DLN: 93493107009300 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable REGENT UNIVERSITY ☐ Address change 54-1061178 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 Regent University Drive ☐ Application pending (757) 352-4050 City or town, state or province, country, and ZIP or foreign postal code Virginia Beach, VA  $\,$  23464  $\,$ G Gross receipts \$ 214,285,525 Name and address of principal officer H(a) Is this a group return for Stephen Bruce □Yes ☑No subordinates? 1000 Regent University Drive H(b) Are all subordinates Virginia Beach, VA 23464 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www regent edu L Year of formation 1977 M State of legal domicile VA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Regent University serves as a center of Christian thought and action to provide excellent education through a Biblical perspective and global context equipping Christian leaders to change the world Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 15 Number of independent voting members of the governing body (Part VI, line 1b) 1,896 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 77 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 26,929 b Net unrelated business taxable income from Form 990-T, line 34 7b -1,071,804 **Prior Year Current Year** 7,024,015 8 Contributions and grants (Part VIII, line 1h) . . 1,613,515 9 Program service revenue (Part VIII, line 2g) . . 131,077,303 140,901,386 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10,893,457 2,769,031 275,755 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 309,600 151,004,032 143,860,030 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 25,302,198 25,436,885 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 71,799,777 67,335,268 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,485,144 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 64,549,532 55,525,839 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 161,651,507 148,297,992 19 Revenue less expenses Subtract line 18 from line 12 . -17,791,477 2,706,040 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 192,747,105 197,098,757 144,022,494 21 Total liabilities (Part X, line 26) . 135,255,050 22 Net assets or fund balances Subtract line 21 from line 20 . 53,076,263 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 2020-04-15 Signature of officer Sign Here Stephen Bruce VP of Business Administration Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	018)					Page <b>2</b>
Pa	irt III	Statement of	Program Service	e Accomplis	hments		
		Check if Schedul	e O contains a respo	onse or note to a	any line in this Part III		🗆
1	Briefly	describe the orga	anızatıon's mıssıon				
		ersity serves as a nristian leaders to		hought and acti	on to provide exceller	t education through a Biblical pe	rspective and global context
2		-	, -			which were not listed on	
							☐ Yes ☑ No
		•	new services on Scl				
3	servic	es <sup>?</sup>	ise conducting, or n		changes in how it con	ducts, any program	☐ Yes ☑ No
4	Section	n 501(c)(3) and 5	on's program service 01(c)(4) organization of any, for each pro	ons are required	to report the amount	e largest program services, as monof grants and allocations to othe	easured by expenses rs, the total
4a	(Code See Ac	ldıtıonal Data	) (Expenses \$	121,501,685	including grants of \$	0 ) (Revenue \$	129,594,688 )
4b	(Code See Ac	lditional Data	) (Expenses \$	9,253,242	including grants of \$	0 ) (Revenue \$	11,306,698 )
4c	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		program services	(Describe in Sched	ule O ) uding grants of	\$	0 ) (Revenue \$	0)
	• •	program service		130,754,9	·	- / (	- ,
70	iotai	p. ogram service	- capelloco r	130,, 34,3			Form <b>990</b> (2018)

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Pa	Checklist of Required Schedules			
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	<b>Yes</b> Yes	No
2	Schedule A	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, VIII, VIII, IX, or $X$ as applicable			
	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	
	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
	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 2	11c	Yes	
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	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		No
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	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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	Yes	

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 . . . . . . . . . .

Yes

22

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Pa	tiv 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes					
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No				
С	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? If "Yes," complete Schedule L, Part I	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No				
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes					
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	• ;		Ц				
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   13,709		Yes	No				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0							
	<u> </u>							

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

7d |

10a

10b

11a

11b

12b

13b

13c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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No

No

Nο

Nο

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ction 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 11			
	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 15			
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		No
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			
а	The governing body?	8a	Yes	,
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
			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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	1

**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

16a Nο 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 16b

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ AK, MD, NH, NY, OH, OK, VA, WA 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 State the name, address, and telephone number of the person who possesses the organization's books and records 20

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

15161 Collections Center Dr Chicago, IL 60693

compensation from the organization ▶ 20

Par	VII   Section A. Officers, Direct	ors, Trustees	, Key I	Empl	oye	es,	and I	High	hest Com	pensat	ted Employees	(con	tınued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than c	ne bo	n off or/t	t che inles ficer rust	and a	son	( <b>E</b> Repor comper from organiza 2/1099	table nsation i the tion (W-	(E) Reportable compensation from related organizations ( 2/1099-MISC	w-	Estima amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033	11130)	2/1033 11130		relat organiza	ed
See A	additional Data Table													
·														
	ub-Total	rt VII <b>. Section</b>	 A				<b>&gt;</b>			-				
		<u> </u>					<b>&gt;</b>		2,65	58,356	20,31	14		657,558
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more	e than \$	100,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	•		oyee, d	or hi	ghest com • •	pensate • •	d employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual										m the	4	Vac	
5	Did any person listed on line 1a receive services rendered to the organization?									on or in	dividual for			
Se	ction B. Independent Contract						/					5		No
1	Complete this table for your five higher from the organization Report comper	est compensate										mper	nsation	
	Name a	(A) nd business addre	ss.							Des	(B) scription of services		Comper	
Googl									A	dvertising	g Services		7	,236,883
	3654 x 39000 ancisco, CA 94139													
	Media Inc								M	larketing	Services		4	,277,531
Oakla	nden St nd, CA 94607													
	e Positive Marketing Group  Collection Center Dr								A	.dvertisin	g Services		3	,927,408
Chicag	o, IL 606930628								-	acılıty S-	rvicas/Socurity		2	,351,845
	an Broadcasting Network enterville Turnpike								F	аспіту 5е	rvices/Security		3	,551,645
Virgin	rginia Beach, VA 23464  acebook Inc  Advertising Services 2,442,985									,442,985				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

							A) revenue	Rel ex fu	(B) ated or kempt nction venue	bı	(C) irelated usiness evenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaign	ns	1a		0			, c				
nts	<b>b</b> Membership dues .		1b		0							
Gra	<b>c</b> Fundraising events		1c		0							
S &	<b>d</b> Related organization	ns	1d		0							
Gif ilai	e Government grants (co	ا   ontributions)	1e	l 	15,090							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	gifts, grants,	1f	7	7,008,925							
년 된 된	g Noncash contribution	ns included										
Cont and (	in lines 1a - 1f \$			128								
<u>ت ج</u>	<b>h Total.</b> Add lines 1a-	1f	•		<u> </u>		7,024,015					
a				_	Business	Code						
ž	2a Tuition & Fees					611310		033,529	124,03			0 0
<u>ځ</u>	<b>b</b> Sales & Services - Auxili	ary				611710	5,	133,649	5,13	33,649		0
3.	C Sales & Services - Educa	itional				611710		23,937	2	23,937		0 0
ž	d Miscellaneous					611710		403,573	40	03,573		0 0
ઝ	e Hotel Food & Beverage S	Service					11,	306,698	11,30	06,698		0 0
Program Service Revenue						721110		0		0		0 0
<b>)</b>	<b>f</b> All other program ser	vice revenue		L	140	901 296	<u> </u>	ĭ				<u> </u>
-	<b>gTotal.</b> Add lines 2a-2	f		<b>&gt;</b>	140,	901,386						
	3 Investment income (in	ncluding divide	ends, i	ınterest, a	and other		1 705 27	0	(		10.043	1 605 400
	similar amounts)				. الم	`	1,705,37				19,942	1,685,428
	4 Income from investme		-	·		-	49,25				0	49,250
	<b>5</b> Royalties	(ı) Real	•	· · ·	ersonal	1	77,23			1	-	+5,230
	<b>6a</b> Gross rents	(I) IXEAI		(11) F	ersonar	-						
			0									
	<b>b</b> Less rental expenses		0			0						
	c Rental income or		11,226									
	(loss)		11,220									
	<b>d</b> Net rental income of	(loss)			<b>&gt;</b>	1	11,22	6	4,239	9	6,987	0
		(ı) Securit	ies	(11)	Other							_
	7a Gross amount from sales of assets other than inventory	64,1	84,939			0						
	<ul> <li>b Less cost or other basis and sales expenses</li> <li>c Gain or (loss)</li> </ul>		63,281,493 903,446			0						
	d Net gain or (loss)		•		<b></b>	┪	903,44	6	(	0	0	903,446
Other Revenue	(not including \$ contributions reporte	oss income from fundraising events										
Re	<b>b</b> Less direct expenses		b		C							
ē	${f c}$ Net income or (loss)	from fundrais	ıng ev	ents .	. •		_	0	_		0	0
Oth		Pa Gross income from gaming activities See Part IV, line 19 a										
	<b>b</b> Less direct expenses		b		C							
	c Net income or (loss)		activit	ies	<b>&gt;</b>			0	(	)	0	0
	10aGross sales of invent returns and allowanc		a		C							
	<b>b</b> Less cost of goods s	old	b		C	5						
	c Net income or (loss)		ınvent	tory .	. •			О	(	o	0	0
ŀ	Miscellaneous		. 5.74		ss Code							
	11aBookstore Commissi	ons			45121	1	297,99	4	297,994	1	0	0
	<b>b</b> Chg Value Split Inter	est Agreemer	nt		52399	9	-48,87	0	(		0	-48,870
	с											
	d All other revenue .							0		)	0	0
	e Total. Add lines 11a	 -11d				+		1		1		
			• •				249,12	4		1		
	12 Total revenue. See	Instructions	• •	• •	• •		151,004,03	2	141,203,619	9	26,929	2,749,469 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	·	• •	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,000	15,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	25,401,525	25,401,525		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	20,360	20,360		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,959,979	547,217	1,254,222	158,540
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	51,690,123	43,810,663	7,305,204	574,256
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,191,257	964,663	201,933	24,661
9 Other employee benefits	8,539,758	8,956,430	-549,362	132,690
<b>10</b> Payroll taxes	3,954,151	3,213,891	667,634	72,626
11 Fees for services (non-employees)				
a Management	0	0	0	0
<b>b</b> Legal	32,874	4,667	28,028	179
c Accounting	160,500	0	160,500	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,352,140	3,000,222	1,168,996	182,922
12 Advertising and promotion	20,888,514	20,484,252	403,618	644
13 Office expenses	2,339,727	1,472,947	715,806	150,974
14 Information technology	3,851,927	2,340,486	1,511,441	0
15 Royalties	7,831	7,831	0	0
<b>16</b> Occupancy	11,083,816	10,120,985	912,020	50,811
<b>17</b> Travel	767,001	686,715	42,551	37,735
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	45,751	40,850	4,901	0
<b>20</b> Interest	819,824	737,674	82,150	0
21 Payments to affiliates	0	0	0	0
22 Depreciation depletion and amortization	6.674.241	5.809.652	804.570	60.019

33,591

1,852,486

353,748

279,087

599,985

130,754,927

446,536

571,922

300,407

19,641

5,203

16,057,921

0

0

0

1,931

37,156

1,485,144

Form **990** (2018)

480,127

2,424,408

656,086

335,884

605,188

148,297,992

23 Insurance .

c Hospitality

d Miscellaneous

e All other expenses

expenses on Schedule  $\dot{O}$  )

a Hotel Services and Support

**b** Repairs and Maintenance of Equipment

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

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

Form	990	(2018)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part IX			🗆
		•			(A)		(B)
				1	Beginning of year	_	End of year
	1	Cash-non-interest-bearing		<b>⊢</b>	52,402 2,025,236	1	60,322 4,381,024
	2	Savings and temporary cash investments .		<u> </u>		2	4,361,024
	3	Pledges and grants receivable, net		<b>⊢</b>	7,695	3	
	4	Accounts receivable, net	F-	-74,999	4	4,197,350	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	0	5	0		
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations	0	6	0		
3	7	Part II of Schedule L	0	7	0		
ssets	8	Inventories for sale or use	96.788	8	122,567		
As	9	Prepaid expenses and deferred charges		` <b> </b>	1,295,835	9	948,608
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	225,940,858	,,,,		3.3,330
	ь	Less accumulated depreciation	10b	130,848,319	99,110,075	10c	95,092,539
	11	Investments—publicly traded securities .			66,281,374	11	78,019,047
	12	Investments—other securities See Part IV, line	13,991,086	12	4,240,220		
	13	Investments—program-related See Part IV, line	e 11 .		9,961,613	13	10,037,080
	14	Intangible assets		[	0	14	0
	15	Other assets See Part IV, line 11			15	0	
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	4)	192,747,105	16	197,098,757
	17	Accounts payable and accrued expenses		11,705,200	17	11,818,634	
	18	Grants payable	0	18	0		
	19	Deferred revenue	886,789	19	10,237,234		
	20	Tax-exempt bond liabilities	85,187,081	20	84,490,646		
Š	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iat		persons Complete Part II of Schedule L			0	22	0
_	23	Secured mortgages and notes payable to unrela		·	37,475,980	23	37,475,980
	24	Unsecured notes and loans payable to unrelated	d third pa	arties	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	0	25	0
	26	Total liabilities.Add lines 17 through 25	1	<u> </u>	135,255,050	26	144,022,494
_		Organizations that follow SFAS 117 (ASC 9.		ack here b 🗸 and			
Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets			31,825,527	27	27,746,201
Bal	28	Temporarily restricted net assets			4,595,978	28	4,362,639
뒫	29	Permanently restricted net assets			21,070,550	29	20,967,423
ᆵ		Organizations that do not follow SFAS 117	(ASC 95	58),			
s or Fund	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or eq	: fund		31		
Ass	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Net ,	33	Total net assets or fund balances			57,492,055	33	53,076,263
Z	34	Total liabilities and net assets/fund balances .	192,747,105	34	197,098,757		

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

Yes Form 990 (2018)

3b

### Additional Data

**Software ID:** 18007995

Software Version: v1.00 **EIN:** 54-1061178

Name: REGENT UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a: Instruction - Schools of Communication & the Arts, Business & Leadership, Education, Psychology & Counseling, Divinity, Law, Government and College of Arts and Sciences Includes Academic Support, Student Services, Scholarships, Auxiliaries & Academic Affairs 1,223 Graduate degrees, 576 Undergraduate degrees and 21 Associate degrees were awarded in 2017-2018 (10,480 students)

#### Form 990, Part III, Line 4b: Hospitality Services - Hotel and conference center providing conference services, food and beverage services, banquets and other various hospitality services

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation from the

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

	any hours   and a director/trustee)							organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dianne Cash Board Member	0	×						0	0	0
Chauncey W Crandall Board Member	0	×						0	0	0
William Federer Board Member	0	×						0	0	0
Kay Peng Khoo	1	×						0	0	0

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William Federer
Board Member
Kay Peng Khoo
Board Member
Thomas J Knox Jr

Board Member Howard Long

Board Member William Maynard

Board Member David Melilli

Board Member G Conoly Phillips

Board Member Jay A Sekulow

Board Member

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation

any hours

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

and a director/trustee)

organization

264,860

219,805

216,316

organizations

from the

243,026

43,794

39,776

24,895

33,153

0

			(11) 2/1000	l					
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Daniel C Sellers Jr Board Member	1 0	×					0	0	0
Magda Serrano Board Member	1 0	×					0	0	0
Robert O Snelling Sr Board Member	0	×					0	0	0
Phillip D Walker Board Member	0	×					0	0	0
Jennifer Whitelaw Board Member	0	×					0	0	0
	20			1					1

M G Robertson

Executive Vice President for Academic Affairs

Vice President for Univ Marketing & Public Relations

Vice President for Human Resources & Administration

Gerson Moreno-Riano

Sherry R Miller

Martha J Smith

and Independent Contractors

Х 1,209 20,314 Chancellor-CEO 20 40 Louis A Isakoff Х 319,169 Vice President and General Counsel

Х

Χ

Х

40

40

0 40

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless amount of other compensation compensation person is both an officer week (list from the from related compensation

any hours

and Independent Contractors

John E Mulford

Professor - Business

William L Hathaway

Dean A Wooten

Dean - Psychology/Counseling

Former Vice President for Finance

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

and a director/trustee)

organization

187,749

176,406

168,060

Х

Χ

Х

organizations

from the

33,570

26,307

35,015

	Fau nalakad							(14, 7,4000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joseph Umidi Executive Vice President for Student Life	40			x				202,138	0	25,085
Ann R LeBlanc Vice President for Alumni Relations	40			x				163,009	0	34,551
Stephen Bruce Vice President for Business Administration	40			x				133,857	0	24,959
Michael Hernandez Dean/Professor - Law School	40					×		210,009	0	28,645
Doris Gomez Dean - Business	40					×		201,276	0	32,695
Robert W Herron Dean - College of Arts and Sciences	40					х		194,493	0	32,087

40

40

40

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -
                                                                          DLN: 93493107009300
TY 2018 Reasonable Cause Explanation
                          Name: REGENT UNIVERSITY
                            EIN: 54-1061178
                    Software ID: 18007995
               Software Version: v1.00
                    Explanation: Extension filed and approved till May 15, 2020.
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etil	e GR	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493107009300
(E 000					Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable		2018	
		f the Treasury		► Go to	www.irs.gov/Form	990 for the late	st information		Open to Public Inspection
am	e of tl	<b>he organiza</b> VERSITY	tion					Employer identific	ation number
D-	T	Boscon	for Dublic C	havitu Etat	us (All organization	s must comple	to this part \ C	54-1061178	
	rt I rganız				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1		A church, c	onvention of c	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	<b>✓</b>	A school de	escribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		ızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6		·		,	governmental unit de				
7			ation that norm '0(b)(1)(A)(v		a substantial part of it Part II )	s support from a	governmental u	nit or from the gener	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
D		from activition	cies related to i	its exempt fur nrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more publi	cly supported o	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A so	supporting orga	anization oper to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme		orting organiz	pervised or controlled in a the sare and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-functiona integrated Th	<b>Ily integrate</b> ne organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	Ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
е		Check this	box if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported o		integrated supporting	organizacion			
g	Provi	ıde the follow	ing informatio	n about the su	upported organization(	(s)			_
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			<u> </u>						
ota	ı								
		work Reduc	tion Act Notic	e, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete 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
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
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							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	►□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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						
b	income from similar sources Unrelated business taxable income						
D	(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							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection 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? If "No," describe in <b>Part VI</b> 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.	1		
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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
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? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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 31 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.

Schedule A (Form 990 or 990-EZ) (2018)

### **Additional Data**

Software ID:	18007995
<b>Software Version:</b>	v1.00
EIN:	54-1061178

Name: REGENT UNIVERSITY

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)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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.

DLN: 93493107009300 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** REGENT UNIVERSITY 54-1061178 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 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
- Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Par	t IIII	Organizations Ma	aintaining Coll	ections o	of Art, H	istori	cal Tı	reası	ıres, oı	r Other	Similar As	<b>sets</b> (cont	inued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other	records,	check a	any of	the fo	llowing t	hat are a	significant u	se of its col	lection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	generations											
4	Provi Part	ide a description of the o	organization's coll	ections and	explain h	ow the	y furth	ner the	e organız	zation's ex	kempt purpos	se in		
5		ng the year, did the orga ts to be sold to raise fur									ular	☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Forn	n 990	, Part	IV, lı	ine 9, o	r reporte	ed an amou	nt on Forn	n 990,	Part
1a		e organization an agent ded on Form 990, Part )		n or other	intermedia	ary for	contril	bution	s or othe	er assets	not	☐ Yes	□ N	o
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowing	table				Ar	nount		_
С		nning balance		·		_				1c				_
d	Addıt	tions during the year								1d				_
е	Distr	ributions during the year	-							1e				_
f	Endır	ng balance								1f				
2a	Did t	he organization include	an amount on For	m 990, Par	t X, line 2	1, for e	escrow	or cu	ıstodıal a	ccount lia	ability?	☐ Yes	□ N	0
Ь	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII													
	rt V	Endowment Fund												
				(a)Curren	it year	<b>(b)</b> Pr	ior yea	r	<b>(c)</b> Two y	ears back	(d)Three year	rs back (e)	Four yea	rs back
<b>1</b> a	Beginr	ning of year balance .		80	,172,000	1	101,071	1,000	10	5,890,000	138,0	93,000	149,	612,000
b	Contril	butions			174,000			5,000		146,000		23,000		249,000
c	Net in	vestment earnings, gair	ns, and losses	1	,778,000		4,216	5,000	1	11,035,000	-16,1	.26,000		363,000
d	Grants	s or scholarships			0			0		0		0		0
е		expenditures for facilitie rograms	es		0		25,500	,000	1	16,000,000	16,5	00,000	21,	500,000
f	Admın	istrative expenses .			0			0		0		0		0
g	End of	f year balance	[	82	,124,000		80,172	2,000	10	01,071,000	105,8	90,000	128,	724,000
2		ide the estimated percei	=	-	l balance (	(line 1g	g, colu	mn (a	)) held a	s				
а	Board	d designated or quasi-e	ndowment 🟲	72 %										
b	Perm	nanent endowment 🟲	27 %											
c		porarily restricted endov		%										
3a	<u> </u>													
	_	nization by inrelated organizations										3a(i)	Yes	No No
	• •	-					•					3a(ii)		No
b		related organizations . es" on 3a(ii), are the rel		s listed as r	equired or	 n Sche	 dule R	· .				3b	+	
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds						1 1	
Pa	rt VI	Land, Buildings,												
		Complete if the ord												
	Descr	uption of property	(a) Cost or othe (investmen		(b) Cost o	or other	basis (d	other)	(c) Acc	umulated o	lepreciation	(d) B	ook valu	e
<b>1</b> a	Land			0			8,27	77,883					8	3,277,883
b	Buildir	ngs		0			132,38	35,852			57,419,487		74	1,966,365
С	Leasel	hold improvements		0				0			0			0
А	Fauin	ment		0			83.50	00.358			73.428.832		10	0.071.526

1,776,765

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

1,776,765

95,092,539

Schedule D (Form 990) 2018			Page <b>3</b>
Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	the organization answ	vered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial derivatives			
(3) Other(A) Venture Capital	3,277,936		F
(B) Hedge Funds	538,937		F
(C) Real Estate	85,419		F
(D) Commodities (E)	337,928		F
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>▶</b> 4,240,220		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on	Form 990 Part IV lu	ne 11c See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Meth	od of valuation
(1)Annuities	1,429,419	Cost or end-	of-year market value F
(2)Fixed Income Bonds	8,607,661		F
(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 answere (a) Description		rt IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1)	011		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			·
<b>Part X Other Liabilities.</b> Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV, line :	l1e or 11f.
1. (a) Description of liability	<b>(b)</b> B	ook value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	of the feetnets to the or	0	amonts that renewts the
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC		=	

Part XI

2

а

b

е

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

3

4

Schedule D (Form 990) 2018

Page 4

592,783

125,441,347

25,562,685

151,004,032

123,723,000

417,000

123,306,000

24,991,992

148.297.992

Schedule D (Form 990) 2018

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

**Supplemental Information** 

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Return Reference

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Net unrealized gains (losses) on investments . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b

2c

2d

4a

4b

2a 2b

2c

2d

4a 4b

Explanation

368.783

224,000

25,562,685

417,000

24.991.992

2e

3

4c

2e

3

4c

5

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: 18007995
Software Version: v1.00

Name: REGENT UNIVERSITY

**EIN:** 54-1061178

# Supplemental Information

Return Reference	Explanation
	Regent University's endowment consists of approximately 115 individual funds established f or a variety of purposes all relating to the University's overall exempt purpose of educat

ing students

upplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	Regent University does not believe its consolidated financial statements include any uncertain tax positions

lemental Information	
Return Reference	Explanation
dule D, Part XI, Line 2d	Subtract \$224,000 revenue attributable to Frio Energy which is reflected on a separate tax return

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4b	Add institutional scholarships of \$24,672,424 which are included in expenses for the 990, Add \$889,000 change in unrealized loss which is attributable to Frio Energy and reflected on a separate tax return Add back \$1,261 due to rounding

Sı

Supplemental Information Return Reference Explanation Subtract \$1,306,000 in expenses and add \$889 000 change in unrealized loss attributable to Schedule D, Part XII, Line 2d Frio Energy which is reflected on a separate tax return

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Add institutional scholarships of \$24,672,424 which are included in expenses for the 990 Add \$319,000 for Henrico, Inc. which are net expenses reflected on a separate tax return Add \$568 which is due to rounding

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493107009300 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** REGENT UNIVERSITY 54-1061178 Part I YES NO 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes 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? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

thedule E (Form 990 or 990EZ) (2018)						
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					
Schedule E, Part I, Line 3	Advertisements soliciting registration of new students include a summary statement of the non-discriminatory policy of the university					

Schedule E (Form 990 or 990-EZ) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493107009300 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** REGENT UNIVERSITY 54-1061178 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

	· · · · · · · · · · · · · · · · · · ·							<u> </u>
Part III	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.							
	Part III can be	duplicated if additi	ional space is r	needed.				
(a) Type of o	rant or accietance	(h) Region	(c) Number of	(d) Amount of	(a) Manner of cash	(f) Amount of	(a) Description	(h) Method of

a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	East Asia and the Pacific	6	20,360	wire transfer	0		FMV
		+ +					
							_

Page **3** 

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t 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	<b>☑</b> 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	<b>✓</b> 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)		
	Corporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> 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	<b>✓</b> 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	<b>✓</b> 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	<b>✓</b> No

Schedule F	(Form 990) 2018	Page :
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DL	N: 934931070	09300
Note: To capture the full co	ntent of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	en printing.		,		
Schedule I		Grante and	Thor Assistance	o to Organiz	ations			MB No 1545-004	17
(Form 990)			Other Assistance	_	•			2018	
			and Individuals					2010	
Department of the	Co	mpiete if the organiza	ation answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public Inspection	
Treasury	► Go to <u>www.irs.qov/Form990</u> for the latest information.								
Internal Revenue Service  Name of the organization							Employer identific	ation number	
REGENT UNIVERSITY							54-1061178		
Part I General Information	tion on Grants	and Assistance							
					6 bl				
1 Does the organization mainta the selection criteria used to						ce, and		<b>✓</b> Yes	□ No
2 Describe in Part IV the organ	nzatıon's procedur	es for monitoring the us	se of grant funds in the Un	ited States					
			nd Domestic Governme ditional space is needed	nts. Complete If the o	rganızatıon answered "Yes	s" on Forn	n 990, Part IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose o or assistance	f grant
(1) Christian Broadcasting Network 977 Centerville Turnpike Virginia Beach, VA 23464	54-0678452		15,000	0	FMV	0		Support for Ch Village entertai	
2 Enter total number of section	n 501(c)(3) and go	overnment organizations	s listed in the line 1 table .				•		1
3 Enter total number of other of	organizations listed	d in the line 1 table .					•		0
For Paperwork Reduction Act Notice.	see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990	) 2018

(6)

(7)

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

Return Reference **Explanation** 

Schedule I, Part I, Line 2 Regent University awards financial aid to students based on certain eligibility requirements. The University's financial aid packages are on file at the University and are

available upon request

Schedule I (Form 990) 2018

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -		DLN: 934	19310	7009	300
Sch	edule J	Co	ompensat	tion	Information	40	1B No	1545-(	0047
(Forr	n 990)		Compens Janization ansv	ated E wered	es, Key Employees, and High mployees "Yes" on Form 990, Part IV, ırm 990.	line 23.	20	18	3
•	tment of the Treasury	► Go to <u>www.irs.go</u>			uctions and the latest inform	nation.		o Pul	
	al Revenue Service ne of the organiza	<u>l</u> atıon				Employer identificat		ectio ımber	
REG	ENT UNIVERSITY					54-1061178			
Pa	rt I Questi	ons Regarding Compensa	tion		I	<u> </u>			
								Yes	No
1a		opiate box(es) if the organization ection A, line 1a Complete Part							
		s or charter travel	lacksquare		ing allowance or residence for p				
	_	companions	님	•	nents for business use of persor				
		nification and gross-up payment	s 📙		h or social club dues or initiatio				
	□ Discretion	nary spending account		Perso	onal services (e g , maid, chauff	eur, cner)			
b		xes in line 1a are checked, did t all of the expenses described abo				ent or reimbursement	1b	Yes	
2		ation require substantiation prior ees, officers, including the CEO/E				1 = 2	2	Yes	
	directors, truste	es, officers, including the CLO/L	xecutive Directo	or, rega	iranig the items checked in line	ia.			
3		if any, of the following the filing EO/Executive Director Check al				e			
	_	ed organization to establish com			•	n Part III			
	<b>✓</b> Compens	ation committee		\Mritt	en employment contract				
	_ '	ent compensation consultant	H		pensation survey or study				
		of other organizations			oval by the board or compensat	ion committee			
4	During the year related organiza	, did any person listed on Form	990, Part VII, Se	ection A	A, line 1a, with respect to the fil	ing organization or a			
_	_		tral navmant?				4a	Yes	
a b		ance payment or change-of-con r receive payment from, a suppl		dified re	etirement nlan?		4a 4b	165	No
c	•	r receive payment from, a sappl	•		· ·		4c		No
		of lines 4a-c, list the persons and			<u>-</u>	III			
_		t <b>), 501(c)(4), and 501(c)(29</b> ) ed on Form 990, Part VII, Sectio	=						
5		ontingent on the revenues of		the org	ganization pay or accrue any				
а	The organization	n?					5a		No
b	Any related orga						5b		No
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the org	ganization pay or accrue any				
а	The organization	n?					6a		No
b	Any related orga						6b		No
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes			ganization provide any nonfixed		7	Yes	
8		nts reported on Form 990, Part nitial contract exception describe				scribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organization also follo	w the rebuttable	e presu	mption procedure described in I	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the Ins	tructions for F	orm 99	90. Cat No 5	0053T Schedule J	(Form	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation ar			( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	Bonus & incentive reportable			(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-				+		-	
1							

Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Inform	nation
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
	First class or charter travel To facilitate its 24 hour security coverage for Dr. Robertson, Regent University provides charter air service for his business and personal flights. The University reports taxable income for Dr. Robertson's personal flights on his form 1099. It uses the Standard Industry Fair Level (SIFL) method as allowed under IRS rules for valuing personal flights. Travel for Companions. Regent University does not provide companion air travel for non-business purposes.

Housing allowance Regent University provides a ministerial housing allowance for qualified faculty and staff. This is reviewed and approved by the board

Return Reference	Explanation
	Regent University regularly reviews the compensation of its officers and vice presidents to determine whether compensation is reasonable compared to similar positions of responsibility at other institutions. The Compensation Committee of the Board of Trustees (in the absence of the Compensation Committee, the Audit Committee will assume this role) will periodically conduct an independent review of compensation which includes the President along with all officers and vice presidents. This process includes securing comparable compensation data from an independent source, reviewing the data to ensure that the compensation is reasonable and contemporaneous substantiation of the deliberation and decision making process takes place. Furthermore, when Regent University hires a new officer or vice president, it will ensure that all compensation is reasonable compared to similar positions of responsibility at other institutions.

turn Reference	Explanation
art I, Line 4	The Vice President of Finance was released from his position and received a severance package for one year

Retu Schedule J, Parl

Return Reference	Explanation
, Part I, Line 7	Any non-fixed payments were figured based on employees meeting performance goals

Louis A Isakoff

Counsel

Vice President and General

Vice President for Business

Dean/Professor - Law School

Dean - College of Arts and

Administration Michael Hernandez

Doris Gomez

Dean - Business

Robert W Herron

Professor - Business

William L Hathaway

Psychology/Counseling Dean A Wooten

Former Vice President for

Sciences John E Mulford

Dean -

Finance

(i) Base Compensation

319,169

226,309

201,276

194,493

187,749

184,071

168,060

**Software ID:** 18007995

Software Version: v1.00

**EIN:** 54-1061178

Name: REGENT UNIVERSITY

(iii)

Other reportable

compensation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable

(ii)

Bonus & incentive

compensation

Gerson Moreno-Riano Executive Vice President for	(1)	264,860	0	0	8,112	31,664	304,636	0
Academic Affairs	(11)	0	0	0	0	0	0	0
Sherry R Miller Vice President for Univ		219,805	0	0	6,489	18,406	244,700	0
Marketing & Public Relations	(11)	0	0	0	0	0	0	0
Martha J Smith Vice President for Human	(1)	216,316	0	0	6,366	26,787	249,469	0
Resources & Administration	(11)	0	0	0	0	0	0	0
Joseph Umidi Executive Vice President for	(1)	202,138	0	0	4,414	20,671	227,223	0
Student Life	(11)	0	0	0	0	0	0	0
Ann R LeBlanc Vice President for Alumni	(1)	163,009	0	0	5,186	29,365	197,560	0
Relations	(11)	0	0	0	0	0	0	0
Stephen Bruce	(1)	133,857	0	0	4,185	20,774	158,816	0

other deferred

compensation

9,567

6,427

6,236

6,000

5,788

5,407

5,253

benefits

34,227

22,218

26,459

26,087

27,782

20,900

29,762

(E) Total of columns

(B)(ı)-(D)

362,963

254,954

233,971

226,580

221,319

210,378

203,075

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 93	34931	0700	9300
	te: To capture the full conte	ent of this docum	nent, please selec	ct landscape mode	(11" x 8.	5") wl	hen p	orinting.							
	hedule K	Su	nnlemental l	nformation o	n Tax-F	:vem	nt F	Ronds					o 1545		
(F	orm 990)			wered "Yes" to Form					criptions,			2	<b>01</b>	R	
				, and any additional		ı in Par	t VI.								
	artment of the Treasury rnal Revenue Service			Attach to Form 99 irs.gov/Form990 for		nforma	ition.						n to Pul spectio		
	ne of the organization GENT UNIVERSITY									Emplo	yer iden	tification	number		
NLC										54-10	61178				
Pa	art I Bond Issues		T												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	'	(f) Description	on of purpose	( <b>g</b> ) De	efeased	(h) ( behalf		(i) f finan	
												ıssue			
										Yes	No	Yes		Yes	No
Α	Virginia College Building Activity	54-1249154	927781BS2	08-09-2006	99,4	/3,248		nding of exist and construct	ing bonds (June on of dorms		X		X		Χ
Pa	art II Proceeds							_			-				
1	Amount of bonds retired					Δ	0	E	1	<u> </u>	•			<u> </u>	
<u>-</u>	Amount of bonds legally defease					8 400	0,000								
	Total proceeds of issue					99,473									
4	Gross proceeds in reserve funds					•	4,084								
5	Capitalized interest from procee					-,	0								
6	Proceeds in refunding escrows .					6,845	5,955								
7	Issuance costs from proceeds .					1,142	2,743								
8	Credit enhancement from proce	eds					0								
9	Working capital expenditures fro	•					0								
10	Capital expenditures from proce					22,970	0,466								
11	Other spent proceeds						0								
12	Other unspent proceeds						0								
13	Year of substantial completion .					007									
					Yes	No	-	Yes	No '	Yes	No		Yes	l	No
14	Were the bonds issued as part of					X									
15	Were the bonds issued as part of				Х										
16	Has the final allocation of proce				Х										
17	Does the organization maintain proceeds?				×										
Pa	art Ⅲ Private Business Us														
						Α		E		C				D	
1	Was the organization a partner				Yes	No X		Yes	No '	Yes	No		Yes		No
2	financed by tax-exempt bonds?  Are there any lease arrangemen	nts that may result in	private business use			X	_								
E	property?					t No. 51	0103E				6.	chedule	V /Forr	2000	\ 2018

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Α

Χ

Х

Χ

No

Χ

Х

Α

Yes

Х

Nο

Χ

1 %

0 %

1 %

В

No

Yes

Х

Χ

Yes

No

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . 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

Does the bond issue meet the private security or payment test? . . .

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

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . . 

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

No

3000 %

Yes

Yes

Χ

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

Wachovia Bank NA

Yes

В

Nο

No

Yes

Yes

No

No

Yes

Nο

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

Schedule L	c print - DO N	OT PROCES	S As	Filed Data -					DL	N: 93	4931	0/0	79300
Form 990 or 990	ı-EZ) ► Comple	te if the org	anization	Ons with Ir answered "Yes 28c, or Form 99	on Form 9	90, Part IV, li	nes 2	5a, 2	5b, 26	s,	MB No		
			► Att	ach to Form 990	or Form 99	O-EZ.					20	) [ ]	8
partment of the Treaternal Revenue Servi	I	PG0 t	o <u>www.ii</u>	s.gov/Form990	tor the lates	st information	1.			C	)pen Insi	to Pu ecti	
Name of the org	anızatıon						En	nploy	er ide	ntifica			
REGENT UNIVERSI	IY						54	-106:	1178				
	ss Benefit Trai												
	lete if the organiza  ) Name of disquali			n Form 990, Part : ) Relationship be	,				rt V, lır escript		(4	\ Cor	ected?
1 (a	) Name of disquan	neu person	''	•	rganization	illieu person ai			ansacti		_	es	No
							+						
			<del>-  </del>				+						
							+				+		
repo	nplete if the organ orted an amount o (b) Relationship with organization	n Form 990, (c) Purpose	Part X, lın (d) Loa	e 5, 6, or 22	(e)Original principal amount	<b>(f)</b> Balance due	(g) defa	In	( <b>i</b> Approv	ved by d or	(	<b>i)</b> Writ greem	ten
			То	From									No
							Yes	No	Yes	No	Yes		10
							Yes	No	Yes	No	Yes		
							Yes	No	Yes	No	Yes		
							Yes	No	Yes	No	Yes		
							Yes	No	Yes	No	Yes		
2+3l							Yes	No	Yes	No	Yes		
otal					\$		Yes	No	Yes	No	Yes		
otal					\$		Yes	No	Yes	No	Yes		
	nts or Assistar	nce Benefit	ing Inte		·		Yes	No	Yes	No	Yes		
Part III Gra Com	nplete if the orga	anızatıon an	swered '	erested Person 'Yes" on Form 9	<b>ns.</b> 990, Part IV,	1							
Part III Gra Com	nplete if the organisms (b		swered ' between on and the	erested Person Yes" on Form 9 (c) Amount 0	<b>ns.</b> 990, Part IV,	line 27. (d) Type o				(e) Pui			
Part III Gra Com	nplete if the organisms (b	anızatıon an ) Relatıonshıp erested perso	swered ' between on and the	erested Person Yes" on Form 9 (c) Amount 0	<b>ns.</b> 990, Part IV,	1							
Part III Gra Com	nplete if the organisms (b	anızatıon an ) Relatıonshıp erested perso	swered ' between on and the	erested Person Yes" on Form 9 (c) Amount 0	<b>ns.</b> 990, Part IV,	1							
Part III Gra Com	nplete if the organisms (b	anızatıon an ) Relatıonshıp erested perso	swered ' between on and the	erested Person Yes" on Form 9 (c) Amount 0	<b>ns.</b> 990, Part IV,	1							
	nplete if the organisms (b	anızatıon an ) Relatıonshıp erested perso	swered ' between on and the	erested Person Yes" on Form 9 (c) Amount 0	<b>ns.</b> 990, Part IV,	1							

nswered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
			Yes	No
Family of Exec VP for Academic Affairs	50,925	Employee Compensation		No
Family of VP of HR & Administration	26,632	Employee Compensation		No
	(b) Relationship between interested person and the organization  Family of Exec VP for Academic Affairs  Family of VP of HR &	(b) Relationship between interested person and the organization  Family of Exec VP for Academic Affairs  Family of VP of HR & 26,632	between interested person and the organization  Family of Exec VP for Academic Affairs  Family of VP of HR & 26,632 Employee Compensation	(b) Relationship between interested person and the organization  Family of Exec VP for Academic Affairs  (c) Amount of transaction  (d) Description of transaction  (e) Show of conganization organization  (a) Description of transaction organization organization  (b) Relationship (c) Amount of transaction organization organization organization  (c) Amount of transaction organization organization  (b) Relationship (c) Amount of transaction organization organi

Family of Exec VP for 16,339 Employee Compensation (3) Jacqueline Moreno No Academic Affairs

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference

**Supplemental Information** 

Part V

efile GRAPH	IC print - DO NOT PROCESS As Fi	iled Data -		DLN:	93493107009300
CCHEDIII	F 0 0 1 1 1 1 1		. 5		OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ)  Supplemental Information to Form 990  Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information  Attach to Form 990 or 990-EZ.					2018
Department of the T	► Co to www.		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name Bethe of g REGENT UNIVERS				nployer identif -1061178	fication number
990 Schedul	e O, Supplemental Information				
Return Reference			Explanation		
Form 990, Part VI, Section A, Line 2	Jay Sekelow, board member, works for an or and CEO of Regent University Ann LeBla and Special Events and is the daughter of N	anc serves as	Vice President of Alumni Relations	cell	

990 Schedule O, Supplemental Information

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

Return Explanation Reference

Form 990. The conflict of interest policy is regularly reviewed and consulted. The University regular es its officers, directors, trustees and key employees to complete a conflict of interest Part VI. Section B.

questionnaire and statement on a regular basis. If any conflict is noted, the officer, dir ector or trustee will recuse themselves from voting during board meetings Line 12c

990 Schedule O, Supplemental Information

## 990 Schedule O, Supplemental Information

at other institutions

Return

Reference	Explanation
Form 990, Part VI, Section B, Line 15	Regent University regularly reviews the compensation of its officers and vice presidents t o determine whether compensation is reasonable compared to similar positions of responsibility at other institutions. The Compensation Committee of the Board of Trustees (in the absence of the Compensation Committee, the Audit Committee will assume this role) will periodically conduct an independent review of compensation which includes the President, along with all officers and vice presidents. This process includes securing comparable compensation data from an independent source, reviewing the data to ensure that the compensation is reasonable and contemporaneous substantiation of the deliberation and decision making process. Furthermore, when Regent University hires a new officer or vice president, it will ensure that all compensation is reasonable compared to similar positions of responsibility

Explanation

Explanation Return Reference

Form 990. All governing documents, the conflict of interest policy, audited financial statements and Part VI. the 990 tax return for the University are all available upon request

Section C.

990 Schedule O, Supplemental Information

Line 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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

DLN: 93493107009300

Open to Public Inspection

Name of the organization REGENT UNIVERSITY				Employer ident	ification number		
REGENT ONLYERSTIT				54-1061178			
Part I Identification of Disregarded Entities Complete if t	he organization answe	red "Yes" on Form 9	990, Part IV, line 33	3.			
(a)  Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	1	
(1) Founders Conference Center LLC 1000 Regent University Dr Virginia Beach, VA 23464 54-1992893	Hospitality Services	VA	11,708,000	3,743,000	Regent University		-
							_
							-
							_
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.		_					-
(a)  Name, address, and EIN of related organization	<b>(b)</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	Section (13) coi ent	ntrolle ity?
(1)Regent University Foundation 1000 Regent University Dr	Support Regent University	VA	501(c)3	5	Regent University	Yes	No
Virginia Beach, VA 23464 20-4273074							
(2)Henrico Inc 1000 Regent University Dr Virginia Beach, VA 23464	Title Holding Co	VA	501(c)2		Regent University	Yes	
54-1998119 (3)The Christian Broadcasting Network Inc 977 Centerville Turnpike	Broadcasting	VA	501(c)(3)		N/A		No
Virginia Beach, VA 23464 54-0678752					IV/A		
							_
Ear Danamusek Dadustian Ast Natice and the Instructions for Earn Of		Cot No E0135			Schodulo D (Form	900) 34	118

(a) Name, address, and E related organizatio	IN of n	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin Income(rel unrelate excluded f tax und sections 5 514)	ated, total ind d, from er	of Share end-of-y asset	of Dispro ear alloo	(h) pprtionat cations?	amou Sche (Fori	(i) de V-UBI unt in box 20 of edule K-1 m 1065)	<b>(j</b> Gene mana parti	ral or aging ner?	(k) Percent owners
		+			+			Yes	No			Yes	No	
		+			1			+						
							_		_	_				
Identification of Polated Ove	ganizations Tayable as a C	Cornoration	On Thus	+ Complete	o of the ora	anization s	ncworod "	/os" on	Form (	000 5	Dart IV	lino	24	
V Identification of Related Org because it had one or more rela- (a) Name, address, and EIN of related organization		a corporation	on or trus (c) Legal omicile	st during th			(f) Share of	otal Sha	(g) re of end year assets	d-of-	Part IV, (h Percen owner	) ntage	Se	ection 3) coi
because it had one or more rela (a)  Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	(I) ection 3) cor enti
because it had one or more relations (a)  Name, address, and EIN of	ated organizations treated as (b)	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	(c) Legal omicile or foreign	st during th	(d) t controlling	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer	) ntage ship	Se (1	ection 3) coi enti
because it had one or more related  (a)  Name, address, and EIN of related organization  nergy Inc  erville Turnpike each, VA 23463	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	ection 3) coi enti <b>Yes</b>
because it had one or more related  (a)  Name, address, and EIN of related organization  nergy Inc  erville Turnpike each, VA 23463	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	ection 3) coi enti <b>Yes</b>
because it had one or more related  (a)  Name, address, and EIN of related organization  nergy Inc  erville Turnpike each, VA 23463	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	ection 3) coi enti <b>Yes</b>
because it had one or more related  (a)  Name, address, and EIN of related organization  nergy Inc  erville Turnpike each, VA 23463	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	ection 3) coi enti <b>Yes</b>
because it had one or more related  (a)  Name, address, and EIN of related organization  nergy Inc  erville Turnpike each, VA 23463	ated organizations treated as  (b)  Primary activity	corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation in the corporation is a corporation of the corporation of the corporation is a corporation of the co	on or tru:  (c)  Legal  Domicile  or foreign  Dountry)	st during th	ne tax yea  (d) It controlling entity	r.  (e)  Type of entit (C corp, S cor or trust)	(f) Share of	otal Sha	(g) re of end year	d-of-	(h Percer owner	) ntage ship	Se (1	ection 3) co ent <b>Yes</b>

Schedule R (Form 990) 2018		Pa	age <b>3</b>
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		Yes	N
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?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a	1	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	. 1b	,T	No
c Gift, grant, or capital contribution from related organization(s)	10	Yes	
d Loans or loan guarantees to or for related organization(s)	. 1d	1	N
e Loans or loan guarantees by related organization(s)	16	-	No
f Dividends from related organization(s)	1f	;	N
g Sale of assets to related organization(s)	19	,	N
h Purchase of assets from related organization(s)	1h	1	N
i Exchange of assets with related organization(s)	11		N
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1</u> j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1 k		N-
I Performance of services or membership or fundraising solicitations for related organization(s)	11	1	N
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	N
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	<del>                                     </del>	N-
o Sharing of paid employees with related organization(s)	10	,†	N
		+	+

h Purchase of assets from related organization(s)	g	Sale of assets to related organization(s)	119		NO
j Lease of facilities, equipment, or other assets to related organization(s)	h	Purchase of assets from related organization(s)	1h		No
k Lease of facilities, equipment, or other assets from related organization(s)	i	Exchange of assets with related organization(s)	<b>1</b> i		No
I Performance of services or membership or fundraising solicitations for related organization(s)	j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	$\perp$
Performance of services or membership or fundraising solicitations for related organization(s)	k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11		No
If Sharing of facilities, equipment, maining itses, of other assets with related organization(s)	m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
o Sharing of paid employees with related organization(s)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	0	Sharing of paid employees with related organization(s)	10		No

Reimbursement paid to related organization(s) for expenses . . . |1p | Yes **1**q No Reimbursement paid by related organization(s) for expenses . 1r No 1s 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 (d)
Method of determining amount involved (b) (c) Transaction Amount involved type (a-s) 1,100,000 FMV 1,100,000 FMV 1,700,000 FMV

Schedule R (Form 990) 2018

(1)Henrico Inc (2)Henrico Inc (3)The Christian Broadcasting Network Inc Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

