DLN: 93493136045270 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organizatio D Employer identification number B Check if applicable LIFE UNIVERSITY INC □ Address change 58-1216007 % WILLIAM D JARR ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1269 BARCLAY CIRCLE ☐ Amended return (770) 426-2884 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 79,940,218 Name and address of principal officer H(a) Is this a group return for WILLIAM D JARR ☐Yes **☑**No subordinates? 1269 BARCLAY CIRCLE H(b) Are all subordinates MARIETTA, GA 30060 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LIFE EDU L Year of formation 1974 M State of legal domicile GA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities LIFE UNIVERSITY IS A NOT FOR PROFIT EDUCATIONAL INSTITUTION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 250 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 934,604 1,119,680 Ravenua 66,675,536 75,864,140 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 965,353 516,300 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 120,481 140,309 68,695,974 77,640,429 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,558,750 5,278,970 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 35,900,529 37,847,464 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶594,532 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 35,849,656 35,526,115 76,308,935 78,652,549 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -7,612,961 -1,012,120 Net Assets or Fund Balances Beginning of Current Year End of Year 133,137,647 131,360,002 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 105,379,486 105,412,657 22 Net assets or fund balances Subtract line 21 from line 20 . 27,758,161 25,947,345 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-15 Signature of officer Sign Here WILLIAM D JARR EVP OF FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-04 P01064157 Paid self-employed Firm's name BDO USA LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 1100 Peachtree Street Suite 700 Phone no (404) 688-6841 ATLANTA, GA 303094516 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Servi	e Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the	organization's mission				
value progi mear incre set tl	es needed for career si rams each one commi ningful life, the proficion asingly diverse, globa he standard of excelle	uccess and life fulfillme tted to excellence in te encies necessary to ach I and dynamic world Ti nce in contemporary he	nt based on a vi aching, learning, ieve optimum pe oday, Life Univer alth care educat	talistic philosophy The L research and the overal ersonal performance and sity is sustained by its cl tion Graduates Life Univ	empower each student with the Jniversitys undergraduate, gradi Il student experience offer a visi the wisdom to become transfor hiropractic, undergraduate, and ersity graduated a total of 607 standard VARD COLLEGE OF CHIROPRACT	uate and professional on and the promise for a mational leaders in an masters programs, which students during the 2018-
2	_	, -		vices during the year whi	ich were not listed on	□ Yes ☑ No
		or 990-EZ?				⊔ Yes ⊻ No
_		ese new services on Sc				
3	-	<u>-</u> .	-	changes in how it conduc	cts, any program	✓ Yes □ No
		ese changes on Schedu				⊻ Yes ⊔ No
4	Section 501(c)(3) ar		ons are required	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code) (Expenses \$	30,552,654	including grants of \$	3,276,940) (Revenue \$	62,601,135)
	See Additional Data					
4b	(Code) (Expenses \$	10,152,168	ıncludıng grants of \$	1,522,058) (Revenue \$	11,593,870)
	See Additional Data					
4c	(Code) (Expenses \$	2,226,600	including grants of \$	385,472) (Revenue \$	1,669,135)
	See Additional Data					
	(Code) (Expenses \$	626,185	including grants of \$	94,500) (Revenue \$)
	RESEARCH					
4d	RESEARCH	ces (Describe in Sched	ule O)			
4d	RESEARCH		ule O) luding grants of	\$ 94,50	00) (Revenue \$)

Form	990 (2018)			Page 3
Par	IV Checklist of Required Schedules			
l	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥞	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ષ	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
	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 !	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥦	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	If res, complete selecture b, rail vi 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11a	Yes	
	assets reported in variety, line 10. If vest, complete schedule b, variety at viv 2	11b	Yes	
	total assets reported in Fart X, line 10. If Tes, complete schedule 0, Fart Vill 22.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	

	If "Yes," complete Schedule D, Part III 💋	•		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
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	
	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
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 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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	Yes	

	services?If "Yes," complete Schedule D, Part IV 🐒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞	11d		No
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		No
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	

Yes

Nο

16

17

22

Yes

Form 990 (2018)

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

16

17

m '	990 (2018)			Page
Parl	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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
	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
	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
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? 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,	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	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	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	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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		No
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar				
	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u>Ц</u>
_	Enter the number reported in Box 2 of Form 1006 Enter 0 of materialists.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 135 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
ע	the full number of Forms winds included in line 1a Enter not in not applicable			

1c

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

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

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

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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

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

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

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

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

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

Sponsoring organizations maintaining donor advised funds.

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

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

b Gross income from other sources (Do not net amounts due or paid to other sources

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

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

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

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

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

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . Nο

No

No

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . . **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

orm	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to l	ines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No_
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		.,	
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	\sqcup		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h	Vos	
60	ection C. Disclosure	16b	Yes	
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	GA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records •WILLIAM D JARR 1269 BARCLAY CIRCLE MARIETTA, GA 30060 (770) 426-2623			

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

Name and Title

Part VII

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

Estimated

Page 8

	hours per week (list us both an officer and a any hours of related for related								reportable compensation from related organizations (on d (W-	amount of comper from	of other Isation the			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	7 ⊆ ۱۸۱ − ۵	-)	2/1099-MISC	-)	organızai relai organız	ted
See	Additional Data Table														
													_		
1b 9	Sub-Total			٠.	<u> </u>		<u> </u>						\top		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•					>		2	526,055		236,5	38		99,424
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove		rec	•		\$10	· · · · · · · · · · · · · · · · · · ·	<u> </u>		33,121
	of reportable compensation from the													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>				ey e •		, ,	or hi	ghest cor	mpensa	ted •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	150,00	0۶ <i>If</i>	"Yes	," c	omplet					the	4		
5	Did any person listed on line 1a receiv services rendered to the organization												5		No
Se	ection B. Independent Contract	ors:												<u>'</u>	
1	Complete this table for your five higher from the organization Report comper												mper	nsation	
	Name	(A) and business addre	255	-						г)eccr	(B)			C)

(C)

Position (do not check more

(D)

Reportable

Reportable

Description of services

IT CONSULTANTS

Campus security

CUSTODIAL SERVICES

Cafe Management

Catering

Compensation

1,079,746

622,136

446,800

371,012

296,893

Form 990 (2018)

(B)

Average

compensation from the organization ▶ 15

Virtual Mindset,

1266 West Paces Ferry Road ATLANTA, GA 30327

1551 N Tustin Ave Ste 650 SANTA ANA, CA 92705 Varsity Contractors Inc.

1575 Henthorne Dr MAUMEE, OH 43537 Chartwells,

PO Box 50196

Allied Universal Security Services,

LOS ANGELES, CA 900740196 Culinary Services Inc,

1380 Business Center Dr CONYERS, GA 30094

Name and business address

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

		(2018)											Page 9
Part	VIII												
		Check If Schedul	e O contains a	respo	onse or r	ote to any	(his Part VIII A) revenue	Rela exe fun	B) ited or empt iction renue	Uni bu	(C) related siness venue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Federated campaigi	ns	1 a									1 511 511
ints Int		b Membership dues	j	1 b									
9 <u>5</u>		c Fundraising events	j	1c									
īs, P		d Related organizatio	ns	1d									
<u></u>		e Government grants (co	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, and similar amounts no above		1f		1,119,680							
Contribu and Oth		g Noncash contribution in lines 1a - 1f \$			<u>,369</u>								
<u>ۃ ت</u>		h Total. Add lines 1a-	-1f	•	• • •	. •		1,119,680					
<u> </u>						Business	Code	60.0	384,502	60.0	94 503		
หะท		TUITION AND FEES					611710		· l		84,502		
å		AUXILIARY ENTERPRISE	:S 				611710		153,392		53,392		
AC t	C	CLINICAL RECEIPTS					611710		526,246		26,246		
\$	d	I		_									
am	e	,		_							_		
Program Service Revenue	f	All other program se	rvice revenue			75.0	264 140						
۵	g	Total. Add lines 2a-2	2f		>	/5,0	364,140						
		Investment income (in similar amounts)			nterest,	and other]	333,83	5				333,835
		Income from investme			ond proc		_		0				<u>'</u>
					. •	·		0					
			(ı) Real		(II) I	Personal							
	6a	Gross rents	1.	40,309									
	ŀ	Less rental expenses	1	+0,505									
	•	Rental income or (loss)	1-	40,309			0						
		Net rental income or	r (loss)			. •	-	140,30	9				140,309
			(ı) Securit	es	(11)	Other							
	7 <i>a</i>	Gross amount from sales of assets other than inventory	2,4	32,254									
	ŀ	Less cost or other basis and	2.2	20. 700			1						
		sales expenses		99,789									
		Gain or (loss)		32,465			_	192.46	_				102.465
a)		d Net gain or (loss) . Gross income from for (not including \$	undraising eve			<u> </u>		182,46	5				182,465
Other Revenue		contributions reporte See Part IV, line 18		a		0	_						
ة æ		Less direct expenses Net income or (loss)		b Ing ev	ents .				0				
othe		Gross income from g See Part IV, line 19	jaming activiti	-									
		•1	_	a		0	_						
		Less direct expenses Net income or (loss)		b activit	ies .				0				
		aGross sales of invent				• •							
		returns and allowanc		a		0							
	ŀ	Less cost of goods s	sold	b		0							
	•	Net income or (loss) Miscellaneous		ınvent					0				
	11		Revenue		Busin	ess Code	-						
	ı	<u> </u>							+		+		_
	ľ	-											
									1				+
	•	=											
	,	All other revenue .							1				
		Total. Add lines 11a				>							+
		? Total revenue. See							0				
		. Julian revenuer Dee			• •	· •		77,640,42	9	75,864,14	10		656,609

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any				\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	5.,po	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,248,970	5,248,970		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	30,000	30,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,649,154	963,990	1,548,082	137,082
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	31,067,271	24,065,890	6,790,612	210,769
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	411,571	337,149	72,431	1,991
9 Other employee benefits	1,461,905	1,147,187	307,098	7,620
10 Payroll taxes	2,257,563	1,776,476	456,329	24,758
11 Fees for services (non-employees)				
a Management	3,052,117	38,950	3,013,167	
b Legal	178,584	31,331	147,253	
c Accounting	199,686		199,686	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	139,626	16,053	123,573	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,836,304	925,453	4,827,095	83,756
12 Advertising and promotion	1,133,708	73,921	1,058,395	1,392
13 Office expenses	2,858,539	1,611,770	1,207,612	39,157
14 Information technology	1,624,687	244,893	1,351,814	27,980
15 Royalties	0			
16 Occupancy	1,186,806	4,005	1,182,801	
17 Travel	2,091,632	1,389,523	676,408	25,701
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	642,337	438,081	198,462	5,794
20 Interest	4,682,018		4,682,018	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,560,725	4,232,995	3,327,730	
23 Insurance	919,539	20,592	898,947	_
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS/MAINTENANCE	2,418,888	518,750	1,900,138	
b AWARDS/CEREMONIES/GIFTS	953,110	395,951	528,627	28,532
c STUDENT ORGANIZATION COSTS	47,809	45,677	2,132	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	78,652,549	43,557,607	34,500,410	594,532
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form **990** (2018)

Page **11**

13.235.003

0

742,794

105.412.657

20.620.742

5,326,603

25,947,345

131,360,002

Form **990** (2018)

Form 990 (2018)

12

24

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Investments—other securities See Part IV, line 11 .

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			10,480,994	1	15,488,976
	2	Savings and temporary cash investments .		[0	2	0
	3	Pledges and grants receivable, net			1,045,645	3	602,094
	4	Accounts receivable, net		[1,847,377	4	3,010,440
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations of the second		0	5	0	
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o (see in	S(c)(3)(B), and of section 501(c)(9) structions) Complete	2 466 000	6	2.615.286
ssets	′	Notes and loans receivable, net		_	3,466,009		2,015,200
S	8	Inventories for sale or use			0	8	0
_	9	Prepaid expenses and deferred charges		· ·	931,325	9	608,101
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	188,232,493			
	ь	Less accumulated depreciation	10b	94,502,905	85,987,670	10 c	93,729,588
	11	Investments—publicly traded securities .			0	11	0

13 13 Investments—program-related See Part IV, line 11 14 0 14 0 Intangible assets 15 Other assets See Part IV, line 11 . . . 3.145.281 15 2.070.514 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 133.137.647 16 131.360.002 5,604,703 7.218.943 Accounts payable and accrued expenses 17 17 18 Grants payable . . 0 18 0 ი 19 Deferred revenue . . . 19 98,894,862 97,450,920 20 Tax-exempt bond liabilities . . . 20 0 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 persons Complete Part II of Schedule L . 0 22 0 0 0 23 23 Secured mortgages and notes payable to unrelated third parties

26.233.346

0

879.921

105.379.486

22.531.554

3,201,626

2.024.981

27,758,161

133,137,647

24

25

26

27

28

29

30

31 32

33

34

12

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data



Name: LIFE UNIVERSITY INC

Software ID:

Form 990 (2018)

Form 990, Part III, Line 4a: COLLEGE OF CHIROPRACTIC SEE SCHEDULE O

Form 990, Part III, Line 4b: COLLEGE OF UNDERGRADUATE STUDIES SEE SCHEDULE O

Form 990, Part III, Line 4c: MASTERS DEGREE PROGRAM SEE SCHEDULE O

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

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

	for related				T	T		(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	ee voldwe Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations
Jeffrey Aita Trustee	2 0	Х						0	0	0
Eddy Diaz Trustee	2 0	×						0	0	0
Sandra Elbaum Trustee	20	×						0	0	0
Kevin Fogarty Trustee	2 0	×						0	0	0
Aaron Gagnon	2 0	v						0	0	0

0 0 20

0 0

......

Х

Х

Х

Х

Х

0

0

0

0

Trustee	
Kevin Fogarty	
Trustee	
Aaron Gagnon	
Trustee	

Richard Giuli

James Gregg

Jack Griesbaum

Trustee

Trustee

Trustee

Trustee

Trustee

Jay Handt

Marc Hudson

and Independent Contractors

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

organization

396,883

324,778

270,600

196,371

organizations

0

236,538

0

0

0

4,847

14,172

13,535

6,455

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

and Independent Contractors

Trustee

Trustee

Randolph O'Dell

Guy Riekeman

Chancellor

President

William Jarr

Timothy Gross

Executive VP of Finance

VP of Academic Affairs

Robert Scott

		l					′	(11) 2 (4 0 0 0	(14, 24,000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Leana Kart Trustee	2 0	×						0	0	0
Thomas M Klapp Trustee	2 0	×						0	0	0
Joe Lupo Trustee	2 0	×						0	0	0
Brian McAulay	2 0									

	0								
Joe Lupo	2 0	v						0	
Trustee	0 0	^						0	
Brian McAulay	2 0	×						0	
Trustee	0 0	^							
Rhonda Newton	2 0								
		Y	ı	I	I	i l	ıl	l n	

0 0 40 0

0 0 40 0

0.0 40 0

0 0

...............

Х

Х

Χ

Χ

Χ

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

organization

152,767

150,033

154,838

122,820

organizations

from the

6,216

6,255

2,900

0

any hours

0 0 40 0

0 0 40 0

0 0 40 0

0 0 40 0

0 0

......

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

	family flours	anu	a uii	eccc		usice,	,	(14, 2/1000	(W. 2/1000	I I I I I I I I I I I I I I I I I I I
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John Downes VP Global Initiatives	40 0			×				162,434	0	10,808
Marc Schneider VP Student Service	40 0			x				138,977	0	7,171
Cynthia Boyd VP Enrollment & Marketing	40 0			x				146,226	0	12,226
Gilles Lamarche VP Professional Relations	40 0			x				175,988	0	12,554
John McGee	40 0			х				133,340	0	2,285

Х

Χ

VP Enrollment & Marketing	•
Gilles Lamarche	:
VP Professional Relations	
John McGee	

VP Operations

Jana Holwick

Leslie King

Gerard Clum

Richard Belcastro

Dean College of Undergraduate

Dean - College of Chiropractic

Presidential Liaison for Exter

Dean, OI & Distance Education

and Independent Contractors

efile	e GR/	APHIC pri	nt - DO NOT PROC	CESS	As Filed Data -			DLN: 9	3493136045270
SCI	HED	ULE A	Duk	lic (Charity Statu	e and Dul	nlic Sunn	ort	OMB No 1545-0047
	m 99			the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization o	I	2018
•		the Treasury	•	Go to 1	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Name	e of th	ne organiza SITY INC	tion					Employer identific	cation number
								58-1216007	
Pal			for Public Charity a private foundation b					See instructions.	
1			onvention of churches		•	•		(A)(i).	
2	□	•	scribed in section 17						
3			or a cooperative hospi			,	, ,		
4		·	esearch organization		-			•	inter the hospital's
•	ш	name, city,		орстасс	a in conjunction with	a nospital deseri	Section :	1,0(b)(1)(A)(III)	inter the hospitars
5			ation operated for the (iv). (Complete Part I		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governn	,	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
7			ation that normally red ' 0(b)(1)(A)(vi). (Co			s support from a	governmental u	ınıt or from the gener	al public described in
8		A commun	ty trust described in s	ection	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organiza rant college of agricul						lege or university or a
10		from activition	ation that normally recies related to its exer income and unrelated See section 509(a)(3	npt fund d busine	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	
11		An organiza	ation organized and o	perated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publi	ation organized and op Try supported organiza I through 12d that des	ations d	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A sorganization	supporting organization organization (s) the power to reg	n opera ularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organizati nt of the supporting o plete Part IV, Section	rganiza	tion vested in the sar				_
c		Type III f	unctionally integratorganization(s) (see in	ed. A s	upporting organizatio				ated with, its
d		Type III n	on-functionally interior integrated The organical Theorem (Complete)	e grated nization	I. A supporting organ generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orgai	1. 1.
e		Check this	box if the organization	n receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-funct of supported organiz		mregrateu supporting	organization			
g	Provi	de the follow	ing information about	the su	pported organization(s)			
	(i) N	lame of supp organization		≣IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support oth s (see instructions)		(vi) Amount of other support (see instructions)	
						Yes	No		
			1						
Take	1								
Total		vork Reduc	tion Act Notice, see	the In	structions for	Cat No 11285	<u> </u> 	Schedule A /Form 9	90 or 990-EZ) 2018

instructions

rage	_
170	

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

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and stop here	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						··►□
Ŀ	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
17 a	10%-facts-and-circumstances test-	–2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	F L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

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

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

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

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

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

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

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

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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

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

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

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

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

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

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

9с

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

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

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

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sche	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

•	income or for management, conservation, or maintenance of property held for production of income (see instructions)			
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		
ē	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1 b		
	: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see			

			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

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

Additional Data

Software ID: Software Version:

EIN: 58-1216007

Name: LIFE UNIVERSITY INC

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

Instructions)

Facts And Circumstances Test

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

Supplemental Financial Statements

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

Open to Public

DLN: 93493136045270 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

8

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** LIFE UNIVERSITY INC 58-1216007 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2018

Cat No 52283D

 ${f d}$ Equipment .

Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)										
а		Public exhibition			d		oan or excl	nange progra	ims		
b		Scholarly research			е		Other				
С		Preservation for future	generations								
4	Provid Part	de a description of the o	organization's coll	ections and explain h	iow they	/ furthe	r the organ	ızatıon's exe	mpt purpos	e ın	
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						□ No			
Pai	t IV	Escrow and Cust Complete if the ord X, line 21.			n 990,	Part I	V, line 9, d	or reported	an amour		
1a		e organization an agent ded on Form 990, Part)		n or other intermedia	ary for (contribu	itions or oth	ner assets no	t	☐ Yes	□ No
b	If "Ye	es," explain the arrange	ment in Part XIII	and complete the fol	lowina t	able			An	nount	
c		nning balance		aa 55p.:555 555				1c			
d	-	ions during the year						1d			
e		ibutions during the year	-					1e			
f		ng balance						1f			
3 -				000 D+ V I 3						п.,	
2a		he organization include									∐ No
		es," explain the arrange									
Ра	rt V	Endowment Fund	as. Complete if						1.5		
1a	Reginn	ning of year balance .		(a)Current year 2,999,727	(D)PII	or year 2,653,4		years back (2,282,815	d)Three year 2.3	02,179	our years back 2,240,631
	-	butions		34,441		60,8		137,771		6,086	10,375
		vestment earnings, gair	ne and losses	212,626		285,4		234,279		49,550	94,040
		or scholarships		·		•		1,420		75,000	42,867
		expenditures for facilities						1,120		73,000	12,007
		ograms	=5								
f	Admini	istrative expenses .									_
		year balance		3,246,794		2,999,7	'27	2,653,445	2,2	82,815	2,302,179
2		, de the estimated percei	ntage of the curre	nt year end halance i	(line 1a	colum	n (a)) held			I	
a		de the estimated percei d designated or quasi-e	=	int year end balance	(IIIIe 19	Column	ii (a)) iieiu	as			
ь											
_			umant > 100 (000 %							
С		porarily restricted endov percentages on lines 2a,									
За		here endowment funds		•	on that	are held	d and admi	nistered for t	he		
J u		nization by	not in the posses.	sion of the organization	on that	are new	a ana aan	matered for t	inc		Yes No
	(i) ur	nrelated organizations								3a(i)	No
	(ii) related organizations					No					
b		es" on 3a(II), are the rel	-	·						3b	
4	Descr	ribe in Part XIII the inte			ment fu	ınds					
Pai	t VI	Land, Buildings,			000	D			. 000	L V 1 3	0
	Deccr	Complete if the ord	ganization answ (a) Cost or oth					a. See Form			O. ook value
	Descri	iption of property	(a) Cost or oth (investme		outer t	المان وتحمي	(c) AC	.cumulateu deļ	n eciau011	(u) b	ook value
4	l = = -l					2 442	220				2 442 220
	Land					3,442,		-	E 200 267		3,442,320
	Buildin	·				134,219,		5	5,289,267		78,930,338
С	Leaseh	nold improvements				1,054	,451		870,874		183,577

34,576,453

14,939,664

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

26,405,811

11,936,953

8,170,642

3,002,711

93,729,588

Part VII Investments—Other Securities. Complete if th	e organization ans	wered "Yes" on Form 9	990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		nod of valuation
(including name of security) (1) Financial derivatives		Cost or end-	of-year market value
(2) Closely-held equity interests			
(A) INVESTMENTS	3,862,745	5	F
(B) MONEY MARKET FUNDS (C)	9,372,258	3	F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	13,235,003	3	
Complete if the organization answered 'Yes' on F			
(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered (a) Description		Part IV, line 11d See Form	1 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	nswered 'Yes' on F	orm 990, Part IV, line	11e or 11f.
1. (a) Description of liability	(b)	Book value	
(1) Federal income taxes OTHER LIABILITIES		0 742,794	
(2)		742,794	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	► the footnote to the o	742,794	tements that reports the
organization's liability for uncertain tax positions and FIN 48 (ASC 7			

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expe zation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		_
а	Donated services and use of facil	ties		
b	Prior year adjustments			
c	Other losses	2c		
d	Other (Describe in Part XIII) $\ \ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4с	
5	Total expenses Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018				
Part XIII Supplemental Information (continued)				
Return Reference	Explanation			

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: **EIN:** 58-1216007

Name: LIFE UNIVERSITY INC

Supplemental Information

Return Reference

SCHEDULE D, PART V, LINE 4

Explanation DONOR RESTRICTED ASSETS ARE INTENDED FOR FUNDING NEEDS BASED ON INSTITUTIONAL SCHOLARSHIPS AND DONOR REQUESTS

Supplemental Information				
Return Reference	Explanation			
SCHEDULE D, PART X, LINE 2	The University is exempt from federal income taxes under Section 501(c)(3) of the U S Int ernal Revenue Code (the "Code") Any unrelated business income, as defined by Section 512(a)(1) of the Code is subject to income taxes U S generally accepted accounting principle s require the Universitys management to evaluate tax positions taken by the University and recognize a tax liability if the University has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service Management has analyzed the tax positions taken by the University, and has concluded that as of June 30, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The University recognizes interest accrued related to unrecognized tax benefits in interest expense and penalties in other institutional expenses. There were no interest or penalties recognized in either of the years ended June 30, 2019 or 2018. The University established the LAH subsidiary as a C-Corporation to ensure the Universitys tax exempt status under 501(c)(3) is not jeopardized. The Universitys federal Return of Organization Exempt from Income Tax (Form 990) for the years ended June 30, 2019, 2018 and 2017 are subject to examination by the IRS			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136045270 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** LIFE UNIVERSITY INC 58-1216007 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018) Page 2				
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)				
Return Reference	Explanation			
SCHEDULE E PART I LINE 3	THE UNIVERSITY PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY VIA NEWSPAPER NOTICES AND MEDIA ADDITIONALLY, THE UNIVERSITY POSTS ITS POLICY IN PUBLIC AREAS AND INCLUDES THE POIICY IN LITERATURE PROMOTING THE UNIVERSITY			
SCHEDULE E PART I LINE 6A	EXPLANATION OF GOVERNMENT FINANCIAL AID THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM THE FOLLOWING PROGRAMS FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG), FEDERAL PELL GRANTS, FEDERAL WORK STUDY PROGRAM, FEDERAL PERKINS LOANS, GEORGIA HOPE SCHOLARSHIP PROGRAM & THE GEORGIA LEAP GRANT PROGRAM			

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136045270 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** LIFE UNIVERSITY INC 58-1216007 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 1,036,430 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 1,036,430

Cat No 50082W

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2	2018							Page 2		
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
	Europe (Including Donation 20,000 Iceland and Greenland)				WIRE		Support	accrual		
	North America sponsorship 10			10,000	wire		support	accrual		
2 Enter total number exempt by the IR:		organizations listed a h the grantee or coun					•	2		
3 Enter total number	er of other org	anizations or entities					•			
			·		·	·	Schedule	F (Form 990) 2018		

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F	(Form 990) 2018	Page :								
Prov amo metl any	amounts of investments vs. method); and Part III, colur	applemental Information by ide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information (see instructions).								
	ReturnReference	Explanation								

Schedule F (Form 990) 2018

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 58-1216007

Name: LIFE UNIVERSITY INC

Operations

745,649

Form 990 Schedule F Par	orm 990 Schedule F Part I - Activities Outside The United States												
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region								
Central America and the		1	Program Services	Clinic Development	87,294								

2 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 145,490 1 |Program Services |Seminar/recruiting Greenland) North America 57.997 Program Services Seminar/recruiting

DLN: 93493136045270 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number LIFE UNIVERSITY INC 58-1216007 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2
Part III Grants and Other As	ssistance to	Domestic Individu onal space is needed	als. Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assist	tance	(b) Number of recipients	(c) Amount of (d) Amount cash grant noncash assist		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION DISCOUNTS		841	5,248,970			
(2)				1		
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Informati	on. Provide the inf	formation required in F	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanation	on				
PART I, LINE 2 PRAT I, LINE 2 PRAT I, LINE 2 PRAT I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AnnuallY tuition discount expenditures are projected and budgeted for the upcoming budget cycle Projections are prepared by the Director of Student Administrative Services, delivered to the Director of Budget and submitted for approval to the Executive Vice President of Finance and the Board of Trustees Various constituencies across campus are "allocated" a certain amount of funding to award to students, within the budgeted amounts. These awards are submitted to the Executive Vice President of Finance for approval and then routed to the Director of Student Administrative Services who then, through the Director of Financial Aid, oversees the packaging of these awards and integration with other financial aid awards to insure that no students with federal financial aid are over-awarded. Since these awards are tuition-based, they are posted to students' accounts each quarter once schedules are locked and total tuition amounts can be verified by the Director of Student Accounts and staff. Quarterly, the Director of Student Administrative Services compares actual expenses to budgeted amounts and alerts the budget manager of any potential overages. The budget is reviewed in each case to make sure overages will not cause fiscal issues. If it appears that they will, adjustments are recommended by the Director of Budget to the Executive Vice President of Finance.						

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 9349	313	6045	270					
Sch	edule J	Compensation Information	ОМВ	No	1545-0)047					
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and High	est								
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV,	line 23.	2018							
	a	▶ Attach to Form 990.		Open to Public							
•	epartment of the Treasury deternal Revenue Service Go to <u>www.irs.qov/Form990</u> for instructions and the latest information. Op										
	ne of the organiza UNIVERSITY INC	ation	Employer identificatio	n nu	mber						
LIFE	ONIVERSITY INC		58-1216007								
Pa	rt I Questio	ons Regarding Compensation									
			_		Yes	No					
1a		Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 1990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items									
		s or charter travel Housing allowance or residence for p									
	_	r companions \square Payments for business use of person									
		nification and gross-up payments Health or social club dues or initiatio									
	□ Discretion	nary spending account LJ Personal services (e g , maid, chauff	eur, cher)								
b		xes in line 1a are checked, did the organization follow a written policy regarding payme all of the expenses described above? If "No," complete Part III to explain		1b	Yes						
2	Did the organiza	ation require substantiation prior to reimbursing or allowing expenses incurred by all ses, officers, including the CEO/Executive Director, regarding the items checked in line	1.2	2	Yes						
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line	lar								
3		If any, of the following the filing organization used to establish the compensation of the	e								
	_	CEO/Executive Director Check all that apply Do not check any boxes for methods organization to establish compensation of the CEO/Executive Director, but explain in	Part III								
	✓ Compensa	ation committee									
		ation committee Written employment contract ent compensation consultant Compensation survey or study									
		of other organizations Description of the organization of the board or compensation or compensati	ion committee								
4	During the year, related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil ation	ing organization or a								
а	_	ance payment or change-of-control payment?		4a		No					
b		r receive payment from, a supplemental nonqualified retirement plan?		4b		No					
c	•	r receive payment from, an equity-based compensation arrangement?		4c		No					
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	III								
	- 1/ \/-										
5		t), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any									
,		ontingent on the revenues of									
а	The organization	n ²		5a		No					
b	Any related orga			5b		No					
	If "Yes," on line	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of									
а	The organization	n [?]		6a		No					
b	Any related orga			6b							
	•	6a or 6b, describe in Part III									
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III		7		No					
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," de	scribe								
_			<u> </u>	8		No					
9	If "Yes" on line 8 53 4958-6(c)?	did the organization also follow the rebuttable presumption procedure described in F	Regulations section	9							
For I		uction Act Notice, see the Instructions for Form 990. Cat. No. 50	0053T Schedule 1 (I		000)	2018					

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

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

Schedule J (Form 990) 2018									
Part III Supplemental Inform	art III Supplemental Information								
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								

Per the terms of his employment agreement, the Chancellor and/or President is afforded the benefits as indicated on line 1a

PART I, LINE 1A

Additional Data

Software ID: **Software Version:**

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 58-1216007 Name: LIFE UNIVERSITY INC

(iii)

Other reportable

compensation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title

(i) Base Compensation

Gilles Lamarche VP Professional Relations
Gerard Clum Presidential Liaison for Exter
Jana Holwick

Guy Riekeman Chancellor	(1)	396,883	0	0	0	4,847	401,730	
	(11)	0	0	236,538	0	0	236,538	
Robert Scott President	(1)	299,778	25,000	0	0	14,172	338,950	
	(11)	0	0	0	0	0	0	
	(1)	256,600	14,000	0	0	13,535	284,135	
	(11)	0	0	0	0	0	0	
VP of Academic Affairs	(1)	186,371	10,000	0	0	6,455	202,826	
	(11)	0	0	0	0	0	0	
John Downes VP Global Initiatives	(1)	162,434	0	0	0	10,808	173,242	
	(11)	0	0	0	0	0	0	
Cynthia Boyd VP Enrollment & Marketing	(1)	146,226	0	0	0	12,226	158,452	
	(11)	0	0	0	0	0	0	
Gilles Lamarche VP Professional Relations	(1)	175,988	0	0	0	12,554	188,542	
	(11)	0	0	0	0	0	0	
Gerard Clum Presidential Liaison for	(1)	154,838	0	0	0	2,900	157,738	
Exter	(11)	0	0	0	0	0	0	
Jana Holwick Dean College of	(1)	152,767	0	0	0	6,216	158,983	
Undergraduate	(11)	0	0	0	0	0	0	
Leslie King Dean - College of	(1)	150,033	0	0	0	6,255	156,288	
Chiropractic	(11)	0	0	0	0	0	0	

(C) Retirement and

other deferred

compensation

(D) Nontaxable

benefits

(E) Total of columns

(B)(i)-(D)

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

ef	file GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 93	493136	045270
	te: To capture the full conte	nt of this docum	ent, please selec	ct landscape mode	(11" x 8.	5") wh	ien p	rinting.						
	chedule K	Sui	onlemental l	nformation o	n Tax-F	xem	nt F	Ronds					1545-00	
(F	orm 990)			wered "Yes" to Form				2018						
_				, and any additional		in Part	· VI.							
	ertment of the Treasury ernal Revenue Service			▶ Attach to Form 990 irs.gov/Form990 for		nformat	tion.						to Publi spection	C
	ne of the organization E UNIVERSITY INC									Emplo	yer ıden	tification r	umber	
										58-12	16007			
P	art I Bond Issues	T	1											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose				(g) De	efeased	(h) C behalf		(i) Pool financing	
													ıssuer	
_	DEVELOPMENT AUTHORITY OF	50 1071010	56765555	07.12.0017		22.422				Yes	No	Yes	No Ye	-
А	DEVELOPMENT AUTHORITY OF THE CITY OF MARIETTA	58-1871019	567656EB5	07-13-2017	91,9	32,123		ERSITY FACI NDING	LIIY &		X		X	×
	- т в													
-	art II Proceeds					Δ.		E	<u> </u>		•		D	
1	Amount of bonds retired					1	0		,					
2	Amount of bonds legally defease						0							
3	Total proceeds of issue				91,932,123									
4	Gross proceeds in reserve funds				6,129,671		,671							-
5	Capitalized interest from procee	ds					0							
6	Proceeds in refunding escrows .				54,463,879									
7	Issuance costs from proceeds .				1,796,439									
8	Credit enhancement from proce	eds			0									
9	Working capital expenditures fro	•			788,333									
10						28,753	,800							
11							0							
12							0							
13	Year of substantial completion .					18								
					Yes	No		Yes	No	Yes	No		res	No
14	<u> </u>					X								
15					X									
16	Has the final allocation of proce	eds been made?.			X									
17	Does the organization maintain proceeds?				×									
P	art Ⅲ Private Business Us								•					
						Δ.		E		C			D	
1	Was the organization a partner	in a nartnership or a	member of an U.C.	which owned proporty	Yes	No		Yes	No	Yes	No		res	No
_	financed by tax-exempt bonds?	<u></u> .				Х								
2		nts that may result in	private business use	of bond-financed		×								
For	Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.		Ca	No 50	193F				S	chedule I	(Form (90) 2018

3a

d

4

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

		A		В		С	Г)
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of		X						

	bond-financed property'	••			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х			

Α

No

Χ

Χ

Х

Yes

Х

0 %

0 %

0 %

Х

Х

Χ

Χ

Yes

В

No

C

No

Yes

counsel to review any management of service contracts relating to the imaneta property	
Are there any research agreements that may result in private business use of bond-financed property?	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	

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

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

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

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

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

Rebate not due yet?

Exception to rebate?

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

Term of hedge Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Were gross proceeds invested in a guaranteed investment contract

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied?

requirements of section 148? . . .

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

В

Nο

No

Yes

Yes

No

No

Yes

Nο

Yes

Yes

Yes

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

No

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

efile GRAPHI	C print - De	O NO	T PROCES	S A	\s Fi	led Data -					DL	N: 93	4931	360	45270
Schedule L (Form 990 or 990)-EZ) ► Coi	nplet						d Person		25a, 2	25b, 26		МВ No	1545	5-0047
27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.							´	2018							
			⊳ Go t					st information	n.						
Department of the Tre Internal Revenue Serv	I .											9	Open Insi		
Name of the org	anization								Er	mplo	yer ide	ntifica			
LIFE UNIVERSITY I	NC								58	3-121	6007				
			,		,	, , ,,	, , , , , ,	d 501(c)(29) or	_						
	lete if the org Name of dis			d "Yes"				r 25b, or Form lified person ar			ırt V, lır Descript		(4	1 Cor	rected?
1 (4) Name of the	quam	neu person		(5)	•	organization	iiilea person ai	"	. ,	ansacti			es	No
									_						
									+						
Part II Los Cor	ans to and mplete if the corted an amo	or Forgani unt or	From Inter zation answe n Form 990, (c) Purpose	rested ered "Ye Part X,	Perses" on line 5 loan torgan	sons. Form 990-EZ,			90, Pa) In ault?	(I Appro boa	-	(ganıza i)Wrı greem	tten
							<u> </u>								
Total						•	≯ \$								
						ested Person		line 27							
(a) Name of Inter	•	(b)	Relationship erested perso organizat	p betwe	en	es" on Form 9 (c) Amount o		(d) Type o	of assi	stand	e	(e) Pu	rpose (of ass	istance
For Paperwork Red	luction Act No	tice s	ee the Instru	ctions f	or For	m 990 or 990-F	7 (:	at No 50056A		S al	andula I	/Earm	000 0	- 000	EZ) 2018

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f atıon's
				Yes	No
(1) Dr Brıan McAulay	Former Provost/BOT member	137,495	Consulting Services		No
(2) 100 Chiropractic	Daughter/Son-ın-Law of Chancellor	102,022	Franchise Fee and Management		No

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

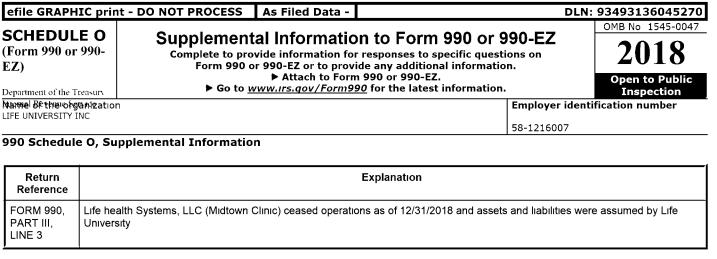
Return Reference

Supplemental Information

Part V

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493136045270 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number LIFE UNIVERSITY INC 58-1216007 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ 3,220 FMV Art-Historical treasures Art—Fractional interests 4 Books and publications Χ 1,053 FMV Clothing and household goods Cars and other vehicles . Boats and planes . . Intellectual property . . Securities-Publicly traded . Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 18.342 FMV 25 Other ▶ (Chiropractic Equipment) Χ **26** Other ▶ (300FMV Gift Cards) 27 Other ▶ (Χ 44,454 FMV Office Equipment) Χ 3,000 FMV Other ▶ (Television) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE COLLEGE OF CHIROPRACTIC The Mission of the Life University College of Chiropractic, ce intered on the Vertebral Subluxation Complex, is to educate, mentor and graduate skilled and compassionate Doctor of Chiropractic to be primary care clinicians, physicians, teachers, and professionals, using the Universitys core life proficiencies as their foundation. Di dactic Program Activities Remediation and Retesting The DCP has moved to a system of incre ased, early and often assessments consistent with better practices in higher education. This has been shown to improve learning and assist in identifying students who are strugglin g and may need intervention in the form of remediation, advising, modification of schedule, and supplemental instruction. The DCP has identified high fail rate courses within the curriculum that pose challenges for students. As a result, the DCP created remediation and retesting opportunities for students to demonstrate competency throughout the course(s). The process consists of identified courses providing early and often assessments to identify students who are struggling and need intervention in the form of remediation, advising, modification to schedule, and supplemental instruction. There have been 964 retests with 5.72 passing grades. Of those passing grades, 131 of the 5.72 students with passing grades would not have passed the course without the opportunity to retest. Academic Policies Review and Revision The DCP modified the academic standing policies which included the creation of the DCP Progression Policy and the redefining of Academic Standing. The DCP Progression Policy was created to ensure that students were supported to progress through the program at a pace sufficient to graduate within 150% of normal time of completion. The DCP created a cademic standing policies as a modification of the academic restriction designations to allow for the earlier intervention of students who begin struggling academically Element sof academic restriction designations to allow for the ear

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	activity is beneficial for students, early in the program, to understand the importance of clinical documentation with diverse populations in a patient care setting. Peer Mentorin g The DCP developed and implemented a formal peer mentor program to increase 1st year reteintion of all DCP students. This program utilizes the 1st quarter students engagement and connectedness with the 8th quarter students leadership and communication skills. The DCP pairs mentors from an 8th quarter course with mentees from a 1st quarter course. The 1st quarter and 8th quarter faculty member from each course work together to create the connection. The DCP brings in Student Ambassadors as volunteers because these students are an honorary group of students experience. The DCP chooses Student Ambassadors as volunteers because these students are an honorary group of students who participate in public relations act virties and are handpicked by the President to serve as student leaders. 387.1st quarter students have participated in the program along with 248.8th quarter students participating as peer mentors. Survey data reveal that more than 90% of the 1st quarter students felt more engaged and better acclimated to the program and the University at the end of their first quarter. More than 90% of the 8th quarter peer mentors reported that it helps them to improve their rapport-building and leadership skills. More than 80% of the 1st quarter students stated that they would continue mentoring as well as looking forward to becoming a mentor when they reach 8th quarter. COLLEGE OF CHIROPRACTIC CLINIC SYSTEM The mission of the Life University Clinic System is to improve the health and wellbeing of people in the co-mmunities we serve by providing chiropractic care and other health services, centered on the Vertebral Subluxation Complex. We will maintain excellence in the educational standards of our teaching clinics and encourage all constituents of our clinics to actively participate in health and well-ness programs that reach out to others

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	h and Optimum Performance provides health care services for the Life University student co mmunity and provided over 25,000 patient visits at no charge. The Campus Center for Health and Optimum Performance 1269 Barclay Circle Marietta, GA 30060 Level II Experience. The Life University students continue to devel op competency and critical thinking skills, and also focus on developing competency in patient management. Although competency development continues, the student now has access to a larger volume and variety of patients with a range of conditions. The outpatient facility provided for over 50,000 patient visits with 50% of the care provided at no charge. Level III Clinic. The Center for Health and Optimum Performance provides health care services to the general public in a fee-for-service environment. The Center for Health and Optimum Performance 1415 Barclay Circle Marietta, GA 30060 Level III Experiences. Level III clinic encompasses the final quarters of the clinical education program. In Level III the student experiences integration into broader health care environments. These experiences are provided through a variety of programs, these programs may include field doctors office experiences, international satellite clinics, and/or sporting events. All officampus clinical education experiences take place at sites that have agreements and/or signed contracts with the University. Life University also owns and/or operates two community outreach clinics in the metro Atlanta area that serve special needs populations. Level III Clinics. There are currently three programs operating under the Level III programs, they are Outreach, fiel d practice, and International Clinics Outreach. The outreach clinics provide health care services to special needs populations in the metro Atlanta area and provided over 10,000 p attent visits at no charge. Due to the high volume of patient care within the Outreach clinic, it has outgrown its current facility and the college opened a new larger facility to handle the growth in

Return Reference	Explanation
Clinic Program Activities	NextGen New Electronic Health Records Platform The Life University Clinic System made a significant change in choosing and implementing a new electronic health records (EHR) system. In the process of selecting the best software, many factors were weighed that would be most beneficial to LIFEs entire clinic system (student, outpatient, and outreach clinics). The Universitys top five deciding factors were a software that focuses on patient care with more time interacting with patients and less screen time documenting care, user-friendly software support, optimized workflow, ability to use software for student education purposes and stability of vendor company. The chosen software was NextGen, which proved to be the most advantageous to the University and clinic system. The software is a fully integrated system including Practice Management, EHR, Revenue Cycle Management, quality auditing, mobile features, fully configurable and scalable to any size and a system that will accommodate the growth of the University. The NextGen system has proved to create a seamless transition and overall continuity of each level of the clinic. The University continues to fulfill its initiative to expand its clinical experiences for students to both domestic and international locations through its Level III clinic programs. Qualified upper-quarter students have the opportunity to participate in qualified field experiences located in doctors offices in several domestic and international locations. Additional community service provided by clinic The clinical system continues to provide complimentary public screenings and/or educational programs each month. These programs are intended to provide the community with a greater understanding of chiropractic health care and to screen the community for the presence of vertebral subluxation. Positive feedback from participants provides direction for future locations and services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4B, 4C & 4D	COLLEGE OF GRADUATE AND UNDERGRADUATE STUDIES The Human Ecology degree launches this Fall quarter and are beginning the admissions process for the BS Psychology at Arrendale which will start Winter 2020 quarter. Life University will celebrate graduation of its second co hort awarding the Associate of Arts in PHDSC at Lee Arrendale womens prison in January 2020 Life University applied for and has been accepted by the Gardner Institute to participate in the Institutes Retention Management Program (RMP) Participation in the RMP has assisted CGUS in identifying retention challenges specific to its student population and has provided guidance in development and implementation of solutions. A committee of faculty and staff has been appointed to lead the project. CGUS will hold an on-campus retreat in lat e January 2020 to review data collected and determine specific objectives and goals for the 2020-2021 academic year. Several faculty will be attending the Gardner Institute's "Gate way Course Experience" conference in Chicago in March. THE JOHN N. GARDNER INSTITUTE FOR E.XCELLENCE IN UNDERGRADUATE EDUCATION IS A NON-PROFIT ORGANIZATION DEDICATED TO PARTNERING WITH COLLEGES, UNIVERSITIES, PHILANTHROPIC ORGANIZATIONS, EDUCATORS, AND OTHER ENTITIES TO INCREASE INSTITUTIONAL RESPONSIBILITY FOR IMPROVING OUTCOMES ASSOCIATED WITH TEACHING, LE ARNING, RETENTION, AND COMPLETION. Life Academic Master Plan (LAMP) committee continues their work on a proposal for administration. All subcommittees have submitted their research and individual program write-ups. The CGUS dean will be meeting with the entire committee early during the Fall quarter to review the research and prioritize their recommendations. The undergraduate general education core curriculum has been revised and approved. The general education core incorporates all eight core proficiencies and has added a service-I earning component to support SLP CGUS is increasing its community outreach to individual high schools and districts. An MOU is being drafted with the Cob

Return Reference	Explanation
FORM 990, PART III, LINEs 4B, 4C & 4D	Psychology A Bachelors degree in Interdisciplinary Studies will be offered during the 202 0 Academic year. The COE developed a 3-year plan with developmental goals and objectives a nd is assessing new academic programs to add to online offerings, in conjunction with LAMP recommendations. Center for Teaching and Learning Excellence Oversaw the universitys tran sition to the use of master course templates in Blackboard during the Summer quarter by de livering workshops, creating course shells, conducting one-on-one meetings, and providing numerous print resources. Launched the revised CETL Professional Development Grant process. The new process includes two application tracks aligned to scholarly activities and teaching/learning activities, and it requires all recipients to share with their LIFE U collea gues the information/skills they learn at the event or conference they attend. Developed a new course design process to use with faculty in the design of online and face-to-face co urses. The new process is based on the Backwards Course Design/ADDIE approach and seeks to create higher-quality courses.

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11

Return Explanation
Reference

FORM 990, PART OF THE ORGANIZATION'S INTERNAL CONTROL PROCEDURES, DISCUSSIONS WITH ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE MADE TO MONITOR AND ENFORCE COMPLIANCE LINE 12C

Return Explanation
Reference
FORM 990. THE INDEPENDENT BOARD MEMBERS REVIEW AND APPROVE EXECUTIVE COMPENSATION MATTERS

PART VI, SECTION B, LINE 15A & 15B

Return Explanation
Reference

FORM 990, DOCUMENTS THAT ARE REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC ARE AVAILABLE VIA GUIDESTAR ORG ALL OTHER GOVERNING AND CONFLICTS OF INTEREST DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes in Net Assets IMPAIRMENT LOSS (175,674) Midtown Clinic loss (449,992) Total (625,666) FOR THE YEAR ENDED JUNE 30, 2019, THE UNIVERSITY RECORDED AN IMPAIRMENT LOSS IN THE AMOUNT OF (175,674), WHICH REPRESENTS THE NET BOOK VALUE OF DORMITORIES AND OTHER IMPROVEMENTS THAT WERE VACATED AND TAKEN OUT OF SERVICE IN JUNE 2019 FOR CONSTRUCTION OF A NEW STUDENT HOUSING AND DINING FACILITY OTHER CHANGES IN NET ASSETS INCLUDE Loss at the Midtown Clinic for (449,992)

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	136045	270
SCHEDULE R (Form 990)	ization an	zations a	OMB No 1545-0047 2018 Open to Public											
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	i.irs.gov/	<u>Form990</u> for	instructio	ns and the	e latest info	ormation.					o Public ection	C
Name of the organization LIFE UNIVERSITY INC									Emp	loyer identif	ication	number		
Down T. Idontification	of Discounted F	matition Commisto if	.b.o. o.u.o.o.o.		anad IIVaa	ll on Form	000 Part	T\/ lune 2		216007				
Part I Identification	of Disregarded E	ntities Complete If	ne organ	ization answ	erea Yes	on Form	990, Part	IV, line 3	J.					
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a			c) ncile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Exc npt organizations du		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
Name, address, an	(a) d EIN of related organızatı	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled
For Paperwork Reduction Ac	t Notice, see the Inc	tructions for Form 9	90.		Ca	it No 5013	 85Y				Sche	edule R (Form	990) 20	18

one or more related organizations treated as a partnership (a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllin entity	(e) Predomi Income(re unrelat excluded tax un sections 514	inant elated, ted, I from der 512-	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k Percer owner
e Health Systems	Healthcare	GA	NA	N/A		0	0	Yes	No No	0	Yes Yes	No		
Baltımore PI NW lanta, GA 30308 -3982026			GA.					, and the second		110		103		
IV Identification of Related Organi							zation ans	wered "Ye	s" on l	Form 9	990, Part I\	/, line	e 34	
because it had one or more related (a) Name, address, and EIN of related organization	(b) Primary activity	Le dor	on or tr (c) egal micile or foreign	Di	(d) rect controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income	Shar	(g) re of end year assets	l-of- Perc	(h) entage iership		(ı Section (13) cor entii
	Live to	cou	intry)								100			Yes
Accelerator Holdings Inc arclay Circle SE a, GA 30060 5074	Healthcare		3A	Lif	e University	C Corp	p	-455,78	2		0 1000	000 %		Yes
		I				1	1		- 1					

(1)Life University Inc

(2)Life University Inc

(3)Life University Inc

(4)Life University Inc

(5)Life University Inc

No

1e

1g

1h

1i

1i Yes

1k

11 Yes

1m

1n

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

Yes 1a |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Ye	s N	40				
1 During the tay year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							

ear, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV Yes **1**b

1d

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

(b)

Transaction type (a-s)

(c)

Amount involved

4,810,609

175.260

0

251.537

Actual

Actual

Actual

Actual

Actual

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s)

Name of related organization

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

