	3,425,568
SWAP DERIVATIVES	3,823,085
OTHER	8,116,709
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,264,413

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	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 IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0529940
Name: CAMPBELL UNIVERSITY INC

Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part V, Line 4	THE MISSION OF CAMPBELL UNIVERSITY'S ENDOWMENT IS TO SUPPORT THE UNIVERSITY'S ACTIVITIES I N PERPETUITY WHILE MAINTAINING INTERGENERATIONAL EQUITY OVER THE YEARS, THE GROWTH OF THE ENDOWMENT HAS ENABLED THE UNIVERSITY TO IMPROVE FINANCIAL AID PACKAGES, BUILD THE FACULTY , LAUNCH PROGRAMS AND SUPPORT A WIDE RANGE OF IMPORTANT NEEDS THE PURPOSE OF THE BULK OF THE UNIVERSITY'S ENDOWMENT IS TO PROVIDE MERIT AND NEED-BASED SCHOLARSHIPS TO STUDENTS FU NDING IS ALSO PROVIDED BY THE ENDOWMENT FOR PROFESSORSHIPS AND LECTURE SERIES

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493100015530	
SCHEDULE E (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/Form990EZ for the latest instructions.			OMB No 1545-0047
					2018
		Department of the Treasury Name of the organization CAMPBELL UNIVERSITY INC			Employer identification number 56-0529940

Part 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 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		2 Yes	
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 If you need more space use Part II		3 Yes	
4 Does the organization maintain the following?			
a Records indicating the racial composition of the student body, faculty, and administrative staff?		4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II		4d Yes	
5 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?		5a	No
b Admissions policies?		5b	No
c Employment of faculty or administrative staff?		5c	No
d Scholarships or other financial assistance?		5d	No
e Educational policies?		5e	No
f Use of facilities?		5f	No
g Athletic programs?		5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?		6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II		6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		7 Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE E, LINE 3 EXPLANATION OF NONDISCRIMINATION POLICY	THE UNIVERSITY'S NONDISCRIMINATION POLICY IS AVAILABLE ON THE UNIVERSITY'S WEBSITE AND IS PUBLISHED IN UNIVERSITY ADS AND PUBLICATIONS. CAMPBELL UNIVERSITY IS A FEDERAL CONTRACTOR AND COMMITTED TO ADMINISTERING ALL EDUCATIONAL AND EMPLOYMENT ACTIVITIES WITHOUT DISCRIMINATION AS TO RACE, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, ETHNICITY OR NATIONAL ORIGIN, RELIGION, DISABILITY, GENETIC INFORMATION, PROTECTED VETERAN STATUS AND ANY OTHER CHARACTERISTIC PROTECTED BY LAW, EXCEPT WHERE APPROPRIATE AND AUTHORIZED BY LAW. https://www.campbell.edu/employment/equal-employment-opportunity/affirmative-action-policy/
FORM 990, SCHEDULE E, LINE 6 EXPLANATION OF GOVERNMENT FINANCIAL AID	CAMPBELL UNIVERSITY RECEIVES THE FOLLOWING FEDERAL AID FROM THE US DEPARTMENT OF EDUCATION: FEDERAL WORK-STUDY PROGRAM, PELL GRANT, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, PERKINS LOANS, FEDERAL DIRECT STUDENT LOANS, TEACHER EDUCATION ASSISTANCE GRANT. U.S. DEPARTMENT OF DEFENSE RESERVE OFFICER TRAINING CORPS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMPBELL UNIVERSITY INC

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

56-0529940

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					291,590
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					291,590

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 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 ► _____
- 3 Enter total number of other organizations or entities ► _____

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

[illegible]

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 Corporation (see Instructions for Form 926)* ☐ Yes ☒ 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 Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ 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 ☒ 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)* ☐ Yes ☒ 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 ☒ 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 ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0529940
Name: CAMPBELL UNIVERSITY INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	TRAVEL TO AWARD DEGREE	79,291
Sub-Saharan Africa			Program Services	MISSION TRIPS	26,215

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	PUBLICATIONS	2,181
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	22,547

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	MISSION TRIP	33,240
Central America and the Caribbean			Program Services	LAW SCHOOL TRIP	1,700

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	STUDY ABROAD	90,250
North America			Program Services	VAR VENDOR PURCHASEs	20,344

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	VAR VENDOR PURCHASEs	15,422
South Asia			Program Services	VAR VENDOR PURCHASEs	400

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF TOURNAMENT (event type)	CUSTOM PAGEANT (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,065	16,538	16,278	58,881
	2 Less Contributions	22,975	13,458	16,278	52,711
	3 Gross income (line 1 minus line 2)	3,090	3,080		6,170
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,088	169		5,257
	6 Rent/facility costs	4,768	750		5,518
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,263	2,084	1,099	6,446
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				17,221
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-11,051

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
CAMPBELL UNIVERSITY INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
56-0529940

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) INSTITUTIONAL AID	3330	56,013,685			
(2) DIRECT AID SCHOLARSHIPS	344	994,943			
(3) ENDOWED SCHOLARSHIPS	1291	10,386,117			
(4) STATE FUNDS FOR UNIVERSITY STUDENTS	1634	7,767,156			
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	CAMPBELL UNIVERSITY PARTICIPATES IN BOTH FEDERAL AND STATE GRANT PROGRAMS. ALL GRANT PROGRAMS INCLUDE ELIGIBILITY REQUIREMENTS, REPORTING REQUIREMENTS AND FUND MANAGEMENT REGULATIONS AND GUIDELINES. STUDENTS ARE AWARDED ACCORDING TO EACH PROGRAM'S GUIDELINES ONCE ELIGIBILITY HAS BEEN DETERMINED FOR THAT FUND. ELIGIBILITY IS REVIEWED BEFORE TRANSMITTAL/DISBURSEMENT TO THE STUDENT'S ACCOUNT. EACH FEDERAL AND STATE PROGRAM HAS PREDETERMINED REPORTING GUIDELINES AND STANDARDS. THE FUNDS ARE RECONCILED AND FUND BUDGETS ARE REVIEWED MONTHLY.

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>		<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>CAMPBELL UNIVERSITY INC</div>		<div>Employer identification number</div> <div>56-0529940</div>

Part I Questions Regarding Compensation		Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>			
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>		1b	Yes
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>		2	Yes
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>			
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</div> <div> <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> </div> <div> <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> </div> <div> <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> </div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		4a	No
		4b	No
		4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>			
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div> <div>a</div> <div>The organization?</div> </div> <div> <div>b</div> <div>Any related organization?</div> </div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		5a	No
		5b	No
<div>6</div> <div>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:</div> <div> <div>a</div> <div>The organization?</div> </div> <div> <div>b</div> <div>Any related organization?</div> </div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		6a	No
		6b	No
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>		7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		9	

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

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.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	UNIVERSITY LEASES THE HOME OF THE CHANCELLOR OF THE UNIVERSITY, DR. JERRY M. WALLACE, AND REIMBURSES HIM FOR SOME EXPENSES OF THE HOME. ADDITIONAL SERVICES INCLUDING CLEANING AND LAWN MAINTENANCE ARE PROVIDED BY THE UNIVERSITY. FORM 1099-MISC IS ISSUED TO DR. WALLACE ANNUALLY REPORTING RENTAL INCOME. PRESIDENT CREED LIVES IN A UNIVERSITY-OWNED RESIDENCE CONTIGUOUS TO THE CAMPUS. PERSONAL SERVICES RELATED TO THE HOME ARE PROVIDED BY THE UNIVERSITY. SPOUSAL AIRFARE WAS INCLUDED IN TAXABLE INCOME FOR PRESIDENT CREED AND JAMES ROBERTS.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CAMPBELL UNIVERSITY INC

Employer identification number
56-0529940

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA CAPITAL FINANCE AGENCY	56-1592154		07-10-2014	58,576,250	REFUNDING		X		X		X
B NORTH CAROLINA CAPITAL FINANCE AGENCY	56-1592154		10-20-2015	20,000,000	CONSTRUCTION OF RESIDENCE HALL		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	14,260,835		1,991,592					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	58,576,250		20,000,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	175,000		123,750					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	58,401,250		19,876,250					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2011		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X				

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
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?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
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 nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		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 1.141-12 and 1.145-2?		X		X				
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 1.145-2?	X		X					

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?	X		X					
c No rebate due?								
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?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMPBELL UNIVERSITY INC

Employer identification number
56-0529940

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON JERRY WALLACE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CHANCELLOR (C) AMOUNT OF TRANSACTION \$138,557 (D) DESCRIPTION OF TRANSACTION DR WALLACE'S DAUGHTER IS EMPLOYED BY THE UNIVERSITY AS A PROFESSOR (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JAMES ROBERTS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION OFFICER (C) AMOUNT OF TRANSACTION \$71,185 (D) DESCRIPTION OF TRANSACTION ROBERTS' SON & DAUGHTER EMPLOYED DURING THE YEAR NEITHER REPORTS TO ROBERTS AND WERE QUALIFIED FOR POSITIONS WHEN HIRED (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JERRY MILTON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRUSTEE (C) AMOUNT OF TRANSACTION \$2,989,386 (D) DESCRIPTION OF TRANSACTION MILTON IS PRESIDENT OF SOUTHEASTERN INTERIORS UNIVERSITY USES COMPANY FOR VARIOUS CONSTRUCTION AND RENOVATION PROJECTS THERE ARE SEVERAL OTHER COMPANIES IN CONNECTION WITH SOUTHEASTERN INTERIORS OWNED BY MILTON (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON ROBERT RANDELL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRUSTEE (C) AMOUNT OF TRANSACTION \$117,045 (D) DESCRIPTION OF TRANSACTION RANDELL IS A PARTNER WITH SOUTHERN SEEDS, INC WHO PROVIDE THE UNIVERSITY WITH PROFESSIONAL TURF PRODUCTS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$255,329 (D) DESCRIPTION OF TRANSACTION SERVES THE UNIVERSITY AS AUDITOR, TAX PREP (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$605,481 (D) DESCRIPTION OF TRANSACTION ONLINE SUBSCRIPTION SERVICE (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$1,589,601 (D) DESCRIPTION OF TRANSACTION UNIVERSITY BOOKSTORE OPERATIONS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$214,870 (D) DESCRIPTION OF TRANSACTION INSURANCE FOR EMPLOYEES (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUBSTANTIAL CONTRIBUTOR (C) AMOUNT OF TRANSACTION \$87,911 (D) DESCRIPTION OF TRANSACTION OUTSIDE LEGAL COUNSEL (E) SHARING OF ORGANIZATION REVENUES? = NO

Additional Data

Software ID:
Software Version:
EIN: 56-0529940
Name: CAMPBELL UNIVERSITY INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JERRY WALLACE	CHANCELLOR	138,557	SEE PART V		No
JAMES ROBERTS	OFFICER	71,185	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JERRY MILTON	TRUSTEE	2,989,386	SEE PART V		No
ROBERT RANSDALL	TRUSTEE	117,045	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	255,329	SEE PART V		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	605,481	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,589,601	SEE PART V		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	214,870	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	87,911	SEE PART V		No

Name of the organization
CAMPBELL UNIVERSITY INC

Employer identification number
56-0529940

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	33	601,018	FMV ON DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VARIOUS EQUIPMENT USED IN PROGRAMS)	X	5	34,565	COMPARABLE EQUIPMENT
26 Other ► (RETREAT FOOD & SUPPLIES)	X	2	2,069	COMPARABLE PRICING
27 Other ► (ACCUTRUST SOFTWARE)	X	1	120,000	VENDOR PRICING
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

32

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 32A	THE UNIVERSITY USES A BROKERAGE FIRM TO SELL GIFTED STOCK THE UNIVERSITY MAY USE REAL ESTATE AGENCIES TO OFFER PROPERTY FOR SALE
SCHEDULE M, PART I, LINE 33	THE UNIVERSITY DOES NOT RECORD CONTRIBUTION REVENUE FOR GIFTS IN KIND THAT ARE IMMATERIAL IN NATURE AND NOT OF VALUE TO THE SCHOOL'S MISSION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
CAMPBELL UNIVERSITY INC**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

2018**Open to Public Inspection****Employer identification number**

56-0529940

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION	TO GRADUATE STUDENTS WITH EXEMPLARY ACADEMIC AND PROFESSIONAL SKILLS WHO ARE PREPARED FOR PURPOSEFUL LIVES AND MEANINGFUL SERVICE THE UNIVERSITY IS INFORMED AND INSPIRED BY ITS BAPTIST HERITAGE AND THREE BASIC THEOLOGICAL AND BIBLICAL PRESUPPOSITIONS LEARNING IS APPOINTED AND CONSERVED BY GOD AS ESSENTIAL TO THE FULFILLMENT OF HUMAN DESTINY, IN CHRIST ALL THINGS CONSIST AND FIND ULTIMATE UNITY, AND THE KINGDOM OF GOD IN THE WORLD IS ROOTED AND GROUNDED IN CHRISTIAN COMMUNITY THE UNIVERSITY EMBRACES THE CONVICTION THAT THERE IS NO CONFLICT BETWEEN THE LIFE OF FAITH AND THE LIFE OF INQUIRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	OTHER PROGRAM SERVICES INCLUDE SECURITY PROVIDED TO THE COMMUNITY, UNIVERSITY PERFORMING ARTS SERIES, COMMUNITY RELATIONS EXPENDITURES, AND PAYMENTS TO ANNUITANTS UNDER CHARITABLE TRUST AGREEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>ANY RELATIONSHIPS ARE IN THE NORMAL COURSE OF BUSINESS FORM 990, PART VI, SECTION A, LINE 4 University Bylaws were amended on 10/24/18 and 2/8/19 October changes were mainly clarifications of committee roles The appointment and duties of committee chairperson, vice- chairperson & secretary were modified February changes were made after the departure of the University's Vice-President for Business Wording changes were necessary to dissociate the role of Corporate Treasurer from that job title ARTICLE I BOARD OF TRUSTEES AMENDED LANGUAGE Section 1 1 Authority All contracts shall be signed by the President, or the Vice President for Business, or the Treasurer of the University, however, in some instances prior approval of contracts is required by the Board, depending on the level of approving authority delegated by the Board to its officers and/or staff of the University SUPERSEDED LANGUAGE Section 1 1 Authority All contracts shall be signed by the President, or Vice President for Business, and Treasurer of the University, however, in some instances prior approval is required by the Board, depending on the level of authority delegated by the Board</p> <p>ARTICLE II OFFICERS OF THE BOARD OF TRUSTEES AND THEIR DUTIES AMENDED LANGUAGE Section 2 1 Officers, Election The officers of the Board shall be a Chairperson, and Vice Chairperson, and such other officers as the Board may prescribe The Chairperson and the Vice Chairperson shall be members of the Board and elected for a two (2) year term by the Board, which terms shall begin on January 1 following their election SUPERSEDED LANGUAGE Section 2 1 Officers, Election The officers of the Board shall be a Chairperson, Vice Chairperson, Secretary, Treasurer, General Counsel, and such other officers as the Board may prescribe The Chairperson and the Vice Chairperson shall be members of the Board and elected for a two (2) year term by the Board, which terms shall begin on January 1 following their election The Secretary and the Treasurer may be elected from the staff of the University, and the General Counsel shall be an attorney licensed in North Carolina These officers shall be elected by the Board and shall serve at the pleasure of the Board AMENDED LANGUAGE Section 2 2 Duties of Officers of the Board A Chairperson The Chairperson shall preside at all meetings of the Board, preserve proper decorum, decide all questions of order, and appoint all committees unless otherwise ordered B Vice Chairperson In case of the absence or disability of the Chairperson, the Vice Chairperson shall preside at meetings of the Board, and at such meetings shall preserve proper decorum and decide all questions of order The Vice Chairperson shall not perform any of the other duties of the Chairperson unless authorized by the Board SUPERSEDED LANGUAGE Section 2 2 Duties of Officers of the Board A Chairperson The Chairperson shall preside at all meetings of the Board, preserve proper decorum, decide all questions</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>ions of order, and appoint all committees unless otherwise ordered B Vice Chairperson I n case of the absence or disability of the Chairperson, the Vice Chairperson shall preside at meetings of the Board, and at such meetings shall preserve proper decorum and decide a ll questions of order The Vice Chairperson shall not perform any of the other duties of t he Chairperson unless authorized by the Board C Secretary The Secretary shall (1) keep full and accurate minutes of all meetings of the Board and its committees, (2) furnish ce rtified copies of the minutes and other official documents of the University under the sea l of the University to such person(s) and/or organization(s) as the President or the Chair person of the Board may direct, (3) promptly transmit to each trustee a copy of the minute s of the meetings of the Board and its Executive Committee and enroll the names of the mem bers present at each meeting of the Board, notify all persons who are elected or appointed to any committee of the Board, (4) see that all bonds required of officers and employees of the University and the University are filed in his\her office, (5) preserve for ready r eference all acts, rules and regulations of the Board, minutes, documents, reports and oth er papers belonging to the Board, (5) have custody of the corporate seal and shall affix s aid seal to all documents requiring the same, and (6) perform such other duties as the Boa rd may assign consistent with the office D Treasurer The Vice President for Business an d Treasurer of the University shall (1) be the Treasurer and have the custody of the Univ ersitys funds and securities, (2) keep or cause to be kept a full and accurate account of receipts and disbursements in books belonging to the University, (3) deposit or cause to b e deposited all moneys and other valuable effects in the name and to the credit of the Uni versity in such depositories as may be designated by the Board, (4) disburse or cause to b e disbursed the funds of the University as required in the ordinary course of business or as may be ordered by the Board, taking proper vouchers for such disbursements, (5) shall r ender to the Chairperson, the President and trustees at the regular meetings of the Board, or whenever they may require it, an account of all transactions as Treasurer and the fina ncial condition of the University, or (6) perform such other duties as may be consistent w ith the office or as prescribed by the Board The Treasurer shall give the University a bo nd, if required by the Board, in a sum and with one or more sureties satisfactory to the B oard for the faithful performance of the duties of the office and for the restoration to t he University in case of the Treasurers death, resignation, retirement or removal from off ice, of all books, papers, vouchers, money and other property of whatever kind in the Trea surers possession or under the Treasurers control belonging to the University E Dual Off ice Holding The offices of th</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>e Secretary and Treasurer may be held by the same person F General Counsel The General Counsel shall be the legal counsel to the Board and the University ARTICLE III COMMITTEES OF BOARD AMENDED LANGUAGE Section 3 2 Appointment and Duties of Committee Chairperson, V ice Chairperson SUPERSEDED Language Section 3 2 Appointment and Duties of Committee Chair person, Vice Chairperson, and Secretary ARTICLE IV TITLES, RESPONSIBILITIES AND FUNCTIONS OF THE PRINCIPAL OFFICERS OF THE UNIVERSITY AMENDED LANGUAGE Section 4 1 Officers of the University B Other Officers of the University shall be the (1) Secretary, (2) Treasurer, (3) the Vice Presidents for (i) Academic Affairs and Provost, (ii) Business, (iii) Student Life, and (iv) Institutional Advancement and (4), the Executive Vice President, all who s hall report to the President and be periodically evaluated by the President The Board sha ll appoint these officers, and may also designate and appoint such additional officers as may be necessary SUPERSEDED Language Section 4 1 Administrative Officers of the Universi ty B Other Administrative Officers of the University shall be the Vice Presidents for Aca demic Affairs and Provost, Business and Treasurer, Student Life, Institutional Advancement , the Executive Vice President, who shall report to the President and be periodically eval uated by the President The Board shall appoint these officers, and may also designate and appoint such additional officers as may be necessary AMENDED LANGUAGE Section 4 4 Deleg ation of Authority, Duties of Other Officers The President may delegate to officers or sta ff of the University those duties and responsibilities as shall be deemed necessary, not i nconsistent with the Articles of Incorporation or these Bylaws This shall in no way reduc e the Presidents overall responsibility or in any way relieve the responsibility for those duties, which may be delegated SUPERSEDED Language Section 4 4 Delegation of Authority, Duties of Other Officers The President may delegate to officers of the University those d uties and responsibilities as shall be deemed necessary This shall in no way reduce the P residents overall responsibility or in any way relieve the responsibility for those duties which may be delegated</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED LANGUAGE	<p>Section 4 5 Duties of Secretary The Secretary shall (1) keep full and accurate minutes of all meetings of the Board and its committees, (2) furnish certified copies of the minutes and other official documents of the University under the seal of the University to such person(s) and/or organization(s) as the President or the Chairperson of the Board may direct, (3) promptly transmit to each trustee a copy of the minutes of the meetings of the Board and its Executive Committee and enroll the names of the members present at each meeting of the Board, notify all persons who are elected or appointed to any committee of the Board, (4) see that all bonds required of officers and employees of the University and the University are filed in his/her office, (5) preserve for ready reference all acts, rules and regulations of the Board, minutes, documents, reports and other papers belonging to the Board, (5) have custody of the corporate seal and shall affix said seal to all documents requiring the same, and (6) perform such other duties as the Board may assign consistent with the office</p> <p>SUPERSEDED Language Section 4 5 Duties of Secretary</p> <p>blank Amended language Section 4 6 Duties of the Treasurer The Treasurer of the University shall (1) have the custody of the University's funds and securities, (2) keep or cause to be kept a full and accurate account of receipts and disbursements in books belonging to the University, (3) deposit or cause to be deposited all moneys and other valuable effects in the name and to the credit of the University in such depositories as may be designated by the Board, (4) disburse or cause to be disbursed the funds of the University as required in the ordinary course of business or as may be ordered by the Board, taking proper vouchers for such disbursements, (5) shall render to the Chairperson, the President and trustees at the regular meetings of the Board, or whenever they may require it, an account of all transactions as Treasurer and the financial condition of the University, or (6) perform such other duties as may be consistent with the office or as prescribed by the Board</p> <p>The Treasurer shall give the University a bond, if required by the Board, in a sum and with one or more sureties satisfactory to the Board for the faithful performance of the duties of the office and for the restoration to the University in case of the Treasurer's death, resignation, retirement or removal from office, of all books, papers, vouchers, money and other property of whatever kind in the Treasurer's possession or under the Treasurer's control belonging to the University</p> <p>SUPERSEDED Language Section 4 6 Duties of the Treasurer</p> <p>blank FORM 990, PART VI, SECTION B, LINE 11B DETAILED REVIEW OF THE FORM 990 IS COMPLETED BY THE UNIVERSITY'S EXECUTIVE ASSISTANT TO THE PRESIDENT, THE ASST VICE-PRESIDENT FOR BUSINESS AND THE COMPTROLLER THE UNIVERSITY THEN PROVIDES DRAFT COPIES OF FORM 990 TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES THE DRAFT COPY I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED LANGUAGE	S EMAILED TO ALL TRUSTEES ALL MEMBERS ARE REQUESTED TO RESPOND TO THE VICE-PRESIDENT FOR BUSINESS AND TREASURER CONFIRMING REVIEW AND WITH APPROVAL FOR FILING THIS PROCESS IS COM PLETED BEFORE SUBMISSION TO THE IRS THE VICE-PRESIDENT FOR BUSINESS AND TREASURER CONFIRM ING REVIEW AND WITH APPROVAL FOR FILING THIS PROCESS IS COMPLETED BEFORE SUBMISSION TO TH E IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD OF TRUSTEES ABSTAIN FROM VOTING IF THE VOTE INVOLVES 1) AN ENTITY IN WHICH THE TRUSTEE HAS A MATERIAL FINANCIAL INTEREST OR IN WHICH THE TRUSTEE IS A GENERAL PARTNER OF A PARTY TO A TRANSACTION WITH THE UNIVERSITY, OR 2) ANOTHER ENTITY OF WHICH THE TRUSTEE IS A BOARD MEMBER OR AN OFFICER AND WHEN THE ENTITY IS A PARTY TO THE TRANSACTION AND THE TRANSACTION IS OR SHOULD BE CONSIDERED BY THE BOARD ADDITIONALLY, THE UNIVERSITY REQUESTS EACH MEMBER OF ITS BOARD OF TRUSTEES COMPLETE A "CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE" THESE ARE REVIEWED BY THE VICE-PRESIDENT FOR BUSINESS AND TREASURER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A	THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. AN EVALUATION OF THE PRESIDENT'S PERFORMANCE IN ALL AREAS OF RESPONSIBILITY IS COMPLETED AND DOCUMENTED. A COMPARISON OF PERFORMANCE BETWEEN YEARS IS REVIEWED. EXTERNAL AND PUBLISHED DATA FROM PEER INSTITUTIONS IS REVIEWED FOR REASONABLENESS OF COMPENSATION. FORM 990, PART VI, SECTION B, LINES 15B. THE PRESIDENT OF THE UNIVERSITY ANNUALLY REVIEWS COMPENSATION USING PUBLISHED SALARY INFORMATION COMPILED BY THE NC ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES, THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION OF HUMAN RESOURCES AND OTHER AVAILABLE SOURCES FOR COMPARABILITY. THE BUDGET IS APPROVED BY THE UNIVERSITY'S BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	DOCUMENTS ARE RETAINED IN THE OFFICE OF THE EXECUTIVE VICE PRESIDENT/CORPORATE SECRETARY THE OFFICE IS OPEN DURING REGULAR BUSINESS HOURS DOCUMENTS ARE AVAILABLE UPON REQUEST IN PERSON OR UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 8	Prior Period Adjustments 94,844 Form 990, Part XI, Line 9 Other Changes in Net Assets Change in Value of Split-Interest Agreements 36,778 Change in Value of Interest Rate Swaps (1,183,325) ===== Total (1,146,547)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The University established a Budget & Finance Committee. Chair of the Audit Committee serves as an ad hoc member of this committee. The Chair of the Budget & Finance Committee serves as an ad hoc member of the Audit Committee.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CAMPBELL UNIVERSITY INC

Employer identification number
56-0529940

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CAMPBELL UNIVERSITY HEALTH CENTER LLC PO BOX 97 BUIES CREEK, NC 27506 46-0756986	CLINICAL SERV	NC	502,477	220,079	CAMPBELL UNI

Part II 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.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CAMPBELL UNIVERSITY FOUNDATION INC PO BOX 97 BUIES CREEK, NC 27506 68-0620773	FUNDRAISING	NC	501(C)(3)	LINE 12A, I	NA	Yes	

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAMPBELL UNIVERSITY FOUNDATION INC	R	1,553,297	ACCRUAL BASIS

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation