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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{www.IRS.gov/form990}$ 

OMB No 1545-0047

DLN: 93493137079466

Open to Public Inspection

А ГО	r the 20	U14 Calendar year, or tax year beginning U7-U1-2U14 , and ending U6-3U-2U15		-				
	ck if app	LIBERTY UNIVERSITY INC		D Employer identification number				
	ress cha			54-09	94673	4		
	ne chang	2 - 11/9 2 - 11/9 2 - 11/						
	al return	Number and street (or P O box if mail is not delivered to street address) Room/suit	0	E Telepho	one num	nber		
Final retu	al ırn/termi	4.074 1100 (50.0774 0) (6	е	(434)	592-3	3237		
┌ Am	ended re			1				
<b>Г</b> Арр	lication p	LYNCHBURG, VA 24515 pending		<b>G</b> Gross r	eceipts	\$ 1,850,267,149		
		F Name and address of principal officer	<b>H(a)</b> Is th	us a droun	return	ı for		
		DON MOON		rdinates?	recuir	┌ Yes ┌ No		
		1971 UNIVERSITY BLVD LYNCHBURG,VA 24515	<b>H(b)</b> Are	all aubardi	notes	□ Yes □ No		
				ali Suborui ided?	nates	j řesj No		
I Tax	k-exemp	ot status 🔽 501(c)(3) 🔽 501(c)( ) 🖪 (insert no ) 🗍 4947(a)(1) or 📙 527	If"N	o," attach	a lıst	(see instructions)		
J W	ebsite:	► WWW LIBERTY EDU	H(c) Gro	up exempt	ion nu	mber ►		
<b>K</b> Forn	n of orga	anization	<b>L</b> Year of fo	ormation 19	72 <b>M</b>	State of legal domicile V		
Pa	rt I	Summary						
Governance	L] IN	riefly describe the organization's mission or most significant activities IBERTY UNIVERSITY, INC IS A CHRISTIAN ACADEMIC COMMUNITY IN T NSTITUTIONS OF HIGHER EDUCATION, WITH THE PRIMARY MISSION OF DUCATION						
Vell								
ŝ	<b>2</b> C	heck this box দ if the organization discontinued its operations or disposed o	more than a	25% of its	net as	ssets		
<b>26</b>	3 N	umber of voting members of the governing body (Part VI, line 1a)		_	з	3		
ij.		umber of independent voting members of the governing body (Part VI, line 1b)			4	2:		
Activities &		otal number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	10,39		
đ	6 T	otal number of volunteers (estimate if necessary)			6	5,00		
	<b>7</b> a ⊤⊲	otal unrelated business revenue from Part VIII, column (C), line 12			7a	3,402,29		
	bN	et unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	ļ.		
			Pric	or Year		Current Year		
a)	8	Contributions and grants (Part VIII, line 1h)		25,408,		11,445,389		
Revenue	9	Program service revenue (Part VIII, line 2g)		922,131,		963,220,931		
歪	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,027, 2,316,	-	23,556,873 3,605,357		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,310,		3,003,337		
		12)		988,883,		1,001,828,550		
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$ )		180,360,		202,527,296		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0			
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )		290,812,	089	321,081,239		
<u>e</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	(		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,759,705	L_					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,716,	609	254,889,377		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		705,889,	580	778,497,912		
	19	Revenue less expenses Subtract line 18 from line 12		282,993,		223,330,638		
Net Assets or Fund Balances			_	g of Curre Year	nt	End of Year		
SS et l	20	Total assets (Part X, line 16)		847,567,	734	2,072,987,998		
# 8년 8	21	Total liabilities (Part X, line 26)		420,235,		446,757,836		
žŽ	22	Net assets or fund balances Subtract line 21 from line 20		427 331		1 626 230 163		
Dar	t II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer DON MOON CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature AMY BIBBY AMY BIBBY

► DIXON HUGHES GOODMAN LLP

Firm's address ▶ 901 EAST CARY STREET SUITE 1000

RICHMOND, VA 23219

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗑	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II L Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	Yes	
_	complete Schedule D, Part III 📆	8		
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 $IV^{\square}$	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 $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2014)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	厂
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 684  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
<b>6</b> -	Describe agreement on house annual group groups that are assumed by an attack the state of the s	5c		N1 -
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		Yes	
	file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is needed to issue qualified health plans			
	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? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		140

Section A. Governing Body and Management

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

Check if Schedule O	contains a response	or note to any	line in this P	art V I		_		_				.マ

	<u> </u>			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	36				
	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	28				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?	with any	2	Yes		
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other pe		3		No	
4	Did the organization make any significant changes to its governing documents since the prior Form 99 filed?		4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		Νο	
6	Did the organization have members or stockholders?		6		No	
	Did the organization have members, stockholders, or other persons who had the power to elect or appropriate members of the governing body?	oint one or	7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st or persons other than the governing body?	ockholders,	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken di year by the following	ırıng the				
а	The governing body?		8a	Yes		
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No	
Se	ection B. Policies (This Section B requests information about policies not required by the	Internal Re	eveni	ie Cod	e.)	
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		Νo	
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body the form?	before filing	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 crise to conflicts?	ould give			ı	
c		[	12b	Yes		
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	s," describe	12b 12c	Yes Yes		
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe				
14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes in Schedule O how this was done"	s," describe	12c	Yes		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done		12c 13	Yes Yes		
14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes in Schedule O how this was done"	oy I decision?	12c 13	Yes Yes		
14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes in Schedule O how this was done"	oy I decision?	12c 13 14	Yes Yes Yes		
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done"	oy I decision?	12c 13 14	Yes Yes Yes		
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	oy I decision?	12c 13 14	Yes Yes Yes	No	
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes in Schedule O how this was done	oy I decision?  ment with a  e its	12c 13 14 15a 15b	Yes Yes Yes	No	
14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	oy I decision?  ment with a  e its	12c 13 14 15a 15b	Yes Yes Yes	No	
14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	oy I decision?  ment with a  e its	12c 13 14 15a 15b	Yes Yes Yes	No	

- Own website Another's website Vipon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DON MOON CFO

Form 990 (2014)	
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, ∣an d	officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total			
C	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,119,051	0	656,496

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►297

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRANCH & ASSOCIATES INC PO BOX 40051 ROANOKE, VA 24022	CONSTRUCTION	30,897,858
ENGLISH CONSTRUCTION COMPANY INC PO BOX P7000 LYNCHBURG, VA 24502	CONSTRUCTION	23,264,810
PLATTFORM ADVERTISING INC 3425 MOMENTUM PL CHICAGO, IL 60689	ADMISSIONS LEADS GENERATION	15,659,509
CONSTRUCTION MANAGEMENT ASSOCIATES INC PO BOX 3020 LYNCHBURG, VA 24503	CONSTRUCTION	13,455,907
GOOGLE INC 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	ADMISSIONS LEADS GENERATION	6,206,249
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

		Check if Schedu	ıle O contaıns a respor	nse or note to any lu	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					T Ottal Feveride	exempt function revenue	business revenue	excluded from tax under sections 512-514
χ£	1a	Federated camp	paigns 1a					
Grants	ь	Membership du	es <b>1b</b>					
ا تِجْ فَ	С	Fundraising eve	ents <b>1c</b>					
Giffs, nilar Al	d	Related organiz	ations 1d					
9.≝ ⊒∵	e	Government grants	s (contributions) <b>1e</b>	4,086,056				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> t included above	7,359,333				
를 돌	g	No		84,108		į		
Cont	h	Total. Add lines	s 1a-1f		11,445,389			
<u> </u>	<u> </u>			Business Code				
E E	2a	TUITION AND FEES		Business Code 611710	969 120 165	969 120 165		
ever	b	ROOM & BOARD		611710	868,130,165 63,886,304	868,130,165 61,768,550	2,117,754	
Œ Œ	c	STUDENT FEES		611710	13,023,320	13,023,320	2,117,734	
7. 2.	d	BOOKSTORE/CONC	`FSSIONS	611710	9,787,751	9,787,751		
Ž	e	STUDENT ACTIVITI		611710	8,393,391	8,238,581	154,810	
E	f		m service revenue	511710	186,666,0	0,230,301	134,010	
Program Serwce Revenue								
	g		2a-2f		963,220,931			
	3		ome (including dividen ar amounts)		20,667,348		26,211	20,641,137
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨 🕨				
	5	Royalties		•	260,217			260,217
	_		(ı) Real	(II) Personal				
		Gross rents Less rental	4,559,718 2,822,572	222,758 83,887				
	Ь	expenses		·				
	С	Rental income or (loss)	1,737,146	138,871				
	d	Net rental incor	me or (loss)		1,876,017		222,328	1,653,689
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	846,904,150	1,517,515				
	b	Less cost or other basis and	842,848,569	2,683,571				
	С	sales expenses Gain or (loss)	4,055,581	-1,166,056				
	d	Net gaın or (los	s)		2,889,525	-1,166,056		4,055,581
<u> </u>	8a	Gross income fi events (not incl \$						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a					
<u> </u>	ь	Less direct exp	penses b					
₽	С		loss) from fundraising	events 🛌				
-	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	ь	Less direct exp	penses <b>b</b>					
	С	Net income or (	loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	wances .					
	Ь	Less cost of go	a oods sold b					
		_	loss) from sales of inve	entory ▶-				
		Miscellaneous		Business Code				
	11a	SPONSORSHIE	PS/ADVERTISING	511120	803,112	476,976	326,136	
	ь	OTHERINCOM	1E	611710	505,430	140,654	364,776	
	С	TENNIS RECRE	EATIONAL	711210	160,581	-29,700	190,281	
		CENTER						
	d	All other revenu						
	e		3 11a-11d		1,469,123			
	12		See Instructions .				I	

### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu
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	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>	<u> </u>	<u></u> .
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	1,454,634	1,454,634		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	201,072,662	201,072,662		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,027,567	5,832,880	1,124,411	70,276
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	875,832	726,941	140,133	8,758
7	Other salaries and wages	249,874,643	207,395,954	· ·	2,498,746
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,003,343	4,152,775		50,033
9	Other employee benefits	40,084,205	33,269,890	6,413,473	400,842
10	Payroll taxes	18,215,649	15,118,989		182,156
11	Fees for services (non-employees)			_,,	
	Management	189,151	156,995	30,264	1,892
b	Legal	1,680,457	1,394,779	· · · · · · · · · · · · · · · · · · ·	16,805
c	Accounting	253,672	210,548	<u> </u>	2,537
d	Lobbying	27,801	23,075		2,337
e	Professional fundraising services See Part IV, line 17	27,001	23,073	7,770	270
f	Investment management fees	4,885,836	4,055,244	781,734	48,858
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,983,636	48,956,418		589,836
12	Advertising and promotion	13,745,423	11,408,701		137,454
13	Office expenses	6,107,783	5,069,460		61,078
14	Information technology	9,824,098	8,154,001	1,571,856	98,241
- · 15	Royalties	389,126	322,975		3,891
16	Occupancy	10,956,064	9,093,533	<del>                                     </del>	109,561
10 17	Travel	6,093,445	5,057,560		60,934
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,093,443	3,037,300	974,931	00,934
19	Conferences, conventions, and meetings	934,130	775,328	149,461	9,341
20	Interest	10,692,371	8,874,668	†	106,924
21	Payments to affiliates	, ,	, ,	, ,	<u> </u>
22	Depreciation, depletion, and amortization	33,840,063	28,087,252	5,414,410	338,401
23	Insurance	3,823,808	3,173,761	611,809	38,238
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)		-,,	,	
а	STUDENT FOOD SERVICES	21,120,668	17,530,154	3,379,307	211,207
b	BAD DEBT EXPENSE	20,685,101	17,168,634	3,309,616	206,851
c	OTHER SUPPLIES	17,377,667	14,423,463	2,780,427	173,777
d	NON CAPITAL EQUIPMENT	13,546,445	11,243,550	2,167,431	135,464
e	All other expenses	19,732,632	16,378,084	3,157,222	197,326
25	Total functional expenses. Add lines 1 through 24e	778,497,912	680,582,908	92,155,299	5,759,705
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)				
		<u>I</u>	l		

Part X Balance Sheet

Pai	t X	<b>Balance Sheet</b> Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	100,034,813	1	34,637,891
	2	Savings and temporary cash investments	175,347,942	2	273,993,482
	3	Pledges and grants receivable, net	148,138	3	34,480
	4	Accounts receivable, net	87,607,554	4	79,902,954
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
ø	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	_	Niches and Issue vessionals mak	4,384,117	7	3,599,494
Ą	7   8	Notes and loans receivable, net	186,471	8	140,735
	9	Prepaid expenses and deferred charges	4,794,604	9	11,610,500
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,052,622,185	4,754,554	-	11,010,300
	Ь	Less accumulated depreciation	658,798,687	100	829,285,348
	11	Investments—publicly traded securities	375,705,495	11	338,465,045
	12	Investments—other securities See Part IV, line 11	431,701,103	12	488,766,895
	13	Investments—program-related See Part IV, line 11	452,842	13	3,155,121
	14	Intangible assets	1,003,401	14	931,984
	15	Other assets See Part IV, line 11	7,402,567	15	8,464,069
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,847,567,734	16	2,072,987,998
	17	Accounts payable and accrued expenses	59,331,060	17	63,018,578
	18	Grants payable	. ,	18	<u> </u>
	19	Deferred revenue	116,473,698	19	138,534,316
	20	Tax-exempt bond liabilities	, ,	20	. ,
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졒		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	217,229,730	23	214,295,846
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	27,201,437	25	30,909,096
	26	Total liabilities. Add lines 17 through 25	420,235,925	26	446,757,836
<b>У</b>		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,411,694,423	27	1,609,667,135
8 8	28	Temporarily restricted net assets	4,297,602	28	4,222,638
or Fund Balance	29	Permanently restricted net assets	11,339,784	29	12,340,389
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
<u> </u>		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,427,331,809	33	1,626,230,162
	34	Total liabilities and net assets/fund balances	1,847,567,734	34	2,072,987,998

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<del></del>
1	Total revenue (must equal Part VIII, column (A), line 12)	<sub>1</sub>		1.001.8	328,550
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2			197,912
		3		223,3	330,638
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,427,3	331,809
5	Net unrealized gains (losses) on investments	5		-10(	949,621
6	Donated services and use of facilities				743,021
_		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9		-4,4	182,664
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,626,2	230,162
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
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		

Software ID: Software Version:

**EIN:** 54-0946734

Name: LIBERTY UNIVERSITY INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					J.C.	-5, .	,			
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-M13C)	organization and related organizations
(1) MR JERRY FALWELL CHANCELLOR/PRESIDENT	55 00	х		х				896,610	0	30,024
(1) MRS GAYE OVERTON BENSON TRUSTEE	2 00	х						0	0	0
(2) DR DAVID RHODENHIZER TRUSTEE	2 00	х						0	0	0
(3) DR JERRY THORPE TRUSTEE	2 00	х						0	0	0
(4) DR DON CRAIN TRUSTEE	2 00	х						0	0	0
(5) MR MARK DEMOSS	4 00	х						0	0	0
TRUSTEE (6) MR HARVEY GAINEY	2 00	х						0	0	0
TRUSTEE (7) DR TIM LEE	2 00	х						0	0	0
TRUSTEE (8) DR ALLEN MCFARLAND	5 00	x						6,600	0	505
TRUSTEE & ADJUNCT PROFESSOR  (9) DR DWIGHT REIGHARD	2 00	X						0	0	0
TRUSTEE (10) MR GILBERT TINNEY JR	2 00	×						0	0	0
TRUSTEE (11) MR JEFFREY S YAGER	3 00	х						0	0	0
TRUSTEE (12) MR NEAL ASKEW	55 00	Х		Х				59,256	0	11,427
SPECIAL ASSISTANT TO THE PRESIDENT (13) PASTOR JONATHAN FALWELL	9 00	Х						50,400	0	3,856
TRUSTEE & VICE CHANCELLOR OF SPIRITUAL AFFAIRS  (14) DR GENE MIMS	2 00	Х						0	0	0
TRUSTEE (15) DR JERRY PREVO	2 00	Х						0	0	0
TRUSTEE (16) DR JERRY VINES	2 00	Х						0	0	0
TRUSTEE (17) MR FLEET BROWNING	2 00	X						0	0	0
TRUSTEE (18) MR J MARION COMPTON	2 00	X						0	0	0
TRUSTEE (19) REV CARL WEISER	2 00	X						0	0	0
TRUSTEE (20) DR JACK DINSBEER	2 00	X						0	0	0
TRUSTEE (21) MR JOHN HEATH	2 00	X						0	0	0
TRUSTEE (22) DR RONALD GODWIN	45 00	X		X				249,172	0	29,736
SENIOR VP FOR ACADEMIC AFFAIRS (23) MR RICHARD OSBORNE	2 00			<u> </u>				0	0	29,730
TRUSTEE (24) MR JEFFREY F BENSON	2 00	×								
TRUSTEE		X						0	0	0

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	e Position (d er more than on st person is bo		ne b	ox, ι an o	ınless fficer	;	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae	Institutional Trustee		Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) MR JIMMY THOMAS SR	2 00	x						0	0	0	
TRUSTEE (1) DR JEFF GINN	2 00										
TRUSTEE & ADJUNCT PROFESSOR		x						28,280	0	2,163	
(2) DR MARK BECTON	2 00										
TRUSTEE		Х						0	0	0	
(3) MR GALEN PEEL SR	2 00	x						0	0	0	
TRUSTEE (4) MR CARROLL HUDSON	4 00								_		
	4 00	x						0	0	0	
TRUSTEE (5) EVANGELIST WILLIAM F GRAHAM	2 00										
TRUSTEE		X						0	0	0	
(6) MR STEVEN A SNYDER	2 00	х						0	0	0	
TRUSTEE								Ů	•		
(7) PASTOR JASON SUITT	2 00	x						0	0	0	
TRUSTEE (8) MR GLEN THOMAS	2 00										
TRUSTEE		X						0	0	0	
(9) MR JIMMY THOMAS JR	2 00	x						0	0	0	
TRUSTEE								Ů	0		
(10) MR ANTHONY BECKLES	2 00	x						0	0	0	
TRUSTEE (11) MR DON MOON	55 00										
CFO/VP OF INVESTMEMT MANAGEMENT				Х				212,308	0	25,378	
(12) CHRIS JOHNSON	55 00			х				241,056	0	31,032	
EXEC VP FOR ENROLLMENT MANAGEMENT								2.17,000	, and the second	51,652	
(13) JOSEPH SHIPMAN	40 00			х				65,753	0	8,853	
ASSISTANT SECRETARY (14) SAMUEL BEAUMONT	40 00										
SENIOR VP OF AUXILIARY SERVICE				Х				168,990	0	26,755	
(15) DAVID CORRY	40 00			х				187,521	0	30,401	
GENERAL COUNSEL/SECRETARY	40 00								_		
(16) LAWRENCE HINE	40 00			х				139,407	0	27,201	
SENIOR VP OF STUDENT AFFAIRS (17) RONALD KENNEDY	40 00										
EXEC VP OF MARKETING				X				200,035	0	30,179	
(18) JOHNNIE MOORE JR	40 00			х				110,802	0	22,360	
SENIOR VP OF COMMUNICATIONS											
(19) CHARLES SPENCE	40 00			х				240,452	0	30,889	
SENIOR VP OF CONSTRUCTION PLANNING (20) LAURA WALLACE	40 00										
EXEC VP OF HUMAN RESOURCES				Х				238,218	0	31,216	
(21) CHRISTIAN KENNEDY	40 00			Х				333,120	0	33,264	
EXEC VP FOR SPECIAL PROJECTS (22) JEFF BARBER	55 00			<u> </u>							
				х				342,396	0	39,209	
DIRECTOR OF ATHLETICS (23) RON HAWKINS	55 00										
VP FOR ACADEMIC AFFAIRS & PROVOST		<u> </u>		Х				182,964	0	26,903	
(24) DAVID NASSER	55 00			х				99,602	0	8,278	
SENIOR VP FOR SPIRITUAL DEVELOPMENT								, 		<u> </u>	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit the order of a lind widow trustage or director	ion (d nan oi n is b dired	ne b oth	ox, u an of trus	nless ficer tee)	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(51) RANDY SMITH	45 00									
EXECUTIVE VICE PRESIDENT - BEG 1/15				Х				0	0	0
(1) ROBERT RITZ	40 00									
VP OF FINANCIAL AID & STATE RELATIONS					Х			194,398	0	21,305
(2) RONNIE MARTIN	55 00							222 427		
COLLEGE OF OSTEOPATHIC MEDICINE DEAN						Х		339,487	0	32,924
(3) TURNER GILL	55 00									
HEAD COACH - FOOTBALL						Х		698,492	0	51,624
(4) ROBERT WIMBERLY	55 00							270 545		22.447
DEFENSE COORD/LINEBACKERS & SAFETIES						Х		270,545	0	33,147
(5) DALE LAYER	55 00							202.007		
HEAD COACH - MEN'S BASKETBALL						Х		302,827	0	37,753
(6) AARON STAMN	55 00							200 200		20.444
OFFENSIVE COORD/TIGHT ENDS COACH						Х		260,360	0	30,114

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As Filed Data -

DLN: 93493137079466

**Employer identification number** 

OMB No 1545-0047

#### \_\_\_\_

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

ШВЕК І	Y UNIV	ERSITY INC					54-0946734						
Par	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this i	part.) See instruction	ons.					
		zation is not a private fo					•						
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).						
2	<b>▽</b>	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )								
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the												
	hospital's name, city, and state												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
_	section 170(b)(1)(A)(iv). (Complete Part II)  6												
6													
7	ı	An organization that n described in <b>section 1</b>	•			om a governm	ental unit or from the g	jeneral public					
8	Г	A community trust des				tII)							
9		An organization that n					butions, membership	fees, and gross					
		receipts from activitie											
		ıts support from gross	ınvestment ır	come and unrelated b	usıness taxabl	e income (less	section 511 tax) from	businesses					
		acquired by the organi	zatıon after Ju	ne 30, 1975 See <b>sec</b>	tion 509(a)(2).	. (Complete Pa	rt III )						
10	Γ	An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See <b>sectio</b>	n 509(a)(4).						
11	Γ	An organization organ											
		one or more publicly s											
а	$\vdash$	the box in lines 11a th <b>Type I.</b> A supporting o											
_	,	supported organization											
_	_	organization You mus											
Ь	ı	Type II. A supporting											
		management of the su must complete Part IV			same persons t	nat control of	manage the supported	organization(s) <b>You</b>					
c	$\Gamma$	Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its					
	_	supported organization											
d	ļ	Type III non-function not functionally integral											
		(see instructions) <b>Yo</b>					cinent and an accentiv	eness requirement					
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally					
£		integrated, or Type III											
f		Enter the number of su Provide the following i											
g		r rovide the following r	mormation abo	out the supported orga	ilizacion(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganization	(v) A mount of	(vi) A mount of					
		organization	, ,	organization	listed in your	governing	monetary support						
				(described on lines	docume	ent?	(see instructions)	instructions)					
				1-9 above or IRC section (see									
				instructions))		Г	-						
	Yes No												
Total													
					•		•	•					

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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 supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inetri	ıct ions)	
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	-			
	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		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493137079466

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

**Political Campaign and Lobbying Activities** 

www.irs.gov/form990.

If the organization answered "Yes" to 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" to 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" to 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.

Na	me of the organization ERTY UNIVERSITY INC			Employer iden	tification number
	TVII ONTAEKOTII TMC			54-0946734	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	civities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt under	_	-	1(c)(3).
1		ended by the filing organization for s			\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to c	other organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
For F	Paperwork Reduction Act Notice, se	 ee the instructions for Form 990 or 99	  0-EZ. (		Form 990 or 990-FZ\ 2014

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means a		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	27,801	
c	Total lobbying expenditures (add lines 1a and 1	b)	27,801	
d	Other exempt purpose expenditures		778,470,111	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	778,497,912	
f Lobbying nontaxable amount Enter the amount from the follow		from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 472	0 reporting	

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 165,168 42,398 27,801 Total lobbying expenditures 23,137 258,504 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 98,763 100,522 1,759 Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	( a	1)	(b	)
activ		Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,			<u> </u>	
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$	501(c	)(5), c	or secti	on
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493137079466

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to 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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** LIBERTY UNIVERSITY INC 54-0946734 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, H	istor	<u>ical Tr</u>	<u>easures, or</u>	<u>Othe</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check	any of t	he following tha	t are a	significant use	of its	
а	▼ Public exhibition	d	Г	Loan	or exchange pro	grams	•		
b	Scholarly research	e		Other					
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explain h	ow the	y furthe	r the organızatı	on's ex	xempt purpose ı	n	
5	During the year, did the organization solicit							_	_
-	assets to be sold to raise funds rather than	•					<u> </u>	Yes	✓ No
Pair	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ea r	es to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ssets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing	table					
							Am	ount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2:	L, for e	scrow o	r custodial acco	ount li	ability?	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	planat	ıon has l	oeen provided ii	n Part	XIII		Γ
Pa	rt V Endowment Funds. Complete	ıf the organization a	nswer						
			( <b>b)</b> Prior		<b>b</b> (c)Two years be	_			years back
1a	Beginning of year balance	126,421,721		1,837,308	58,646,	_	54,106,338		50,659,154
Ь	Contributions	925,685,737	20	),983,893	41,270,	965	2,476,947		1,653,378
С	Net investment earnings, gains, and losses	2,489,259	3	3,605,535	1,959,	400	2,117,275		3,851,499
d	Grants or scholarships	109,603		5,015	39,	571	53,946		50,158
e	Other expenditures for facilities and programs								2,007,533
f	Administrative expenses								
q	End of year balance	1,054,487,114	126	5,421,721	101,837,	308	58,646,614		54,106,340
2	Provide the estimated percentage of the cui	rent vear end balance (	line 1	ı. columi	n (a)) held as				
a	Board designated or quasi-endowment	98 800 %		,,	(,,				
b	Permanent endowment - 1 200 %								
	Termunent endowment P								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse		n that	are held	and administer	ed for	the		
	organization by							Yes	No
	(i) unrelated organizations						3a(		No
	(ii) related organizations						3a(i	_	No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIII the intended uses of t	•					3b	<u> </u>	
	t VI Land, Buildings, and Equipme				answered 'V	es' to	Form 990 Pa	rt TV/ I	ıne
	11a. See Form 990, Part X, line		orga	nzacion	runswered i	23 (0	101111 550, 1 a	1610,1	
	Description of property			Cost or o			(c) Accumulated depreciation	(d) B	ook value
1a	and				76,3	58,845		1	76,358,845
b I	Buildings				<del>-  </del>	47,371	103,494,017	+	81,953,354
	_easehold improvements								<u> </u>
	Equipment				273,7	19,328	104,419,560	10	69,299,768
e (	Other					96,641	15,423,260		01,673,381
	I. Add lines 1a through 1e <i>(Column (d) must c</i>		olumn	(B), line .	10(c).)			+	29,285,348
	·	·					Schedule D	(Form	990) 2014

Part VII	<b>Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financia	il derivatives		Joseph Chia Gr. year	
	held equity interests			
(3)Other (A)LONG/	SHORT EQUITY FUNDS	218,968,482	F	
(B) MASTE	R LIMITED PARTNERSHIPS	21,506,865	F	
(C) OTHER	ASSET BACKED SECURITIES	5,546,475	F	
(D) TERM L	OANS	242,745,073	F	
	Investments—Program Related. Cor	488,766,895	_	orm 990 Part IV line 11c
rait VIII	See Form 990, Part X, line 13.	<b>T</b>		
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
Total. (Colum	onn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization		Part IV line 11d See I	Form 990 Part X line 15
	(a) Descrip		,	(b) Book value
Total. (Colu	mm (b) must equal Form 990, Part X, col.(B) line 15.	.)		
	Other Liabilities. Complete if the organ			ine 11e or 11f. See
1	Form 990, Part X, line 25.  (a) Description of liability	(b) Book value		
Federal inc	ome taxes			
GIFT ANNU	JITIES PAYABLE	28,263,708		
	UNDER SPLIT INTEREST AGREEMENTS	2,556,091		
DUE TO FR	REEDOM AVIATION FROM C&C AVIATION	89,297		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 ) 🛛 🕨	30,909,096		

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er F	<b>Return</b> Complete If
1	Total revenue, gains, and other support per audited financial statements	1	790,280,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -19,949,621		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-10,502,677
3	Subtract line <b>2e</b> from line <b>1</b>	3	800,782,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	201,045,682
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,001,828,550
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	pei	Return. Complete
1	Total expenses and losses per audited financial statements	1	591,381,838
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,929,608
3	Subtract line <b>2e</b> from line <b>1</b>	3	577,452,230
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		

#### Part XIII Supplemental Information

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

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

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

Information					
Return Reference	Explanation				
PART III, LINE 1A	LIBERTY UNIVERSITY HAS A COLLECTION OF SEVERAL ANIMAL TROPHIES DONATED BY A LOCAL RESIDENT THE AUDITED FINANCIAL STATEMENTS OF THE FISCAL YEAR ENDING JUNE 30, 2015 OF LIBERTY UNIVERSITY DO NOT CONTAIN A FOOTNOTE DESCRIBING THIS COLLECTION BECAUSE IT WAS DONATED SEVERAL YEARS AGO HOWEVER, A FOOTNOTE WITHIN THE AFS DOES DESCRIBE THE ACCOUNTING POLICY OF LIBERTY UNIVERSITY IN ACCOUNTING FOR CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ITEMS "CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS HELD AS PART OF COLLECTIONS ARE NOT RECOGNIZED OR CAPITALIZED"				
PART III, LINE 4	LIBERTY UNIVERSITY HAS A COLLECTION OF SEVERAL ANIMAL TROPHIES DONATED BY LOCAL RESIDENT THE ANIMAL TROPHIES ARE DISPLAYED WITHIN THE UNIVERSITY'S FACILITIES FOR THE EDUCATION AND ENJOYMENT OF STUDENTS AND VISITORS THERE IS NO ADMISSION CHARGE FOR VIEWING THE COLLECTION AND LIBERTY UNIVERSITY DOES NOT ADVERTISE THAT THE COLLECTION IS OPEN TO THE GENERAL PUBLIC				
PART V, LINE 4	UNIVERSITY INTENDS TO MAXIMIZE THE TOTAL RETURN ON ITS RETURN ON ENDOWMENT FUNDS, AND, AS SPECIFIED IN THE UNDERLYING AGREEMENTS, IT USES THE SPENDABLE PORTION FOR PURPOSES OF THE FOLLOWING AWARDING SCHOLARSHIPS AND GRANTS TO STUDENTS, UNIVERSITY OPERATING EXPENSES, AND CHRISTIAN MINISTRY OUTREACH				
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE UNIVERSITY QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, NOT GENERALLY SUBJECT TO INCOME TAXES UNDER PRESENT TAX LAWS MANAGEMENT BELIEVES THAT ANY INCOME TAX LIABILITY RESULTING FROM UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2015 AND 2014 WOULD NOT HAVE A SIGNIFICANT IMPACT ON THE UNIVERSITY'S RESULTS OF ACTIVITIES THE UNIVERSITY HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2015 FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2012, REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES				
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SPLIT INTEREST AGREEMENT -4,482,664 REVENUE FROM SUBSIDIARIES NOT INCLUDED IN THIS RETURN 11,023,149 EXPENSE FROM NET RENTAL INCOME 2,906,459				
PART XI, LINE 4B - OTHER ADJUSTMENTS	INSTITUTIONAL SCHOLARSHIPS 201,045,682				
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSE FROM SUBSIDIARIES NOT INCLUDED IN THIS RETURN 11,023,149 EXPENSE FROM NET RENTAL INCOME 2,906,459				

**4**c

201,045,682

778,497,912

Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS	INSTITUTIONAL SCHOLARSHIPS 201,045,682					

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493137079466

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**SCHEDULE E** 

(Form 990 or 990-EZ)

## **Schools**

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

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

BER	TY UNIVERSITY INC	0946734		
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its cother governing instrument, or in a resolution of its governing body?	harter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please descriptions explain If you need more space use Part II	m, ın a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially non basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	: dealing	Yes	
C	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
_	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to  Students' rights or privileges?	5a	<u> </u>	No
Ŀ	Admissions policies?	<u>5b</u>		No
c	Employment of faculty or administrative staff?	<u>5c</u>		No
d	Scholarships or other financial assistance?	<u>5d</u>		No
€	Educational policies?	<u>5e</u>		No
f	Use of facilities?	5f		No
g	Athletic programs?	<u>5g</u>	-	No
ŀ	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01	I		
	of Rev. Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part I	[	ا ۷۵۶ <sup>ا</sup>	ı

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	LIBERTY UNIVERSITY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE, AND FOLLOWS A RACIALLY NON- DISCRIMINATORY POLICY AS TO STUDENTS THIS POLICY IS ONLINE AND IN ALL THE BROCHURES AND CATALOGS DEALING WITH ADMISSION AND SCHOLARSHIPS
SCHEDULE E, PART I, LINE 6	LIBERTY UNIVERSITY PROCESSES AND DISTRIBUTES FEDERAL AND STATE FINANCIAL AID IN THE FORM OF GRANTS, LOANS, AND SCHOLARSHIPS TO STUDENTS TO HELP WITH EDUCATION-RELATED EXPENSES SUCH STUDENT FINANCIAL AID IS AWARDED ON THE BASIS OF FINANCIAL NEED BASED ON PRESCRIBED GOVERNMENTAL FORMULAS

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137079466 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2014 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Department of the Treasury Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Inspection** Name of the organization Employer identification number LIBERTY UNIVERSITY INC 54-0946734 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (d) Activities conducted in (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e.g., program service, describe for and investments region agents, and fundraising, program services, specific type of in region ındependent investments, grants to service(s) in region contractors in recipients located in the region region) (1) EUROPE (INCLUDING 20,320 0 3 PROGRAM SERVICES EMPLOYMENT OF ICELAND & GREENLAND) -INSTRUCTORS SERVING DISTANCE LEARNING STUDENTS (2) NORTH AMERICA - CANADA 3 PROGRAM SERVICES EMPLOYMENT OF 61,960 0 AND MEXICO INSTRUCTORS SERVING DISTANCE LEARNING STUDENTS (3) MIDDLE EAST AND NORTH 0 3 PROGRAM SERVICES EMPLOYMENT OF 77,200 AFRICA -INSTRUCTORS SERVING DISTANCE LEARNING STUDENTS 73,949,895 (4) CENTRAL AMERICA AND THE 0 0 INVESTMENTS CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, (5) 0 9 3a Sub-total 74,109,375 **b** Total from continuation sheets 0 to Part I c Totals (add lines 3a and 3b) 74,109,375 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2014

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3 Enter total number of other organizations or entities									

Schedule F (Form 990) 2014

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

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
	•			•	•		

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	V	Yes	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Γ	Yes	<b>∀</b>	Νo
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)	দ	Yes	Γ	Νo
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)	্ব	Yes	Γ	Νo
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)	্ব	Yes	Г	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 file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	<b>অ</b>	No

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

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**EIN:** 54-0946734

Name: LIBERTY UNIVERSITY INC

Schedule F (Form 990) 2014

Page 5

#### Part V Supplemental Information

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

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

DLN: 93493137079466 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

LIBERTY UNIVERSITY INC

LYNCHBURG, VA 24502

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

**Inspection** 

Employer identification number 54-0946734

the selection criteria used  Describe in Part IV the or							√Yes N
		Domestic Organiz recipient that receive					"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LIBERTY CHRISTIAN ACADEMY 100 MOUNTAIN VIEW ROAD LYNCHBURG, VA 24502	54-0831546	501(C)(3)	208,658				ADVANCE THE GOSPEL OF JESUS CHRIST THROUGH EDUCATION
(2) LIBERTY UNIVERSITY FOUNDATION 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515	54-1939910	501(C)(3)	780,314				OPERATIONAL SUPPORT OF RELATED CHRISTIAN AFFILIATE
(3) LYNCHBURG BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24505	45-3797831	501(C)(3)	5,000				ADVANCE THE GOSPEL OF JESUS THROUGH MINISTRY
(4) LYNCHBURG HUMANE SOCIETY INC 3305 NAVAL RESERVE ROAD LYNCHBURG,VA 24501	54-0570901	501(C)(3)	250,000				SUPPORT OF UNIVERSITY STUDENTS INVOLVEMENT AND COMMUNITY OUTREACH
(5) THOMAS ROAD BAPTIST CHURCH 1 MOUNTAIN VIEW RD	26-0061907	501(C)(3)	55,000				ADVANCE THE GOSPEL OF JESUS CHRIST THROUGH

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

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

CHURCH PLANTING

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	81859	201,045,682		воок	N/A
(2) MISSIONARY ASSISTANCE	33	26,980		воок	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
	DONATIONS ARE MADE TO NONPROFIT ORGANIZATIONS WHOSE PURPOSES ARE CONSISTENT WITH THE RELIGIOUS AND EDUCATIONAL PURPOSES OF LIBERTY UNIVERSITY LIBERTY UNIVERSITY MAINTAINS CONTACT WITH ORGANIZATIONS TO ENSURE THE USE OF THE FUNDS ARE APPROPRIATE GOVERNMENT FUNDED SCHOLARSHIPS FOR STUDENTS ARE MADE BASED ON FINANCIAL NEED AS PRESCRIBED BY FEDERAL AND STATE REGULATIONS PRIVATE AND INSTITUTION FUNDED SCHOLARSHIPS ARE AWARDED BASED ON PROGRAM CRITERIA, WHICH INCLUDED SCHOLASTIC MERIT, ATHLETIC EXCELLENCE, ARTISTIC PERFORMANCE, FINANCIAL NEED, HIGH SCHOOL ATTENDED, AND FIELD WORKED								

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DLN: 93493137079466

OMB No 1545-0047

**Schedule J** (Form 990)

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LIBERTY UNIVERSITY INC

**Employer identification number** 

54-0946734

Pa	rt I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel  Housing allowance or residence for personal use							
	▼ Travel for companions							
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	▼ Compensation committee							
	☐ Independent compensation consultant ☐ Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	Receive a severance payment or change-of-control payment?							
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		No				
b	Any related organization?	5b		No				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a		Νo				
b	Any related organization?	6b		Νo				
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III	8		No				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9						

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

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

Note. The sum of columns (B)(1)-(111) 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

-	T			T		T	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation			columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

riss dempiete tills pare for ally addition	Tal Information
Return Reference	Explanation
PART I, LINE 1A	TYPE OF BENEFIT FIRST-CLASS OR CHARTER TRAVEL LISTED PERSON WHO RECEIVED THE BENEFIT PRESIDENT OF LIBERTY UNIVERSITY WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? FOR BUSINESS TRAVEL THE AMOUNT IS NEITHER REIMBURSED NOR IS TAXABLE, FOR PERSONAL TRAVEL, LIBERTY UNIVERSITY IS REIMBURSED SO AMOUNT IS NOT TAXABLE TYPE OF BENEFIT TRAVEL FOR COMPANIONS LISTED PERSON WHO RECEIVED THE BENEFIT PRESIDENT OF LIBERTY UNIVERSITY WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? FOR PERSONAL TRAVEL, LIBERTY UNIVERSITY IS REIMBURSED SO AMOUNT IS NOT TAXABLE
PART I, LINE 3	COMPENSATION OF THE CHANCELLOR/PRESIDENT AND OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE COMPARABLE SALARY DATA IS REVIEWED WHEN SALARIES ARE SET AND ADJUSTED TO DETERMINE THE REASONABLENESS OF THE COMPENSATION COMPENSATION IS FURTHER REVIEWED DURING THE BUDGETING PROCESS THE CHANCELLOR/PRESIDENT'S TOTAL COMPENSATION WAS DETERMINED BY A COMPREHENSIVE MARKET ANALYSIS CONDUCTED BY AN EXECUTIVE COMPENSATION TEAM IN 2011-2012, BASED ON COMPARATIVE DATA OF TOP EXECUTIVES IN SIMILARLY SITUATED INSTITUTIONS

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 54-0946734

Name: LIBERTY UNIVERSITY INC

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title		(B) Breakdown of (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
MR JERRY FALWELL, CHANCELLOR/PRESIDENT	(ı) (ıı)			0	0	30,024 0	926,634	0	
DR RONALD GODWIN, SENIOR VP FOR ACADEMIC AFFAIRS	(ı) (ıı)		0	0	12,500	17,236 0	278,908	0	
MR DON MOON, CFO/VP OF INVESTMEMT MANAGEMENT	(ı) (ıı)		0	0 0	10,300	15,078 0	237,686	0 0	
CHRIS JOHNSON, EXEC VP FOR ENROLLMENT MANAGEMENT	(ı) (ıı)		0 0	0	10,300	20,732	272,088	0 0	
SAMUEL BEAUMONT, SENIOR VP OF AUXILIARY SERVICE	(ı) (ıı)		0	0	8,250 0	18,505 0	195,745	0 0	
DAVID CORRY, GENERAL COUNSEL/SECRETARY	(ı) (ıı)		0 0	0	9,200	21,201	217,922	0 0	
LAWRENCE HINE, SENIOR VP OF STUDENT AFFAIRS	(I) (II)	0	Ö	0	6,850 0	20,351	166,608	0	
RONALD KENNEDY, EXEC VP OF MARKETING	(I) (II)	0	0	1	8,957 0	21,222	2 230,214	0	
CHARLES SPENCE, SENIOR VP OF CONSTRUCTION PLANNING	(I) (II)		0 0	0	11,250 0	19,639 0	271,341	0	
LAURA WALLACE, EXEC VP OF HUMAN RESOURCES	(I) (II)	0	ő	0	11,587 0	19,629 0	269,434	0	
CHRISTIAN KENNEDY, EXEC VP FOR SPECIAL PROJECTS	(I) (II)		0	0	11,750 0	21,514 0	366,384	0	
JEFF BARBER, DIRECTOR OF ATHLETICS	(ı) (ıı)	0	Ö	0 0	15,750 0	23,459 0	381,605	0 0	
RON HAWKINS, VP FOR ACADEMIC AFFAIRS & PROVOST	(I) (II)	0	Ö	0 0	8,072 0	18,831 0	209,867	0 0	
ROBERT RITZ, VP OF FINANCIAL AID & STATE RELATION	(I) (II)	194,398 0	0 0	0	0	21,305 0	215,703	0 0	
RONNIE MARTIN, COLLEGE OF OSTEOPATHIC MEDICINE DEAN	(ı) (ıı)		0 0	0	11,813 0	21,111 0	372,411	0 0	
TURNER GILL, HEAD COACH - FOOTBALL	(I) (II)		40,000	0	1 ' 1	28,624 0	750,116	0 0	
ROBERT WIMBERLY, DEFENSE COORD/LINEBACKERS & SAFETIES	(I) (II)		46,704	0	1 ' 1	22,538	303,692	0 0	
DALE LAYER, HEAD COACH - MEN'S BASKETBALL	(1) (11)		0 0	0	1 ' 1	22,902	340,580	0 0	
AARON STAMN, OFFENSIVE COORD/TIGHT ENDS COACH	(I) (II)		41,018	0		20,870 0	290,474	0	

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DLN: 93493137079466 OMB No 1545-0047

Open to Public

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

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

► Attach to Form 990.

	Attach to Form 990.  artment of the Treasury rnal Revenue Service  Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .												Open to Public Inspection				
	of the organization									Emp	oloyer id	lentifica	ation numb	er			
LIBE	RTY UNIVERSITY INC									54-	09467	34					
Pa	rt I Bond Issues																
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price (f) Description of purpose			n of purpose	(g) Defeased					Pool			
												half of financing		icing			
									Yes	No	Yes	No	Yes	No			
	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	927781WR1	12-21-2010	121,89		EDUC	NANCE DEE CATIONAL STRUCTIOI	RELATED NEW		Х		X		Х		
Pai	Till Proceeds				_												
						A		E	3		С		D				
1	A mount of bonds retired			23,880,	,025												
	A mount of bonds legally defea																
3	Total proceeds of issue	1	21,891,	,446													
4	Gross proceeds in reserve fur																
5	Capitalized interest from proc																
6	Proceeds in refunding escrow																
7	Issuance costs from proceed					1,074,	,238										
8	Credit enhancement from pro	ceeds															
9	Working capital expenditures	<u> </u>															
10	Capital expenditures from pro	ceeds			76,341,830												
11	Other spent proceeds					20,595,	,353										
12	Other unspent proceeds																
13	Year of substantial completio	n			20	13											
					Yes	No	•	Yes	No	Yes	<u> </u>	lo	Yes		No		
14	Were the bonds issued as par	t of a current refund	ing issue?		X												
15	Were the bonds issued as par	t of an advance refu	ndıng ıssue?			Х											
16	Has the final allocation of pro-	ceeds been made?				Х											
17	Does the organization mainta allocation of proceeds?	ın adequate books a	nd records to supp	oort the final	Х												
Par	t IIII Private Business U	Jse															
						A		B		V	C		\\\	D	- NI -		
1	Was the organization a partne		ra memberofan L	LC, which owned	Yes	No X		Yes	No	Yes		lo	Yes	+	No		
	property financed by tax-exer		1						+								

financed property?

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

	dule K (Form 990) 2014									Page <b>Z</b>	
Par	t IIII Private Business Use (Continued)						ī				_
				A		3	.,	<u>C</u>		D	
<b>-</b>	Are there any management or service contracts that may result in private	husinass usa	Yes	No	Yes	No	Yes	No	Yes	No	_
3a	of bond-financed property?	business use	X								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or										
	outside counsel to review any management or service contracts relating to property?	o the financed	Χ								
	Are there any research agreements that may result in private business us	o of bond		<del>                                     </del>						<del> </del>	
С	financed property?	se of bolla-		x							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel of	r other		<del>                                     </del>						+	_
-	outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0.500.0/				•			
				0 590 %							
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			2 2 2 2 2 2							
				2 860 %							
6	Total of lines 4 and 5			3 450 %							
7	Does the bond issue meet the private security or payment test?		X	1						Т	_
<u>-</u> 8а	Has there been a sale or disposition of any of the bond-financed property to a			<del>                                     </del>						+	_
nongovernmental person other than a 501(c)(3) organization since the bo				×							
	issued?		<u> </u>								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or							1			
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections									
9	Has the organization established written procedures to ensure that all non									-	
	bonds of the issue are remediated in accordance with the requirements un	der	Χ								
Dar	Regulations sections 1 141-12 and 1 145-2?  To trivial and 1 145-2?										_
L GII	Albitrage	Α			В		С		D		_
		Yes	No	Yes	No	Y	es	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield		Х								
	Reduction and Penalty in Lieu of Arbitrage Rebate?		^								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?	Х									
b	Exception to rebate?		Х								
С	No rebate due?		Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate										
3	computation was performed  Is the bond issue a variable rate issue?	_		1	<u> </u>			T			_
	Has the organization or the governmental issuer entered	+	Х								
4a 	into a qualified hedge with respect to the bond issue?		Х								
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?									<del></del>	
e	Was the hedge terminated?									,	

201	tilv Arbitrage (Continuea)								
		Δ.	•	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?	Х							
	December 7 Hade tale Consell a Action		•		-		-		-

## Part V Procedures To Undertake Corrective Action

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

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

Schedule K (Form 990) 2014

DLN: 93493137079466

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Transactions with Interested Persons

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

LIBERTY UNIVERSITY INC 54-0946734 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) (d) Loan to (e)Original (f)Balance **(g)** In (h) (i)Written with organization Purpose of interested or from the principal due default? Approved agreement? person organization? by board or loan amount committee? Τо From Yes No Yes No Yes No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization (1) 404,635 DEPENDENT AID AND DEPENDENT AID AND GRANTS TO GRANTS TO

MEMBERS

DEPENDENTS OF BOARD

DEPENDENTS OF BOARD

MEMBERS

Part IV Business Transactions I			20- 20 20-							
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	ation's					
				Yes	No					
See Additional Data Table										

# Part V Supplemental Information

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

Return Reference	Explanation
	Schedule I (Form 990 or 990-E7) 2014

Software ID: Software Version:

**EIN:** 54-0946734

Name: LIBERTY UNIVERSITY INC

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

(a) Name of interested person

(b) Relationship

(c) Amount of (d) Description of transaction

(e) Sharing of

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
(1) ALAN ASKEW	SON OF BOARD MEMBER	150,076	EMPLOYMENT COMPENSATION		No	
(2) WESLEY FALWELL	SON OF BOARD MEMBER	24,502	EMPLOYMENT COMPENSATION		No	
(3) BERNIE BECKLES	WIFE OF BOARD MEMBER	23,100	EMPLOYMENT COMPENSATION		No	
(4) RYAN D RUSH	SON IN LAW OF BOARD MEMBER	23,700	EMPLOYMENT COMPENSATION		No	
(5) JERRY FALWELL III	SON OF BOARD MEMBER	66,950	EMPLOYMENT COMPENSATION		No	
(6) PAUL DEMOSS	BROTHER OF BOARD MEMBER	21,667	CONSULTING SERVICES COMPENSATION		No	
(7) VIRGINIA DOW	SISTER IN LAW OF A KEY EMPLOYEE	79,463	EMPLOYMENT COMPENSATION		No	
(8) SCOTT HAWKINS	SON OF AN OFFICER	143,689	EMPLOYMENT COMPENSATION		No	
(9) KATHERINE JOHNSON	WIFE OF AN OFFICER	40,692	EMPLOYMENT COMPENSATION		No	
(10) JOHNATHAN WALLACE	SON OF AN OFFICER	121,794	EMPLOYMENT COMPENSATION		No	
(11) DONNA BARBER	WIFE OF AN OFFICER	26,913	EMPLOYMENT COMPENSATION		No	
(12) JOSHUA SPENCE	SON OF AN OFFICER	42,656	EMPLOYMENT COMPENSATION		No	
(13) KATHLEEN SPENCE	WIFE OF AN OFFICER	39,577	EMPLOYMENT COMPENSATION		No	
(14) JENNIFER KENNEDY	WIFE OF AN OFFICER	45,644	EMPLOYMENT COMPENSATION		No	

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OMB No 1545-0047

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**SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization LIBERTY UNIVERSITY INC

**Employer identification number** 

54-0946734

Pa	Types of Property							
		(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	2	58,743	STOCK MARKET	AVER	AGE	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory  Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(	X	1	11.540	FAIR MARKET V	A LUE		
	AIN)			<b>,</b>				
	Other►(	X	1	10,325	FAIR MARKET V	4 LU E		
	IDSCAPING MATERIALS )	-		2.500	E			
	Other►( RSES)	X	1	3,500	FAIR MARKET V	ALUE		
	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed I				9			
							Yes	No
30a	During the year, did the organization	•		·				
	it must hold for at least three years f		· ·	, and which is not require	d to be used			
	for exempt purposes for the entire ho		17			30a		Νo
b	• If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thin contributions?	d parties oi	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

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) (2014)

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DLN: 93493137079466

OMB No 1545-0047

2014

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization LIBERTY UNIVERSITY INC

Employer identification number

54-0946734

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 FOR FY JUNE 30, 2015 WAS PROVIDED BEFORE FILING TO THE CHANCELLOR/PRESIDENT, IN-HOUSE LEGAL COUNSEL, CHIEF FINANCIAL OFFICER, DIRECTOR OF ACCOUNTING AND THE EXECUTIVE COMMITTEE OF THE BOARD (WHICH IS THE GOVERNING BODY OF THE ORGANIZATION BETWEEN BOARD MEET INGS) FOR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	THE CFO COLLECTS ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES AND, PURSUANT TO THE BY LAWS, B RINGS ANY DISCLOSED CONFLICTS OF INTEREST TO THE AUDIT COMMITTEE IF A CONFLICT OF INTERES T ARISES IT IS HANDLED ON A CASE BY CASE BASIS WHERE LEGAL COUNSEL, THE CHAIRMAN OF THE BO ARD OF TRUSTEES AND THE PRESIDENT OF THE UNIVERSITY DECIDE ON THE MOST APPROPRIATE COURSE OF ACTION RECUSAL FROM ANY DELIBERATIONS AND VOTE CONCERNING MATTERS IMPACTED BY THE CONF LICT WOULD BE TYPICAL SOLUTION
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CHANCELLOR/PRESIDENT AND OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED  ANNUALLY BY THE EXECUTIVE COMMITTEE COMPARABLE SALARY DATA IS REVIEWED WHEN SALARIES ARE SET AND ADJUSTED TO DETERMINE THE REASONABLENESS OF THE COMPENSATION  COMPENSATION IS FUR THER REVIEWED DURING THE BUDGETING PROCESS THE CHANCELLOR/PRESIDENT'S TOTAL COMPENSATION  WAS DETERMINED BY A COMPREHENSIVE MARKET ANALYSIS CONDUCTED BY AN EXECUTIVE COMPENSATION T  EAM IN 2011-2012, BASED ON COMPARATIVE DATA OF TOP EXECUTIVES IN SIMILARLY SITUATED INSTIT  UTIONS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AGREEMENT -4,482,664
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

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DLN: 93493137079466

2014

OMB No 1545-0047

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# **SCHEDULE R**

**Related Organizations and Unrelated Partnerships** 

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/formation</u>	<u>n 990</u> .	O
	Employer identification numb	er

LIBERTY UNIVERSITY INC 54-0946734

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
See Additional Data Table										

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section (13) co ent	512(b) ntrolled
						Yes	No
(1) THOMAS ROAD BAPTIST CHURCH CORPORATION 1971 UNIVERSITY BLVD  LYNCHBURG, VA 24515 26-0061907	RELIGIOUS	VA	501(C)(3)	LINE 1			No
(2) LIBERTY UNIVERSITY FOUNDATION 1971 UNIVERSITY BLVD	RELIGIOUS	DC	501(C)(3)	LINE 9	LIBERTY UNIVERSITY INC	Yes	
LYNCHBURG, VA 24515 54-1939910							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(،	(i)	(j)	⊤ ر	(k)
Name, address, and EIN of	Primary activity	/ Legal	Direct	Predominant	Share of	Share of	Disprop	prtionate	Code V-UBI	[Gener	al or	Percentage
related organization	1 '	domicile	controlling	ıncome(related,	total income	end-of-year	allocat	Jons?	amount in box	mana	ا ging	ownership
<i>'</i>	1 '	(state or	entity	unrelated,	1 '	assets	1	J	20 of	partne	.ier?	, ,
<u>'</u>	1 '	foreign	1	excluded from	1 '	1 '	1	J	Schedule K-1	1	J	,
<b>,</b>	1 '	country)	1	tax under	1 '	1 '	1	J	(Form 1065)	1	J	,
<u>'</u>	1 '	1 '	1	sections 512-	1 '	1 '	1	J	1 '	1	J	ı
<b>√</b>	1	1 ,	1	514)	1 '	1 '	<u> </u>	'	4 '	<b>—</b>		
	<u> </u>	<u>1                                    </u>	<u> </u>		<u> </u>	<u> </u>	Yes	No	<u> </u>	Yes	No	,
<b>1</b>			1						1			
			*				$\overline{}$		i	—		

Part IV

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(: contro	(i) Section 512 (b)(13) controlled entity?	
								Yes	No	
(1) FREEDOM AVIATION 310 HANGAR ROAD LYNCHBURG, VA 24502 54-0755641	PROVIDES FLIGHT INSTRUCTION TO STUDENTS AND CHARTER SERVICES TO PUBLIC	VA	LIBERTY UNIVERSITY INC	С	-100,007	5,822,217	100 000 %	Yes		
(2) LIBERTY MOUNTAIN CAPITAL INC  1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-2376207	INVESTMENT HOLDINGS COMPANY	VA	LIBERTY UNIVERSITY INC	С	31,759	326,121	100 000 %	Yes		
(3) G&J THOMAS INC  PO BOX 228 FOREST, VA 24551 45-0596703	STUDENT HOUSING	VA	LIBERTY UNIVERSITY INC	S	-10,214	5,179,105	100 000 %	Yes		

**p** Reimbursement paid to related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

Reimbursement paid by related organization(s) for expenses

che	edule R (Form 990) 2014		Рa	ge <b>3</b>
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h	Yes	
i	Exchange of assets with related organization(s)	<b>1</b> i	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharıng of paıd employees with related organization(s)	10	Yes	
			•	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1) FREEDOM AVIATION	Α	176,446	ACCRUAL					

1p Yes

1r

No

No No Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

I													
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are	all partners	Share of	Share of	Disproprtiona	te	Code V-UBI	General or	- 1	Percentage
	1 ' ''	domicile	ıncome	1	section	total	end-of-year	allocations?		amount in	managing	- 1	ownership
	1	(state or	(related,	į r	501(c)(3)	ıncome	assets			box 20	partner?	- 1	
	1 '	`foreign	unrelated,		anizations?					of Schedule	i '	- 1	
	1		excluded from		,======					K-1	i	- 1	
	1	1	tax under	Ĺ	ļ					(Form 1065)	i	- 1	. !
	1 '	1	sections 512-	1	I					(101111 2000)	i	- 1	
	1 '	1		<del></del>		√ '	l l			1 1		$\longrightarrow$	
	1 '	1	514)	Yes	No			Yes	No		Yes	No	
<b>/</b>	<del></del> '	<b></b>	4	—'								ш	
<b>l</b>	1	1	1	1'									

Schedule R (Form 990) 2014 Page **5** 

### Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

# Software ID: Software Version:

**EIN:** 54-0946734

Name: LIBERTY UNIVERSITY INC

#### Form 990, Schedule R, Part I - Identification of Disregarded Entities

Form 990, Schedule R, Part I - Identification of Disregarded Entities (c)										
<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Total Income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity					
C&C AVIATION 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	AIRFARE FOR UNIVERSITY AFFAIRS	VA	-565,261	5,694,500	LIBERTY UNIVERSITY INC					
IVY HILL RECREATION LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 46-0903360	RECREATION	VA	-18,499	2,799,872	LIBERTY UNIVERSITY INC					
LIBERTY MOUNTAIN CONFERENCE CENTER LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-5427434	CENTER FOR EDUCATIONAL CONFERENCES	VA	24,069	1,138,660	LIBERTY UNIVERSITY INC					
LIBERTY RIDGE LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-0714028	REAL ESTATE HOLDINGS	VA	31,316	1,844,185	LIBERTY UNIVERSITY INC					
LU CANDLERS STATION HOLDINGSLLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-1753489	REAL ESTATE HOLDINGS	VA	1,162,192	23,344,232	LIBERTY UNIVERSITY INC					
LU PLAZA HOLDINGSLLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-0217985	REAL ESTATE HOLDINGS	VA	220,924	19,901,283	LIBERTY UNIVERSITY INC					
LU RAQUET SPORTS LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 27-4785690	RECREATION	VA	-94,377	57,417	LIBERTY UNIVERSITY INC					
MORNING STAR BROADCASTING LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 46-3731118	TELEVISION BROADCASTING	VA	-171,827	1,847,815	LIBERTY UNIVERSITY INC					
CROSSROADS INVESTMENTS LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 47-3991939	REAL ESTATE HOLDINGS	VA	23,354	395,995	LIBERTY UNIVERSITY INC					
LIBERTY MOUNTAIN MEDICAL GROUP LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 47-2935244	MEDICAL EDUCATION	VA	-77,456	23,624	LIBERTY UNIVERSITY INC					
BURTON REALTY I 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	6,553	7,936,160	LIBERTY UNIVERSITY INC					
BURTON REALTY II 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	6,832	8,273,869	LIBERTY UNIVERSITY INC					
BURTON REALTY III 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	140	168,855	LIBERTY UNIVERSITY INC					
BURTON REALTY IV 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	140	168,855	LIBERTY UNIVERSITY INC					
BURTON REALTY V 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	139	168,854	LIBERTY UNIVERSITY INC					
BURTON REALTY VI 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 54-0946734	REAL ESTATE HOLDINGS	VA	139	168,854	LIBERTY UNIVERSITY INC					
LIBERTY MOTION PICTURE COMPANY 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 46-5653798	CINEMATIC ARTS	VA	56,351	56,351	LIBERTY UNIVERSITY INC					
AIRPORT PLAZA HOLDINGS LLC 1971 UNIVERSITY BLVD LYNCHBURG, VA 24515 47-1347963	REAL ESTATE HOLDINGS	VA	355,422	6,225,730	LIBERTY UNIVERSITY INC					