DLN: 93493132019191 OMB No. 1545-0047 Return of Organization Exempt From Income Tax

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

Inspection

☐ Yes ☐ No

Form **990** (2019)

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Cat. No. 11282Y

Department of the Treasury

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

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

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization SHENANDOAH UNIVERSITY D Employer identification number B Check if applicable: ☐ Address change 54-0525605 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1460 University Drive ☐ Amended return ☐ Application pending (540) 665-4500 City or town, state or province, country, and ZIP or foreign postal code Winchester, VA 22601 G Gross receipts \$ 134,911,464 Name and address of principal officer: H(a) Is this a group return for Tracy Fitzsimmons - President ☐Yes **☑**No subordinates? 1460 University Drive H(b) Are all subordinates Winchester, VA 22601 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► www.su.edu L Year of formation: 1875 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: Shenandoah University educates and inspires individuals to be critical, reflective thinkers; lifelong learners; and ethical, compassionate citizens who are committed to making responsible contributions within a community, a nation and the world. A Shenandoah University education incorporates scholarship, experiential learning and sophisticated technologies as well as practical wisdom. The University provides students with the academic content and analytical skills they will need to launch successful careers, and harness technologies that will Activities & Governance enable them to create new ideas, products and services that impact a global society. 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) 3 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,879 6 300 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 231,798 Net unrelated business taxable income from Form 990-T, line 39 7b 231,798 **Prior Year Current Year** 6,777,962 7,868,577 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 116,650,207 119,018,809 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,882,534 2,496,348 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 153,136 109,318 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 126,554,454 128,402,437 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 26,112,165 26,870,330 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 63,756,282 66,038,183 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,048,042 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 38,770,195 37,122,562 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 128,638,642 130,031,075 Revenue less expenses. Subtract line 18 from line 12 . -2,084,188 -1,628,638 d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 263,243,280 263,006,503 21 Total liabilities (Part X, line 26) . 107,883,676 116,434,627 22 Net assets or fund balances. Subtract line 21 from line 20 155,359,604 146,571,876 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 2021-05-11 Date Signature of officer Sign Here Tracy Fitzsimmons President Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check \square if Paid self-employed Firm's name Firm's EIN ▶ Preparer **Use Only** Firm's address Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗆
1	Briefly describe the o	organization's mission:				
are degre	ommitted to making r ees, over 20 graduate	esponsible contribution	s within a comm duate and gradu	unity, a nation and the late certificates throug	s, lifelong learners, and ethical e world. The University offers o h its seven schools of study. T n, grow, and flourish.	over 40 undergraduate
2	Did the organization	undertake any significa	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Scl	nedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	services?					. ☐ Yes ☑ No
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section 501(c)(3) ar		ons are required	to report the amount of	largest program services, as in of grants and allocations to oth	
4a	(Code:) (Expenses \$	82,662,231	including grants of \$	26,870,330) (Revenue \$	108,036,678)
	See Additional Data					
					- 2.75	
4b	(Code:) (Expenses \$	13,577,646	including grants of \$	0) (Revenue \$	856,566)
4b	(Code: See Additional Data) (Expenses \$	13,577,646	including grants of \$	0) (Revenue \$	856,566)
4b	See Additional Data					
	`) (Expenses \$) (Expenses \$	13,577,646 7,413,847	including grants of \$ including grants of \$	0) (Revenue \$ 0) (Revenue \$	856,566) 8,868,293)
	See Additional Data (Code: See Additional Data) (Expenses \$	7,413,847	including grants of \$	0) (Revenue \$	8,868,293)
	See Additional Data (Code: See Additional Data (Code:) (Expenses \$) (Expenses \$	7,413,847	including grants of \$ including grants of \$	0) (Revenue \$ 0) (Revenue \$	8,868,293) 1,257,272)
	See Additional Data (Code: See Additional Data (Code:) (Expenses \$) (Expenses \$	7,413,847	including grants of \$ including grants of \$	0) (Revenue \$	8,868,293) 1,257,272)
	See Additional Data (Code: See Additional Data (Code: Shenandoah University)) (Expenses \$) (Expenses \$ s other program services n	7,413,847 8,232,496 ot detailed in Part	including grants of \$ including grants of \$	0) (Revenue \$ 0) (Revenue \$	8,868,293) 1,257,272)
4c	See Additional Data (Code: See Additional Data (Code: Shenandoah University)) (Expenses \$) (Expenses \$ s other program services n ces (Describe in Sched	7,413,847 8,232,496 ot detailed in Part	including grants of \$ including grants of \$ III include the maintenanc	0) (Revenue \$ 0) (Revenue \$	8,868,293) 1,257,272)

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			T
	To the association described in continue 501/a)/2) or 4047/a)/1) (other than a private foundation)? If "Voc." complete	$\overline{}$	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	<u> </u>
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	Yes	
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? <i>If "Yes," complete Schedule D,</i> Part	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? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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	
	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	11c		No
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Yes	
	Schedule D, Parts XI and XII 🖄	12a		No
	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	l
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_ 	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

23	Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b	Yes Yes Yes	No
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a	Yes	No
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a	Yes	
24a	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 24a		
t <i>c</i> b Ը	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		Yes	
		24b		
	Old the organization maintain an escrow account other than a refunding escrow at any time during the year			No
	to defease any tax-exempt bonds?	24c		No
d D	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a S t	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	25a		No
t	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
c	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
e	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV nstructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b A	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Nas 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		No
35a [Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
36 S	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that s treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 D	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

1 a	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5,345						
				Yes	No		
		Check if Schedule O contains a response or note to any line in this Part V					
Pa	ırt V	Statements Regarding Other IRS Filings and Tax Compliance					
38		the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. orm 990 filers are required to complete Schedule O	38	Yes			
	is tre	eated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

-01111	290 (2019)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Yes	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Yes	
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

01111	556 (2015)			rage
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	" resp	onse to i	lines V
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 1a 37			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	\vdash		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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	Yes	
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	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	\square Own website \square Another's website \square Upon request $ ot ot \square$ 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:			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page 8
Pa	section A. Officers, Direct	tors, Trustees	s, Key	Emp	loyε	es,	, and	High	nest Con	npensat	ed Employees (conti	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	than c	one b	ox, u an of	ot che unles fficer	neck m ess per er and a tee)	rson	Repo compe fron organ	D) ortable ensation in the nization	(E) Reportable compensation from related organizations		(F) Estima amount o compens from t	ated of other sation
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- SC)	(W-2/1099- MISC)		organizati relati organiza	ed
See	Additional Data Table			+	+	\vdash	_	+				+		
									<u> </u>					
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	Sub-Total			- -		.—	<u> </u>	<u></u>				T		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•		· ·	·		▶		3,0	087,833		0		596,810
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	o rece	eived mor	re than \$1	.00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 3			 :ee, k	ey e	mpl	oyee,	or hi	ghest con	npensated	l employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable (m the	3	Yes	
5	individual									· ·	ividual for	4	Yes	
	services rendered to the organization		lete Scn	eduie	÷ J тс	r su	ıch pe	rson				5		No
1	ection B. Independent Contract Complete this table for your five high from the organization. Report compet	est compensate										npens	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre		yeu.		1119	VVICII	JI **:-	Jilli Gie C.		(B) cription of services		(C Compen	
	ard Shockey & Sons Inc	ma sasmes			-	-				Constructio				,321,084
Winch	ox 2530 hester, VA 22604									Ci-			2	264 760
	xo Campus Services ox 360170								[Food Servio	e		3	,261,769
Pittsb	ov 500170 ourgh, PA 15251 Crest Builders Inc								 ,	Constructio	n	-	2	,071,884
126 N	N Kent St													· ,
	hester, VA 22601 an Company LP									Software C	ontractor			399,413
Suite														
	on, VA 20191 or Concepts Inc									Electrical C	ontractor			384,768
Suite	Airport Rd 6 hester, VA 22602													
	Total number of independent contractor compensation from the organization		: not lim	iited t	o th	ose	listed	abov	ve) who re	eceived m	ore than \$100,00	0 of		
													Form 996	n (2010)

		(2019)	of Boyonya						Page 9
Part	VIII			a respo	onse or note to any	line in this Part VIII			🗆
		Great in Series	are o contains	и гозро	inse of flote to unity	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	18	a Federated campa	igns	1a	0	I	revenue		312 314
ons, Gifts, Grants Similar Amounts	1	b Membership dues	s	1 b	0				
9		c Fundraising even	ts	1c	1,341				
ifts,		d Related organizat	tions	1d	0				
nii.	•	e Government grants	(contributions)	1e	2,052,678				
Contributions, and Other Sirr	1	f All other contribution and similar amounts above	s not included	1f	4,723,943				
ntributio d Other	:	g Noncash contributio lines 1a - 1f:\$	ns included in	1 g	404,638				
Contand		h Total. Add lines 1	1a-1f		•	6,777,962			
					Business Code				
•	2a	Tuition and Fees			611310	108,036,678	108,036,678	0	0
Program Service Revenue	b	Auxiliary Services			900099	8,868,294	0	229,298	8,638,996
vice Pa	c	University Campuses			900099	1,257,272	0	2,500	1,254,772
n Ser	d	Ticket Sales			900099	271,720	0	0	
rograr	е	Student Service Com	missions		900099	584,845	0	0	584,845
<u>a</u>	f	All other program :	service revenue	€.		0	0	0	0
	_	Total. Add lines 2			119,018,809	1	Т	T	Т
		Investment income similar amounts) .	(including divid		nterest, and other	1,496,73	5 0	(1,496,736
	4	Income from invest	ment of tax-ex	empt bo	ond proceeds	•	0	(0
	5	Royalties				77,71	77,715	(0
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a	0		0			
	b	Less: rental expenses	6b	0	1	0			
	c	Rental income			,				
		or (loss)	6c	0)	0			
	C	Net rental income			· · · •		0		0
	 	Cross amount	(i) Secu	rities	(ii) Other	_			
	/ a	Gross amount from sales of assets other than inventory	7a 7	,470,870		0			
	b	Less: cost or other basis and sales expenses	7b 6	,471,258	3	0			
	c	Gain or (loss)	7c	999,612	2	0			
		Net gain or (loss)			· · · •	999,61	2 0	C	999,612
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	1,341 of d on line 1c).						
Zev	١.			8a 8b	69,372 37,769				
er		Less: direct expens Net income or (los			· ·	, 31,60:	3		31,603
÷		(-,			1			,
	9a	Gross income from g See Part IV, line 19		s. 9a	C				
		Less: direct expens		9b	C				
	'	: Net income or (los	s) from gaming	activiti	les	<u> </u>	0		, 0
	10	aGross sales of inve returns and allowa		10a	C				
	Ŀ	Less: cost of goods	s sold	10 b	C				
	_	Net income or (los		f invent		· · · · · · · · · · · · · · · · · · ·	0	(0
	11	Miscellaneou	us Revenue		Business Code	4			
	- 1								
	b	,							
		All other revenue							
		Total. Add lines 1:			•		0		_
	12	! Total revenue. Se	ee instructions	• •	• • • •	128,402,43	7 108,114,393	231,798	13,278,284 Form 990 (2019)

Forr	n 990 (2019)				Page 10
Р	Statement of Functional Expenses		All II		(4)
	Section 501(c)(3) and 501(c)(4) organizations must be		_		umn (A).
	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0	3	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	26,870,330	26,870,330		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,598,069	1,440,456	752,538	405,075
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	50,308,677	43,432,162	5,886,131	990,384
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,827,957	2,424,006	367,183	36,768
9	Other employee benefits	6,716,399	4,380,436	2,221,401	114,562
10	Payroll taxes	3,587,081	3,101,387	396,318	89,376
11	Fees for services (non-employees):				
ā	Management	0	0	0	0
i	Legal	124,355	7,674	116,681	0
ď	Accounting	126,136	0	126,136	0
(l Lobbying	3,270	0	3,270	0
•	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)	0	0	0	0
12	Advertising and promotion	261,209	87,709	171,920	1,580
13	Office expenses	3,581,009	3,185,749	311,663	83,597
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	6,969,192	6,285,596	628,681	54,915
17	Travel	1,996,576	1,870,257	77,403	48,916
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	2,690,345	2,559,858	130,487	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	9,212,143	8,234,400	977,743	0
23	Insurance	822,273	285,304	536,969	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Meals/Room Charge	3,252,615	3,122,982	103,867	25,766
	b Contract Services & Honorariums	3,200,515	2,668,005	465,708	66,802
	c Memberships, licenses and fees	1,090,661	770,846	251,793	68,022
	d Software & technology licenses and fees	982,793	208,188	742,657	31,948
	e All other expenses	2,809,470	950,875	1,828,264	30,331
25	Total functional expenses. Add lines 1 through 24e	130,031,075	111,886,220	16,096,813	2,048,042
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).				

Form	า 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,800	1	2,600
	2	Savings and temporary cash investments .		[12,405,529	2	11,661,985
	3	Pledges and grants receivable, net			2,425,406	3	1,516,034
	4	Accounts receivable, net		[1,526,013	4	1,512,037
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disquality	ontribu s . fied pe	tor, or 35% controlled 	0	5	0
		section $4958(f)(1)$), and persons described in se	ection 4	1958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net			3,407,579	7	3,190,931
Assets	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges	2,076,617	9	2,185,096		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	269,545,346			
	ь	Less: accumulated depreciation	10b	96,500,696	172,226,763	10 c	173,044,650
	11	Investments—publicly traded securities .			55,942,538	11	57,248,536
	12	Investments—other securities. See Part IV, line	11,133,475	12	10,472,724		
	13	Investments—program-related. See Part IV, line	. [1,000,905	13	1,005,326	
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11		[1,095,655	15	1,166,584
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	263,243,280	16	263,006,503
	17	Accounts payable and accrued expenses		7,831,819	17	8,681,508	
	18	Grants payable	2,793,806	18	2,781,519		
	19	Deferred revenue		1,772,272	19	1,825,498	
	20	Tax-exempt bond liabilities			85,995,061	20	83,989,365
s.	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity	0	22	0
Ë		, ,		<u> </u>	5 812 108	22	
_	23	Secured mortgages and notes payable to unrela		· ·	5,812,198	23	6,988,772
	24	Unsecured notes and loans payable to unrelated			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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	ayabies 1).	s to related third parties,	3,678,520	25	12,167,965
	26	Total liabilities. Add lines 17 through 25 .			107,883,676	26	116,434,627
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere ▶ ☑ and	94,991,074	27	87,466,606
Ba	28	Net assets with donor restrictions			60,368,530	28	59,105,270
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	theck here ▶ ☐ and		29		
	30	Paid-in or capital surplus, or land, building or eq		nt fund L		30	
Assets	31	Retained earnings, endowment, accumulated inc		<u> </u>		31	
Ă	32	Total net assets or fund balances		-	155,359,604	32	146,571,876
Net	33	Total liabilities and net assets/fund balances		<u> </u>	263,243,280		263,006,503

Total liabilities and net assets/fund balances

Form **990** (2019)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Yes Form 990 (2019)

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 54-0525605

Name: SHENANDOAH UNIVERSITY

Form 990 (2019)

Form 990, Part III, Line 4a:

During the fiscal year 2019-2020 Shenandoah University continued its focus on excellence and innovation with enrollment of 4.412 students in graduate and undergraduate programs in (Fall/Spring 2019/2020) through its seven schools and more than 100 programs of study.

Form 990, Part III, Line 4b: Student Services includes admissions, registrar, student affairs, student organizations, and athletic programs. During fiscal year 2019-2020, Shenandoah University had 124 recognized student clubs and organizations. Shenandoah University sponsored 21 intercollegiate teams (11 for women and 10 for men), with a total student-athlete involvement of approximately 494. Intercollegiate athletics are an integral aspect of student life on the Shenandoah University campus, with the majority of students

involved either as participants or spectators.

Form 990, Part III, Line 4c: Auxiliary services includes the University's residence halls, bookstore, and childcare facilities. During fiscal year 2019-2020 Shenandoah housed approximately 1,017 students on campus.

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

and Independent Contractors

Arthur Harralson

Michael Stepniak

John O'Conor

Timothy Bloom

Kathleen LaSala

Dean - School of Nursing

Dean - Conservatory

Professor - Keyboard

Associate Dean of Research - Pharmacy

Assoc Professor - Biopharmaceutical Sciences

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	arry riours	and a director/trustee)						organization	organizacions	110111 the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Tracy Fitzsimmons President and Registered Agent	40.00			х				411,344	0	82,863
Robert DiCenzo Dean - Pharmacy School	40				х			216,552	0	34,901
Mitchell L Moore Senior VP and VP for Advancement	40.00			х				196,485	0	53,335
Adrienne G Bloss	40.00			x				197,845	0	49,309

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172,001

183,953

158,459

148,028

152,637

24,438

40,649

25,407

36,311

37,864

30,894

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Mitchell L Moore	40.00		¥		196,485	0	
Senior VP and VP for Advancement	0		^		150,403	Ü	
Adrienne G Bloss	40.00						
			Х		197,845	i ol	
Provost	0				,		
Robert L Keasler Jr	40.00						
			Χ		221,971	0	
VP for Admin & Finance	۸ ا						

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

	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
Philip Evans General Counsel	40					Х		139,676	0	37,584
Jeff Coker Dean - College of Arts & Sciences	40					х		138,160	0	32,724
Yolanda Gibson VP of Student Success	40.00			х				132,292	0	27,404
Michelle Gamber	40									

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139,752

129,196

134,119

127,972

87,391

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19,344

23,996

9,929

11,766

18,092

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Dean - College of Arts & Sciences
Yolanda Gibson
VP of Student Success
Michelle Gamber
Director of Graduate Public Health

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Assoc. Dean of Global Initiatives, School of Business

VP for Recruitment and Chief Creative Officer

Former VP for Enrollment & Student Success

Reverend Dr Rhonda VanDyke

VP for Student Life

Yvonne Chen

Scott Spriggs

Clarresa M Morton

Walter H Aikens

Trustee David B Baxa

Trustee

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

	any hours	and	a dii	recto		ustee))	organization	organizations	from the	
	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	
J Gregory Bennett Trustee	0	x						0	0	0	
Teresa A Cluss Trustee	0	Х						0	0	0	
Kyle Feldman Trustee	0	Х						0	0	0	
Robert J Frogale	0	Х						0	0	0	

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Kyle Feldman
Trustee
Robert J Frogale
Chair

Mary Bruce Glaize

Frederick P Helm

Susan W Helsley

L Janell Hoffman

Reverend Dr Victor Gomez

Trustee

Trustee

Trustee

Trustee

Secretary Bruce E Hunter

Trustee

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

	for related	a ————————————————————————————————————						(M, 2/1000 (M, 2/1000		organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
James U Imoh Trustee	0	X						0	0	0	
Diane S Kearns Trustee	0	X						0	0	0	
Marjorie S Lewis Trustee	0	X						0	0	0	
Keith A May Trustee	0	X						0	0	0	
Spencer McAndrews Trustee	0	Х						0	0	0	
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Keith A May
Trustee
Spencer McAndrews
Trustee

Scott F Miller

J Randall Minchew

Nicholas J Nerangis Sr

Trustee

Trustee M Yaqub Mirza

Trustee

Trustee Mark J Ohrstrom

Trustee

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

1	any hours	and	a dir	ectc		rustee)		organization	organizations	from the	
	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	
Debra S Orbacz Trustee	0	X						0	0	0	
Bipin B Patel Trustee	0	X						0	0	0	
W Michael Perry Vice Chair	0	X						0	0	0	
Lauren Peterson Trustee	0	X						0	0	0	
Cecil Pruitt Jr	0) X					\Box		0	0	

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Trustee

Trustee Harry S Smith

Treasurer John D Stokely Jr

Past Chair

Trustee

Trustee

Mary Farland Shockey

James A Stutzman Jr

Reverend Dr Steve Summers

and Independent Contractors (A) Name and Title (C) (D) (B) (E) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per

	week (list any hours					office ustee		from the organization	from related organizations	compensation from the	
	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	
Charles A Veatch Trustee	0	х						0	0	0	
James R Wilkins Jr Trustee	0	х						0	0	0	
Heather H Wilson Trustee	0	Х						0	0	0	

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Irene R Wurtzel

Trustee

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 93493132019191					
SCI	HED	ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		f the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service he organiza H UNIVERSITY	tion				Employer identific	ation number				
		II ONIVERSITI					54-0525605					
	rt I		for Public Charity Statu				See instructions.					
1 ne c	organiz		a private foundation because onvention of churches, or as	`			(A)(:)					
		,	,									
2	✓		scribed in section 170(b)(,	, ,						
3		·	or a cooperative hospital serv	-			-					
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's				
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).					
7			ation that normally receives a ro(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in				
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. Se					ege or university or a				
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized and operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).					
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo								
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in ution vested in the san								
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receiv or Type III non-functionally	red a written determin	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-		<u> </u>					
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '							
	(i) N	Name of supports organization		(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						
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9					

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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14

Schedule A (Form 990 or 990-F7) 2019

577,188,657

68.155 %

64.586 %

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

Section C. Computation of Public Support Percentage

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.

3a 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.

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

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Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

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

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," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	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.	ſ	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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 Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See			
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	1 b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (F	orm 990 or 990-EZ) 2	Page	8
	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; es 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See	_
		Facts And Circumstances Test	
000 Schode	ule A, Supplemen	tal Information	╛
990 Scheut	ule A, Supplemen		\neg
Retu	ırn Reference	Explanation	
Schedule A,	Part II, Line 10	The amount includes income from a variety of fundraising events held throughout the year.	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493132019191

OMB No. 1545-0047

Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** SHENANDOAH UNIVERSITY 54-0525605 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Sche	dule C (Form 990 or 990-EZ) 2019					P	age 3
Pa		ganization is exempt under section 501(c)(3) and has NOT fion under section 501(h)).					
For e	ach "Yes" response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying	(a)	-	(b)	
activ	ity.		Yes	No	4	Amour	nt
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?		No	┨		
С				No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broad	dcast statements?		No			3,270 3,270 es No 1(c)(6) t: (see
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				3,270
j	Total. Add lines 1c through 1i						3,270
2a	Did the activities in line 1 cause the	ne organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d		a section 4912 tax, did it file Form 4720 for this year?					
Pai		ganization is exempt under section $501(c)(4)$, section $501(c)$	(5), o	r sect	ion		
	501(c)(6).						
1	Ware substantially all (00% or me	ore) dues received nondeductible by members?		ſ	1	Yes	No
2	, ,	-house lobbying expenditures of \$2,000 or less?		}	2		
3	•	y over lobbying and political expenditures from the prior year?		ŀ	3		
		ganization is exempt under section 501(c)(4), section 501(c)				501/6	1/61
Га	and if either (a) Bo answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	, line	3, is	,01(0	.)(0)
1	Dues, assessments and similar an	nounts from members	1				
2	expenses for which the section						
a	Current year		2a				
b	, ,		2b				
c		tion (022/-)/4//A) tion of monday tible tion (42/-) due	2c 3				
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues . unt on line 2c exceeds the amount on line 3, what portion of the excess does	3				
4	the organization agree to carryov	er to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5				
P	art IV Supplemental Info						
Pro	vide the descriptions required for Pa	art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); , complete this part for any additional information.	Part II-	A, line	s 1 an	d 2 (se	
	Return Reference	Explanation					
Caba		· ·	Calla	!-	\ /! w = ! =		3,270 3,270 (c)(6) (see
SCN		Shenandoah University is a dues paying member of the Council of Independe Council of Independent Colleges in Virginia operates as a nonprofit, $501(c)(6$ accredited nonprofit independent colleges and universities in Virginia. They we of public policy, cost containment, and professional development as well as prinstitutions and their students in the areas of government relations, collaborar relations. In the course of their activities for this year, they calculated the activities that was used for lobbying was 7.9% .) organi ork coll roviding ation, re	zation aborati suppo search,	repres vely in rt to i	senting n the a membe public	28 reas er

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493132019191

OMB No. 1545-0047

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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization ENANDOAH UNIVERSITY				Emp	loyer id	entification	number	
SHE	ENANDOAH UNIVERSITY				54-0	525605			
Pa	rt I Organizations Maintaining Donor Advi				or Acc	ounts.			
	Complete if the organization answered "Ye	· ·		•	l	(h) [d			
	Total number at and of year	(a) Donor ad	IVIS	sea runas		(b) Fund	s and other	accounts	
•	Total number at end of year								
•	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 adviso organization's property, subject to the organization's ex					unds are		Yes 🗌	No
i	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or fo	or a	any other purpose				Yes 🗌	No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Par	τI	.V, line 7.					
	Purpose(s) of conservation easements held by the organ	nization (check all that	ар	ply).					
	Preservation of land for public use (e.g., recreation	n or education) \Box]	Preservation of an	histori	cally imp	ortant land a	area	
	☐ Protection of natural habitat]	Preservation of a	certifie	d historic	structure		
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	coi	ntribution in the fo	rm of a		ation at the End o	f the Ven	
а	Total number of conservation easements				 2a	пена	it the End t	n the rea	_
b	Total acreage restricted by conservation easements				2b				\dashv
c	Number of conservation easements on a certified histori				2c				
d	Number of conservation easements included in (c) acqui		•		2d				
u	structure listed in the National Register	, , , , , , , , , , , , , , , , , , ,			Zu				
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	ed	, or terminated by	the org	janizatior	during the		
ļ	Number of states where property subject to conservatio	n easement is located i	▶						
;	Does the organization have a written policy regarding th	ne periodic monitoring,	ins	spection, handling	of viola	- tions,			
	and enforcement of the conservation easements it holds	5?				·	☐ Yes	☐ No	
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violat	ior	ns, and enforcing c	onserva	ation ease	ements durir	ng the year	
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations,	an	d enforcing conser	vation	easemen	ts during the	e year	
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requ	iire	ments of section 1	.70(h)(4)(B)(i)	□ v	□ .	
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	ervation easements in	its	revenue and expe	nse sta	tement,	☐ Yes and	∐ No	
) a r	the organization's accounting for conservation easemen Till Organizations Maintaining Collections	ts.							
	Complete if the organization answered "Ye	s" on Form 990, Par	t I	IV, line 8.					
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educa icial statements that de	ati esc	on, or research in t ribes these items.	furthera	ance of p	ublic service	,	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically amounts relating to these items:								
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$		()
	ii)Assets included in Form 990, Part X							506,534	- 1
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other s	sin	nilar assets for fina		_			-
а	Revenue included on Form 990, Part VIII, line 1	, , ,				. ▶ \$_		(0
h	Assets included in Form 990 Part X					- \$			0

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

e Other . .

	dule D (Form 990) 2019						Page 2
		aintaining Collections o					•
3	items (check all that apply):	uisition, accession, and other :		any of the	following that are a	significant use of it	s collection
а	✓ Public exhibition		d	☐ Loa	n or exchange prog	grams	
b	Scholarly research		е	☐ Oth	er		
С	✓ Preservation for future	e generations					
4	Provide a description of the Part XIII.	organization's collections and	explain how th	ey further t	he organization's ex	xempt purpose in	
5		anization solicit or receive do nds rather than to be maintai				_	es 🗹 No
Pai		odial Arrangements.					
	Complete if the or X, line 21.	ganization answered "Yes	" on Form 990	O, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1a		t, trustee, custodian or other X?					es 🗌 No
b	If "Yes " explain the arrange	ement in Part XIII and comple	ete the following	ı tahle:		Amount	
c	· · · ·		_		1c	Amount	·
d					4.1		
e	• ,	r					
f	• ,				1.5		
2a	_	an amount on Form 990, Par				shilitu D	es 🗆 No
	_						es 🗆 NO
	If "Yes," explain the arrange		e if the explanat	tion has bee	n provided in Part	хііі ⊔	
Pa	Irt V Endowment Fund Complete if the or	us. ganization answered "Yes'	" on Form 990). Part IV.	line 10.		
		(a) Currer		Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance $\ .$	68	,133,756	66,182,279	63,422,495	60,320,841	63,021,010
b	Contributions		918,502	2,588,297	1,241,340	951,217	848,014
c	Net investment earnings, gair	ns, and losses 2	,599,734	2,825,448	4,984,499	5,669,888	-118,312
d	Grants or scholarships	. 1	,543,674	1,656,896	1,569,787	1,559,165	1,505,818
	Other expenditures for facilities and programs	es 1	,452,270	1,626,793	1,728,539	1,799,413	1,748,556
f	Administrative expenses .		208,034	178,581	167,729	160,873	175,497
g	End of year balance	68	,448,014	68,133,754	66,182,279	63,422,495	60,320,841
2	Provide the estimated perce	ntage of the current year end	l balance (line 1	.g, column (a)) held as:		
а	Board designated or quasi-e	endowment ► 20 %					
b	Permanent endowment ►	39 %					
c	Temporarily restricted endo	wment ► 41 %					
	•	, 2b, and 2c should equal 100					
3a	organization by:	not in the possession of the o	organization tha	at are held a	ind administered fo	_	Yes No
	(i) unrelated organizations					<u> </u>	Ba(i) Yes
ı.	(ii) related organizations .		n n n	a dula DO]3	a(ii) No
ь 4	If "Yes" on 3a(ii), are the re	lated organizations listed as r ended uses of the organizatio	•				3b
	rt VI Land, Buildings,		J Chaowinelle	.anas.			
		ganization answered "Yes	" on Form 990	O, Part IV,	line 11a. See Fo	rm 990, Part X, li	ne 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or othe	r basis (other	(c) Accumulated of	depreciation	(d) Book value
1a	Land	3,145,000		10,763,42	8		13,908,428
	Buildings	0		189,102,59		50,171,341	138,931,258
	Leasehold improvements	0		3,142,04		1,034,434	2,107,615

0

0

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

40,460,089

22,932,181

8,144,241

9,953,108

173,044,650

32,315,848

12,979,073

Schedule D ((Form 990) 2019				Page 3
Part VII	Investments—Other Securities.	Dart TV !	20 11h Coo Form 200	Dart V	
	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book value	ne 11b.See Form 990, (c) Metho Cost or end-of	d of val	uation:
(1) Financia (2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					_
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, lir		Part X,	line 13.
	(a) Description of investment		(b) Book value		Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form 990, Pa	rt X, line	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)	<u>.</u>		•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11e or 11f.See Form		
1.	(a) Description of liability			(b) B	ne
(1) Federal (2) Beneficia	income taxes al Trusts			211	0 ,,599
(3) Obligatio	on under interest rate swap agreements			10,497	·
	rent Deferred rent portion of deferred rent			1,345 113	5,150 5,508
(6)					·
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			12,167	
2 Liability fo	or uncertain tay positions. In Part XIII, provide the text of the footpot	a to the or	ganization's financial state	ments t	hat reports the organization's

2

2

3

5

Schedule D (Form 990) 2019

1 1 E

37,769

2e

3

4c

5

Page 4

37,769

130,031,075

130.031.075

Schedule D (Form 990) 2019

Total Tevende, gams, and other support per addited infallelal statements	•	 		-	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
Net unrealized gains (losses) on investments	2a		-64,893		
Donated services and use of facilities	2b		0		

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

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 . . .

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	-7,056,428		
е	Add lines 2a through 2d	· .		2e	-7,121,321

3	Subtract line 2e from line 1			3	128,402,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0		
b	Other (Describe in Part XIII.)	4b	0		1

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	128,402,437
c	Add lines 4a and 4b				4c	0
b	Other (Describe in Part XIII.)	4b		0		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		0		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					

С	Add lines 4a and 4b	4c	0			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	128,402,437			
Par	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	130,068,844			

2a 2b

2c

2d

4a

4b

Explanation

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

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572
Software Version: v1.00

EIN: 54-0525605

Name: SHENANDOAH UNIVERSITY

Supplemental Information

Supplemental Information	
Return Reference	Explanation
, ,	The collections of Shenandoah University include paintings, drawings, prints, photographs, sculptures, historical items and decorative arts. These items are on display throughout the University and for public exhibition.

Supplemental Information		_
Return Reference	Explanation	
Schedule D, Part V, Line 4	The University has adopted investment and spending policies for the endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets i nclude those assets of donor-restricted funds that the University must hold in perpetuity for a donor-specified period(s) as well as board-designated funds. The objective of the en dowment portfolio of the University is to achieve maximum total return consistent with ass uming a reasonable degree of risk.	

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The Financial Accounting Standards Board issued guidance on accounting for uncertainty in income taxes. Management evaluated the University's tax positions and concluded that the U niversity had taken no uncertain tax positions that require adjustments to the financial s tatements to comply with the provision of this guidance. With few exceptions, the University is no longer subject to income tax examinations by the US Federal, state or local tax a uthorities for tax years before 2016.

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 2d	This amount includes direct fundraising expenses netted against income in Part VIII, line 8b, as well as unrealized loss on SWAP Agreements reported on Part XI, Line 9			

pplemental Information	
Return Reference	Explanation
hedule D, Part XII, Line 2d	Fundraising direct expenses are netted against revenues on Part VIII, Line 8b.

Sur

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132019191 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** SHENANDOAH UNIVERSITY 54-0525605 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2				
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	Shenandoah University includes a racially nondiscriminatory policy with all of its brochures and publications and also publishes on its school website as well as a local newspaper.			
Schedule E, Part I, Line 6	Shenandoah University received contributions from various government agencies in the amount of \$2,052,678 as indicated on Form 990, Part VIII, line 1e.			

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132019191 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ 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** SHENANDOAH UNIVERSITY 54-0525605 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. 3 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 for and investments employees, agents, region (by type) (such as, program service, describe region and independent fundraising, program specific type of in the region service(s) in the region contractors in the services, investments, grants to recipients located in the region region) See Add'l Data **3a** Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 160,000

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

	Page	chedule F (Form 990) 2019	Schedu		
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	Provide the information requamounts of investments vs.	Part V			
Explanation	Explanation	ReturnReference			
		_			

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 54-0525605

Name: SHENANDOAH UNIVERSITY

Form 990 Schedule F Par	t I - Activities	Outside The L	Inited States
(a) Region	(b) Number of	(c) Number of	(d) Activities o

(a) Region			(d) Activities col in region (by typ
	region	agents in	fundraising, pr

onducted /pe) (i.e.,

(e) If activity listed in (d) (f) Total expenditures is a program service, describe specific type of

region

fundraising, program

0

Central America and the

Sub-Saharan Africa

Caribbean

services, grants to

0 Program Services

0 Program Services

recipients located in the

region)

service(s) in region

Educational travel

Educational travel

for region

37,000





Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 0 Program Services Educational travel 36,000 East Asia and the Pacific 0 Program Services Educational travel 21,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Europe (including Iceland and 0 Program Services Educational travel 8,000 Greenland) 0 Program Services Educational travel, North America (including 2.000 Canada and Mexico, but not speaking engagement the United States)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132019191 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization SHENANDOAH UNIVERSITY 54-0525605 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Physical Therapy Fundraiser (event type) (event type) (total number) (add col. (a) through col. (c))			event contributions and	gross income on Form	າ 990-EZ, lines 1 and ເ	3, or reported more 6b. List events with
Physical Therapy Pundraiser (event type)		gross receipts greater than \$			·	
Fundraiser				(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
1 Gross receipts			<u>Fundraiser</u>	(event type)	(total number)	co (cy)
2 Less: Contributions	MEVEIRIC					
a Gross income (line 1 minus line 2)		1 Gross receipts	68,208			68,20
Cash prizes		2 Less: Contributions	841			84
Solution of the state of the st		•	67,367			67,36
6 Rent/facility costs		•	0			1
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2	5		545			54.
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2	5	_	500			50
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2	5	_	7,736		(7,73
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2	5		0		()
11 Net income summary. Subtract line 10 from line 3, column (d)			·			28,98
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15, on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming col.(a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 7 Cother direct expenses 7 Cother direct expenses 7 Cother direct expenses 7 Cother direct expenses 7 Cother direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Net gaming income summary. Subtract line 7 from line 1, colu		10 Direct expense summary. Add lines 4	through 9 in column (d)		•	37,76
on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming col.(a) through col col.(a) through col col.(b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (col.(a) through col col.(a) through col col.(b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (col.(a) through col col.(a) through col col.(b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (col.(a) through col col.(a) t		<u> </u>			· · · · ►	29,59
2 Cash prizes	œLi		anization answered "Ye	s" on Form 990, Part I	iv, line 19, or reported	more than \$15,000
2 Cash prizes						
Yes	VCINIC	,	(a) Bingo		(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Yes	REVEIRIE		(a) Bingo		(c) Other gaming	
Yes	,	1 Gross revenue	(a) Bingo		(c) Other gaming	
Yes	,	1 Gross revenue	(a) Bingo		(c) Other gaming	
Yes	,	1 Gross revenue	(a) Bingo		(c) Other gaming	
7 Direct expense summary. Add lines 2 through 5 in column (d)	,	1 Gross revenue	(a) Bingo		(c) Other gaming	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	0	1 Gross revenue		bingo/progressive bingo		
Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	,	1 Gross revenue	Yes%	bingo/progressive bingo	☐ Yes %	
a Is the organization licensed to conduct gaming activities in each of these states?	,	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	☐ Yes %	bingo/progressive bingo	☐ Yes %	
	_	1 Gross revenue	Yes % No through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
News and of the consciention's remained increase and of a second of the first the feet was 2	a	1 Gross revenue	Yes%_ No through 5 in column (d) tiline 7 from line 1, column ion conducts gaming activities in each of	Yes	☐ Yes % ☐ No ▶	
Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:	sectiedy pails	1 Gross revenue	Yes % No through 5 in column (d) the line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo Yes % No No n (d)	☐ Yes %	Yes No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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

Schedule I

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

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

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

OMB No. 1545-0047

2019

DLN: 93493132019191

Open to Public Inspection

nternal Revenue Service							
ame of the organization HENANDOAH UNIVERSITY						Employer identifica	ation number
						54-0525605	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used	to award the grants	or assistance?				ce, and	☑ Yes ☐ No
2 Describe in Part IV the org	•	_	-				
Part II Grants and Other that received more	Assistance to Dom than \$5,000. Part II	r estic Organizations a . can be duplicated if adr	i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of secti	on 501(c)(3) and go	overnment organizations	s listed in the line 1 table				
3 Enter total number of othe	r organizations liste	d in the line 1 table .	<u></u>	<u></u>	<u> </u>	>	

(Form 990)

Department of the

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

Page 2

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

achievement (2)1454 4,597,139 Determination based on Undergraduate and Graduate Need-Based financial need Scholarships

(3) Graduate and Undergraduate 227 2.357.705 Based on criteria of defined scholarship 300 (4) Graduate Fellowships 1,135,393 Enrollment in an eligible graduate program (5) Federal Grants 470 229,916 Based on criteria of grant

(6) Awards/Grants 109 13.322 Criteria of award or grant

(6)

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

Part IV

Return Reference Explanation

Schedule I, Part I, Line 2 The process of packaging financial aid is the culmination of the complete analysis of student need and the aid administration cycle, the process of preparation for

packaging is completed accurately and confidentially to ensure effective use of all aid funds available, as well as fair and equitable treatment to all applicants.

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934931	32019	191
Sch	nedule J	C	ompensat	ion Information	OMB No	. 1545-	0047
(Fori	m 990)	For certain Offic	. 20)19	•		
-	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest information.		to Pul pectio	
	al Revenue Service ne of the organiza	l ation		Employ	er identification n		
SHE	NANDOAH UNIVERS	SITY		54-052!	5605		
Pa	rt I Questi	ons Regarding Compensa	ation	34 032	7003		
						Yes	No
1a				f the following to or for a person listed on For y relevant information regarding these items.			
	First-class	s or charter travel	lacksquare	Housing allowance or residence for personal	use		
	_	companions		Payments for business use of personal resid	ence		
		nification and gross-up paymen	ts 🔽	Health or social club dues or initiation fees			
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeur, che	er)		
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b	Yes	
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Line 1a? .			
3				ed to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part II	ı.		
	, 	-					
	_ '	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study			
		of other organizations		Approval by the board or compensation com	mittee		
4	During the year	, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the filing orga			
	related organiza	ation:					
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .		. 4a		No
b	•		•	ified retirement plan?	4b		No
С			,	nsation arrangement?	<u>4c</u>	+	No
	ir res to any c	or mics at c, list the persons an	ia provide the app	meable amounts for each term in Fart III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.			
5	For persons liste compensation	ed on Form 990, Part VII, Section ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any			
а	The organization	n?			5a		No
b					. 5b		No
	,	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any			
a	-	n?			6a	1	No
b					6b	1	No
7	•	6a or 6b, describe in Part III.	A line 4 - 201	his and the second second			
7	payments not d	escribed in lines 5 and 6? If "Ye	es," describe in Pa	the organization provide any nonfixed rt III .	7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	8		No
9				presumption procedure described in Regulati	ons section		140
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 50053T	Schedule J (For	m 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019	Page 3
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
	The University provides a housing allowance, car or mileage allowance, and social club dues to officers and key employees. The amount provided is included in their taxable wages.
	Schedule J (Form 990) 2019

Software ID: 19009572 **Software Version:** v1.00

EIN: 54-0525605

Name: SHENANDOAH UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	: J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and l	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
1Tracy Fitzsimmons		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Tracy Fitzsimmons	(i)	377,991	. 0	33,353	50,839	32,024	494,207	0
President and Registered Agent	(ii)	0		0		0	0	0
1 Adrienne G Bloss Provost	(i)	179,605	0	18,240	21,935	27,374	247,154	0
	(ii)	0	0	0	0	0	0	0
2Mitchell L Moore	(i)	161,387	0	35,098	23,310	30,024	249,819	0
Senior VP and VP for Advancement	(ii)	0	0	0	0	0	0	0
3 Reverend Dr Rhonda	(i)	84,352	0	44,844	11,862	12,134	153,192	0
VanDyke VP for Student Life	(ii)	0	0	0	0	0	0	0
4 Robert L Keasler Jr	(i)	177,987	0	43,984	15,314	9,124	246,409	0
VP for Admin & Finance	(ii)	0		0		0		
5 Yolanda Gibson VP of Student Success	(i)	126,022	0	6,270	0	27,404	159,696	0
VF of Student Success	(ii)	0	0	0	0	0	0	0
6 Scott Spriggs VP for Recruitment and	(i)	121,469	0	6,503	0	11,766	139,738	0
Chief Creative Officer	(ii)	0	0	0	0	0	0	0
7 Robert DiCenzo Dean - Pharmacy School	(i)	190,003	0	26,549	17,714	17,186	251,452	0
	(ii)	0	0	0	0	0	0	0
8 Michael Stepniak Dean - Conservatory	(i)	173,438	0	10,515	14,772	10,634	209,359	0
,	(ii)	0	0	0	0	0	0	0
9 Arthur Harralson Associate Dean of Research	(i)	153,491	0	18,510	13,275	27,374	212,650	0
- Pharmacy	(ii)	0	0	0	0	0	0	0
10 John O'Conor Professor - Keyboard	(i)	125,646	0	32,812	12,430	23,880	194,768	0
	(ii)	0	0	0	0	0	0	0
11 Timothy Bloom Assoc Professor -	(i)	138,267	0	9,760	12,740	25,124	185,891	0
Biopharmaceutical Sciences	(ii)	0	0	0	0	0	0	0
12 Michelle Gamber Director of Graduate Public	(i)	131,855	0	7,898	8,710	10,634	159,097	0
Health	(ii)	0	0	0	0	0	0	0
13Philip Evans General Counsel	(i)	112,823	0	26,853	11,973	25,610	177,259	0
	(ii)	0	0	0	0	0	0	0
14 Jeff Coker Dean - College of Arts &	(i)	129,785	0	8,375	11,799	20,924	170,883	0
Sciences	(ii)	0	0	0	0	0	0	0
15 Yvonne Chen Assoc. Dean of Global	(i)	114,686	0	19,433	9,615	314	144,048	0
Initiatives, School of Business	(ii)	0	0	0	0	0	0	0
16Clarresa M Morton Former VP for Enrollment &	(i)	80,858	0	6,534	13,477	4,614	105,483	0
Student Success	(ii)	0	0	0	0	0	0	0
17 Kathleen LaSala Dean - School of Nursing	(i)	137,049	0	15,588	12,520	18,374	183,531	0
	(ii)	0	0	0	0	0	0	0
								

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493132019191

Open to Public Inspection

	ne of the organization									Emplo	oyer iden	tificatio	n numbe	r	
SHE	ENANDOAH UNIVERSITY									54-05	525605				
P	art I Bond Issues									,					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	(g) D	efeased	beha	On alf of uer	(i) Pool financing	
										Yes	No	Yes	No	Yes	No
A	Virginia College Building Authority	54-1249154		12-09-2011	36,4	36,455,000 Education Facilities					X		X		X
В	IDA of Clarke County Virginia	54-1070553		12-27-2011	7,8	315,000	Educa	ational Facilit	ies		Х		Х		Х
С	EDA of the Town of Mount Jackson Virginia	54-2053914		12-28-2012	10,0	000,000	Educa	ation Facilitie	es .		Х		Х		X
D	EDA of the Town of Mount Jackson Virginia	54-2053914		04-23-2013	6,0	000,000	Educa	ation Facilitie	es .		Х		Х		Х
Pa	art II Proceeds									1					
						Α		ı	3	•	С			D	
1	Amount of bonds retired					12,850	0,000		0		637	,500		3	82,500
2	Amount of bonds legally defeas						0		0			0			0
3						36,45	5,000		7,815,000		10,000	,000		6,0	000,000
4	Gross proceeds in reserve fund						0		0			0			0
5	Capitalized interest from procee						7,015		0		1,	,964			1,179
6	Proceeds in refunding escrows						0		5,032,001			0			0
7	Issuance costs from proceeds .					384	4,543		82,073		115	,620			56,716
8	Credit enhancement from proce						0		0			0			0
9	Working capital expenditures fr					70	0,952		0			0			0
10	Capital expenditures from proce	eeds					0		2,700,926		9,884	,380		5,9	943,284
11	Other spent proceeds						0		0			0			0
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion				2	011		20	13	20	13			2015	
					Yes	No	0	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part bonds (or, if issued prior to 201	of a current refunding 18, a current refunding	issue of tax-exempt g issue)?		Х			Х			х				Х
15	Were the bonds issued as part bonds (or, if issued prior to 201	of an advance refundi 18, an advance refund	ng issue of taxable ling issue)?			Х			Х		Х				Х
16	Has the final allocation of proce	eeds been made?	<u></u> .	<u> </u>	Х	<u> </u>		X		Χ			Χ		
17	Does the organization maintain proceeds?				Х			Х		Х			Х		
Pi	art III Private Business Us	se													
						A		_	3		С			D	
	M/ the constitution -	to a manker and to		detale account discount	Yes	No	0	Yes	No	Yes	No		Yes		No
1	Was the organization a partner	in a partnership, or a	member of an LLC, w	vnich owned property		x			Х		Х				Χ

Are there any lease arrangements that may result in private business use of bond-financed

Χ

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

Exception to rebate?

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate 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

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)

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

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 nongualified bonds of

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

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

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

Private Business Use (Continued)

Schedule K (Form 990) 2019

Part III

За

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8a

Part IV

b

C

Arbitrage

Χ

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В

Yes

Χ

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Branch Banking & Trust

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No

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Branch Banking & Trust

Page 2

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Yes

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Yes

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Branch Banking & Trust

Schedule K (Form 990) 2019

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Yes

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Yes

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Branch Banking & Trust

Schedule K (Form 990) 2019

(GIC)?

period?

Arbitrage (Continued)

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

requirements of section 148? . . .

		4
	Yes	No
Were gross proceeds invested in a guaranteed investment contract		V

No

Yes

Yes

No

No

Yes

Χ

В

No

Χ

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

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

Χ

Nο

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

Are there any lease arrangements that may result in private business use of bond-financed

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047

DLN: 93493132019191

Inspection

Schedule K (Form 990) 2019

	e of the organization									Emplo	yer ident	tificatio	n numbe	er	
SHE	NANDOAH UNIVERSITY									54-05	25605				
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descripti	on of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	EDA of the Town of Mount Jackson Virginia	54-2053914		12-22-2015	10,0	000,000	Educa	ition Facilitie	25		Х		Х		X
В	EDA of the Town of Mount Jackson Virginia	54-2053914		01-22-2016	10,0	000,000	Educa	tion Facilitie	es		Х		Х		Х
С	EDA of the Town of Mount Jackson Virginia	54-2053914		06-28-2017	10,0	000,000	Educa	ition Facilitie	25		Х		Х		Х
D	EDA of the Town of Woodstock Virginia	59-3823830		07-20-2017	10,0	000,000	Educa	tion Facilitie	2S		Х		Х		X
Pa	rt II Proceeds									·					<u> </u>
						Α		ı	3	(3			D	
1	Amount of bonds retired					640	0,000		640,000		70,	.000			70,000
2	Amount of bonds legally defease						0		0			0			0
3	Total proceeds of issue					10,000	0,000		10,000,000		10,000,	.000		10,0	000,000
4	Gross proceeds in reserve funds						0		o			0			0
5	Capitalized interest from procee	eds				2	2,002		2,002		2,	054			71,326
6	Proceeds in refunding escrows .						0		o			0			0
7	Issuance costs from proceeds .					174	4,621		133,793		151,	892		1	L51,707
8	Credit enhancement from proce	eds					0		0			0			0
9	Working capital expenditures fro	om proceeds					0		0			0			0
10	Capital expenditures from proce	eds				9,825	5,379		9,866,207		9,848,	108		9,8	348,293
11	Other spent proceeds						0		0			0			0
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion .				2	018		20	18	20	17			2019	
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of bonds (or, if issued prior to 201	of a current refunding 8, a current refunding	issue of tax-exempt	: <u> </u>		Х			Х		Х				Х
15	Were the bonds issued as part of bonds (or, if issued prior to 201	of an advance refundii 8, an advance refund	ng issue of taxable ing issue)?			×			Х		Х				Х
16	Has the final allocation of proce	eds been made?	· · · · ·			Х			Х		Х				Х
17	Does the organization maintain proceeds?				Х			Χ		Х			Х		
Pa	rt III Private Business Us	ie													
						A			3	(D	
	Was the even in the authorise	in a narkon-elin sii -	mombor of IIC	which owned areas	Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No
1	Was the organization a partner		member of an LLC,	wnich owned property		x			X		Х				Χ

Cat. No. 50193E

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

Rebate not due yet?

Exception to rebate?

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?

Was the hedge terminated?

hedge with respect to the bond issue?

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

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 nongualified 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)

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

Private Business Use (Continued)

Schedule K (Form 990) 2019

Part III

b

d

Part IV

C

Arbitrage

Χ

0 %

0 %

0 %

Χ

No

Χ

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Yes

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Branch Banking & Ttrust

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Yes

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Χ

Branch Banking & Trust

Schedule K (Form 990) 2019

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Page 2

Χ

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No

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		•		_		-	-	-
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		×		×		×		Х
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								

Χ

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В

Yes

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Branch Banking & Trust

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No

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Χ

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Yes

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Branch Banking & Trust

Schedule K (Form 990) 2019

(GIC)?

period?

Arbitrage (Continued)

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

requirements of section 148? . . .

		4
	Yes	No
Were gross proceeds invested in a guaranteed investment contract		V

No

Yes

Yes

No

No

Yes

Χ

В

No

Χ

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

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

Χ

Nο

efi	ile GRAPHIC prir	nt - DO NOT PROCE	ESS As Filed Da	ta -							DLN: 934	931320	19191
		e full content of th	his document, plea	ase select landscape mo	de (11" x 8	.5") when	printing.						
	hedule K		Sunnlem	ental Information	on Tay-F	Evemnt	Ronds			-	OMB No.	1545-004	17
(F	orm 990)	▶ Con		ation answered "Yes" to Fo				scriptions.			20	119	
				lanations, and any addition	al informatio	•		,				<u> </u>	
	artment of the Treasury mal Revenue Service		►Go to www	► Attach to Form i.irs.gov/Form990 for instr		e latest inf	ormation					to Public section	
Nam	e of the organization	l	PGO to <u>www</u>	instruction in the second seco	actions and th	ie latest iiii	ormacion.		Empl	oyer ide	ntification nu		
SHE	NANDOAH UNIVERS	ITY							54-0	525605			
Pa	rt I Bond Iss	sues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	e) Issue price	(f)	Description o	f purpose	(g) Def	eased	(h) On	(i)	Pool
										behalf of issuer	fina	ancing	
									Yes	No	Yes No	Yes	No
Pa	rt III Proceed	 s							163	110	103 11	, 103	110
						A		В		C		D	
1	Amount of bonds	retired											
2													
3	Total proceeds of	issue											
4	Gross proceeds in	reserve funds											
5	Capitalized intere	st from proceeds											
6	Proceeds in refun	ding escrows											
7	Issuance costs fro	om proceeds											
8	Credit enhanceme	ent from proceeds											
9	Working capital e	xpenditures from proce	eds										
10	Capital expenditu	res from proceeds											
11	Other spent proce	eds											
12	Other unspent pro	oceeds											
13	Year of substantia	al completion											
					Yes	No	Yes	No	Yes	No	o Y	es	No
14	Were the bonds is bonds (or, if issue	ssued as part of a curre ed prior to 2018, a curre	ent refunding issue of t ent refunding issue)? .	ax-exempt									
15	Were the bonds is	ssued as part of an adv	ance refunding issue o										
16	Has the final alloc	ation of proceeds been	made?										
17		ation maintain adequate		support the final allocation of									
Pa		Business Use			•			•	•		<u>'</u>		
						A		В		С		D	
1		tion a partner in a partr xempt bonds?		of an LLC, which owned prope	rty Yes	No	Yes	No	Yes	N	o Y	es	No
2	Are there any leas		nay result in private bu	usiness use of bond-financed									
For		tion Act Notice, see t				t No 5019	3F				Schedule K	(Form 90	00) 2019

bond-financed property?

Are there any management or service contracts that may result in private business use of

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

Private Business Use (Continued)

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 Is the bond issue a variable rate issue?

Term of hedge 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

Schedule K (Form 990) 2019

Part Ⅲ

Part IV

а

b

C

Arbitrage

3a

b

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

	bond inflanced property:	,			
)	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
	Are there any research agreements that may result in private business use of bond-financed property?				
l	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				
	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	•			
	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.				

Α

No

В

No

Yes

Yes

В

No

Yes

C

No

Yes

C

No

Yes

4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government				
6	Total of lines 4 and 5				
	Described band from mark the makesta accompany and the training				

Α

Yes

	a section 501(c)(3) organization or a state or local government							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.							
6	Total of lines 4 and 5							
7	Does the bond issue meet the private security or payment test?							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were							

No

a	(GIC)?			
b	Name of provider			

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

D No

Page 3

No

D

Yes

No

Yes

Nο Yes

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

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

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

Yes

No

efile GRAPHIC	C print - DO N	OT PROCES	S As	Filed Data -					DL	.N: 93	4931	3201	9191
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			OI	4B No.	1545-	-0047
(Form 990 or 990	-EZ) ► Comple	ete if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	1	9
			► Atta	ach to Form 99	0 or Form 99	0-EZ.		. :					
Department of the Trea Internal Revenue Servi		GO to <u>www.n</u>	rs.gov/ro	<u>rm990</u> for inst	ructions and	the latest in	iorma	tion.		'	pen t Insp		
Name of the orga							Er	nplo	yer ide	ntifica	tion n	umbe	r
SHENANDOAH UNI	VERSITT						54	-052	5605				
	ss Benefit Tra	,		. , . , .		•		_					
	ete if the organiz Name of disqua			Form 990, Part Relationship be					rt V, lir escript			Corr	ected?
1 (a) Name of dis		illieu person	(,		organization	ililed person al	"		ansacti		Ye		No
							\top						
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							+						
2 Enter the ar	nount of tax incu	rred by the or	ganization	managers or dis	qualified perso	ons during the	year u	ınder	section	ı			
4958	nount of tax, if a	ny on line 2		abureed by the	rappiantion		•			\$ —— \$			
5 Linter the ar	nount of tax, if a	ily, oil lille 2, a	above, rem	induised by the c	ngamzation .		•			→ —			
Con	ans to and/or aplete if the orga orted an amount	nization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	88a, or Form 99	90, Pai	t IV,	line 26	; or if	the org	anizat	ion:
(a) Name of	(b) Relationship				(e) Original	(f) Balance	(g)	In	(1	h)	(i)) Writ	ten
interested person	with organizatio	n of loan	org	anization?	principal amount	due			Appro	ved by agreement?			ent?
			ai ai				commit						
			То	From			Yes	No	Yes	No	Yes	1	No
		+											
Total .			<u> </u>		\$								
Part IIII Gra	nts or Assista plete if the org	ince Benefit	i ng Inte swered "	rested Perso Yes" on Form (ns. 190 Part IV	line 27							
(a) Name of inter		b) Relationship		(c) Amount		(d) Type (of assi	stanc	e	(e) Pu	rpose o	fassis	stance
	ir	terested perso								• •			
	-	organizat	.10П	1					+				
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Ear Damannaul, Dad	uction Act Notice.	soo tha Inst	stions for F	OH 000 OF 000 I	E 7 0	at. No. 50056A				/F	990 or	000 -	7) 261

(a) Name of Interested person	between interested person and the organization	transaction	(d) Description of transaction	of organization's revenues?		
				Yes	No	
(1) Howard Shockey and Sons Inc	Officer serves as trustee	5,321,084	Construction		No	
(2) OakCrest Builders Inc	Officer serves as trustee	2,071,884	Construction		No	

(2) OakCrest Builders Inc	Officer serves as trustee	2,071,884	Construction	No
(3) Ash Mill LLC	Owner serves as trustee	1,269,429	Facility lease	No
(4) Mark A Turner	Family member of trustee	62,871	Compensation	No

Supplemental Information Part V

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

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132019191 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** SHENANDOAH UNIVERSITY 54-0525605 **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 200 FMV Χ goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 375,012 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . Archeological artifacts . 29,426 FMV Χ 15 Program Other ▶ (Support 25 Other ▶ (_____ Other ▶ (_ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

chedule M (Form 990) (2019)								
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization								
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.								
Return Reference	Explanation							
	Schedule M (Form 990) (2019)							

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COLLEBIU	- ^			OMB No. 1545-0047				
SCHEDUL (Form 990 or EZ)		Supplemental Information to Form 99 Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional in	2019					
Department of the T	Гreasury	► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest inf	Open to Public Inspection					
Namel Betherofe		Employer	identification number					
SHENANDOAH UNI	5							
990 Schedul	e O, Supp	olemental Information						
Return Reference		Explanation						
Form 990, Part VI, Section B, Line 11b	n B,							

Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B.

All key employees and trustees are asked to review the conflict of interest policy and complete a conflict of interest questionnaire annually.

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 15

A committee uses compensation reviews and benchmarks to recommend the president's salary t
o the board. The Board approves the president's salary each year. The president approves t
he salaries of the officers and key employees, which the board approves when passing the b
udget.

Return Explanation
Reference

Line 18

Form 990, Part VI, Section C,

Return Explanation

Form 990,	Governing documents, conflict of interest policy, and financial statements are made available to the public upon request.
Part VI,	
Section C,	
Line 19	

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Unrealized loss on SWAP agreements of \$7,094,198. Part XI, Line