Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

9 12 Open to Public

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OMB No. 1545-0047

Inter	nal Reve	nue Service	ar y	Information	about Form 990 and its i	instruction	s is at <i>www.i</i>	rs.gov/	/form990.		I	nspecti	on
A F	or th	e 2019 d	calen	dar year, or tax year begir	nning 07/	01,2019	, and endir	ng		06	5/30 ,2	0 20	
		с	Name	of organization					D Employer ic	lentifi	cation nur	nber	
B c	heck if ap	oplicable:		ND CANYON UNIVERSI	TY								
	Addre		Doina	Business As	47-250	772	5						
	chang	change		er and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Telephone r				
-	+	return		0 W. CAMELBACK ROAD		,			(855) 42				
_	+			r town, state or province, country, a		(000) 12	.0 .						
-	Termi Amen		-	ENIX, AZ 85017		G Gross receip	ata @	1 470	763	310			
_	return Applio			and address of principal officer:	BRIAN MUELLER	1			H(a) Is this a gro		·	/ /03	X N
	pendi				DRIAN MULLLER				subordinate	s?			
				E AS C ABOVE					H(b) Are all subor			Yes	
<u> </u>		empt status		X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	7	If "No," atta	ich a lis	st. (see instru	ctions)	
				CU.EDU					H(c) Group exen				
K	Form of	of organiza	ition:	X Corporation Trust	Association Other		L Year o	f format	tion: 2014 M	State	of legal d	omicile:	AZ
Ρ	art I	Sumn											
	1	Briefly de	escrib	e the organization's mission o	r most significant activities	: GCU I	S A PREM	IIER	CHRISTIAN	I UN	JIVERS	ITY,	
e		EDUCA	TIN	G PEOPLE TO LEAD AN	ND SERVE BY PROV	/IDING	POST-SEC	CONDA	RY				
an		EDUCA	TIO	N SERVICES ON ITS 7	FRADITIONAL ARIZ	CONA CA	MPUS AS	WELL	AS ONLIN	JE			
Governance	2	Check th	nis box	✓ ► ☐ if the organization d	iscontinued its operation:	s or dispose	ed of more the	an 25%	of its net asse	 ts.			
ő	3			ing members of the governing		•				3			7.
				ependent voting members of t						4			7.
Activities &				of individuals employed in cale						5		9,	,650.
ΪŇ				of volunteers (estimate if neces						6			0.
Act	70	Total un	roloto	d business revenue from Part V	(III. column (C) line 12			• • •		7a	F	5.794	4,544
										7a 7b			B,506
	a	Net unre	elated	business taxable income from	Form 990-1, line 34			<u></u>	Prior Year	01	C	rrent Y	-
									362,446,9	2 5			
ne	8			and grants (Part VIII, line 1h)		COP	Y FOR						7,945
'en	9			ce revenue (Part VIII, line 2g)			NSPECTION	1,3	340,199,52		1,449		
Revenue	10			come (Part VIII, column (A), line	es 3, 4, and 7d)				5,180,7		4		5,723
	11	Other re	venue	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				363,3		<u> </u>		1,083
	12	Total rev	enue	- add lines 8 through 11 (must	t equal Part VIII, column (A	.), line 12) .			708,190,50				
	13	Grants a	and sir	milar amounts paid (Part IX, colu	umn (A), lines 1-3)			2	231,811,48	39.	274	,694	1,185
	14	Benefits	paid	to or for members (Part IX, colu	mn (A), line 4)					0.			0
ŝ				r compensation, employee bene				1	L90,497,0'	72.	211	,100),734
nse			Professional fundraising fees (Part IX, column (A), line 11e)										C
Expense	b			ing expenses (Part IX, column (829,082	2.						
ш	17			es (Part IX, column (A), lines 11				8	398,210,7	90.	961	,329	9,172
				s. Add lines 13-17 (must equal			1,3	320,519,35	51.	1,447,124,091			
				expenses. Subtract line 18 fron					387,671,1		23,069,619		
es		110101100	1000					-	ning of Current			, d of Yea	-
Net Assets or Fund Balances	20	Total ass	ote (E	Part X, line 16)				-	547,641,74		1,676		
Ass. Bal	20								259,970,59		1,265		
Ind /	21			(Part X, line 26)					387,671,1),774
				fund balances. Subtract line 21					, 0/1, 1, 1,	55.		, / = 0	,,,,,
	rt II			Block						£			- 11 - 4 - 14 - 14
true	der per e, corre	ect, and cor	perjury, mplete	I declare that I have examined th . Declaration of preparer (other than	is return, including accompa i officer) is based on all inform	nation of wh	ules and stater ich preparer ha	ments, a as any ki	and to the best on nowledge.	of my	knowledge	and be	eliet, it is
			-		i			-	Ī				
Sig	n												
He		·		e of officer					Date				
ne	e	🕨 —		TE WEST		VP BU	SINESS &	FIN	[
				print name and title									
_ ·		Print/Typ	be pre	parer's name	Preparer's signature		Date		Check	if	PTIN		
Paid		PATRI	CK	SHIELDS	Vature Simh	_	05/0	03/21	self-employ	yed	P0150	8556	i.
	parer	Firm's na	Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596										
USE	Only			101 E. WASHINGTON STREE	T, SUITE 910 PHOENIX,	AZ 85004			Phone no.	602	2-322-	3000	
May	the II			s return with the preparer show							. X Y	/es	No
				on Act Notice, see the separat									0 (2019
				,									· · · ·

For	m 990 (2019) Page 2
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GCU IS A PREMIER CHRISTIAN UNIVERSITY, EDUCATING PEOPLE TO LEAD AND
	SERVE BY PROVIDING POST-SECONDARY EDUCATION SERVICES ON ITS TRADITIONAL ARIZONA CAMPUS AS WELL AS ONLINE.
	TRADITIONAL ARIZONA CAMPOS AS WELL AS ONLINE.
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 1,400,388,289. including grants of \$ 274,694,185.)(Revenue \$ 1,436,563,730.) INSTRUCTIONAL PROGRAM SERVICES - INSTRUCTIONAL PROGRAM SERVICES
	INCLUDE ALL ACTIVITIES DIRECTLY TIED TO THE EDUCATIONAL SERVICES
	PROVIDED BY THE UNIVERSITY. GCU HAS APPROXIMATELY 100,000 ENROLLED
	STUDENTS (ON CAMPUS AND ONLINE) IN UNDERGRADUATE, GRADUATE, AND
	DOCTORAL LEVEL PROGRAMS. GCU PROVIDES SCHOLARSHIPS, GRANTS, AND
	OTHER FINANCIAL ASSISTANCE TO ELIGIBLE STUDENTS BASED ON FINANCIAL
	NEED AND ACADEMIC MEASURES.
4b	(Code:)(Expenses \$15,403,505. including grants of \$0.)(Revenue \$13,135,229.) AUXILIARY ENTERPRISES - AUXILIARY ENTERPRISES REPRESENT VARIOUS BUSINESS UNITS THAT OPERATE TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE UNIVERSITY'S STUDENTS, INCLUDING AN ARENA, HOTEL, RESTAURANTS, GOLF COURSE, AND CAMPUS/ONLINE SHOPS.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 1,415,791,794.
JSA 9E1	020 2.000 Form 990 (2019)

Form 9	990 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		x
~	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
7	"Yes," complete Schedule D, Part I	0		
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	– –		
U	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
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	Х	
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		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	-	140		
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	···		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Page	4
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Dart IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a	Х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
Dent	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA			990	(2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves Note: If the number of employees reported on Form W-3. Transmittal of Wage and Tax (2 a) 9, 650 Jate Terms file of the colspan="2">Late Wes Terms the sectore of the file sectores provided 0. Jate Terms file of the colspan="2">Jate Statements file all required federal employment tax returns? Jate Terms the sum of lines 1 and 2 is greater than 25.0 your more during the year? Jate Terms the number of DoT Tort hay and 2 his prediet of particles account, or other financial account?: Jate Terms the nume of the forgin country (such as a bank account, securities account, or other financial account?: Jate Terms the nume of the forgin country (such as a bank account, securities account, or other financial account?: Jate Terms the nume of the forgin country (such as a bank account, securities account, or other financial account?: Jate Terms the nume of the forgin country (such as a bank account, securities account, or other financial account?: Jate Terms the nume of the forgin country (such as a bank account, securities account, or other financial accounts (FBAP) Gat must be organization for FinCENF Funct 114. Report of Fornigh Bank and Financial Accounts (FBAP) Jate Terms the adaption of the securities account, or other financial Accounts (FBAP) Jate Terms the adaption for FinCENF Funct 114. Report of Fornigh Bank and Financial Accounts (FBAP)	Form	990 (2019)		F	Page 5
Yes Ne 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 9,650 bit of telestone is reported on line 2a, differed engloyment tax returns? 3a 2b X 3a Differed the organization file and registed the organization file all required for effectional employment tax returns? 3a X 3b X 3a Differed the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 4a At any time during the calendar year, diff the organization have an interest in, or a signature or other authority over, a fancial accountin; a foreign country (>b 3b X 5a if Yes, "terf the name of the foreign country >b sea instructions for filing requirements of FiCH Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X 5a Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Dot any taxable party notify the organization an express statement that such contributions? 6a X 5b T'Yes," fild the organization neity the down of the value of the goods or sankase provided? 7a X 7b Vestone that way enceleductible? 7b X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. $[2a]$ $[2b]$				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return. $[2a]$ $[2b]$	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If at least one is reported on line 32, did the organization file all required federal employment tax returners? 2b × 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, 'hast filed a Form 90-7 for this year? If 'No' to line 3b, provide an explanation or Schedule O 3a X 3b If Yes, 'hast filed a Form 90-7 for this year? If 'No' to line 3b, provide an explanation or Schedule O 3a X 3b If Yes, 'hast filed a Form 90-7 for this year? If 'No' to line 3b, provide an explanation or Schedule O 3a X 3b If Yes, 'hast filed a Form 90-7 for this year? If 'No' to line 3b, provide an explanation or Schedule O 3a X 3b If Yes, 'hast filed a Form 90-7 for this year? 5a X 3b Was the organization appart on the foreign county P See instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3c If Yes, 'did the organization have annual gross receipts that are normally greater than \$100,000, and (the organization include with ever y solicitation an express statement that such contributions or gifts were not tax deductible contributions 2. 5c 4c Did the organization notify the donor of the value of the pools or services provided? 7b X b If Yes, 'did the organization motify the donor of the value of the organization file Form 88282. 7a X 7g If the organization receive any functify the solar, strainese or other valieds. 7a X					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>Me</i> (see instructions). Image: Comparison have uncleated builts greats greas income of \$1,000 or med duing the year? Image: Comparison have uncleated builts greats greas income duing the year? Image: Comparison have uncleated builts great for the year? Image: Comparison have uncleated builts great for the year? Image: Comparison have uncleated builts great for the year? Image: Comparison have uncleated builts great for the year? Image: Comparison have uncleated greater for the year? Image: Comparison have uncleater for the year? Image: Comparison have uncleater for the year? Image: Comparison have uncleater for the year?	b		2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?,,,,,,,, .					
b If "Yes," has it filed a Form 980-T for this yea? If "No" to line 3b, provide an explanation on Schedule O. 3b X 4 A tany time during the caleadary year, dith the organization have an interest in, or a signature or other authority over, the set instructions for filing requirements for FICCN Form 114, Report of Foreign Bank and Financial account; 4a X b If "Yes," enter the name of the foreign country > Set instructions for filing requirements for FICCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?. 5a X 5a D da set taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for organization have annual gross receipts that are normaly greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(-). B If "Nes," (did the organization notify the donor of the value of the goods or services provided? 7a X 7 Organization selle apayor. Tes Set file form 3222? Tes Set file form 3222? Tes Set file form 3232. Tes Set file file form 3232. Tes Set file form 3232. Tes Set file form 3232. <	3a		3a	Х	
43 At any time during the calendar year, did the organization have aninterest in, or a signature or other subtority over, a financial account i, a fouriely account is organized to a period provide the subter transaction at any time during the tax year? 4a X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Xa 5a			3b	Х	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b ff "Yes," enter the name of the foreign country b 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Xa 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5a Xa 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? 5a Xa b ff "Yes," did the organization notify the donor of the value of the goods or services provided? 6b 6a X 7 Organization science a payment in excess of 57 made party as a contribution and party for goods and services provided to the payor? 7b X 7b X c Did the organization notify the donor of the value of the goods or services provided? 7b X 7c Xa c Did the organization outrig the donor of the value of the goods or services provide? 7c Xa 7c Xa d If "Yes," indicate the number of Forms 8282 filed during theyers, or the revision an epersonal benefit contract? 7t Xa f If the organization receive any premiums, directly or indirectly, to pay premiums, directly or any state file form 10276. <th></th> <th></th> <th></th> <th></th> <th></th>					
b If "Yes," enter the name of the foreign county b See instructions for filing requirements for FIGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibiled tax shelter transaction at any time during the tax year?. 5b If "Yes" to ine Sa or 5b, dit the organization that It was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 67 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 6a 7 Organization static may receive deductible contributions and express provided to the payor? 7a 7 Organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 7d 7 Tyes," did the organization celve any notify directly or indirectly, on a personal benefit contract? 7d 7 X 7d 7d 8 Sponsoring organization receive any durik indirectly rol ordirectly, on a personal benefit contract? 7d 7 X 7d X 7 Tyes," indicate the number of Forms 82827 filed during the year? 7d X			4a		Х
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state?					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?	a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?	120		122		
 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?			120		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X					
Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			122		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	a		100		
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	h				
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	a				
 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? <i>If "No," provide an explanation on Schedule O</i>			1/2		x
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			140		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		1 5	x	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			13	Δ	
is the organization an educational institution subject to the section 4500 excise tax on het investment income?	4.6		16		x
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	10		

Form **990** (2019)

Form 9	J90 (2019)			Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	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 on Schedule O.			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
2	any other officer, director, trustee, or key employee?	-		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b				
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Sect	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	-	<u> </u>	11
0000	on b. Toncies (This occurr b requests information about policies not required by the internal revenue	0000	Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
Ň	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
a h	The organization's CEO, Executive Director, or top management official	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CO, FL, MD, MA, MI, NC, OH, OR, SC	,VA,		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
• -				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ot inte	rest p	oolicy
	and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records JUNETTE WEST 3300 W CAMELBACK ROAD PHOENIX, AZ 85017 602-639-8878 20

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Part VI	Governance, Management, and Disclosure For each "
	and the line of the second of the second sec

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DAN MAJERLE	40.00									
HEAD BASKETBALL COACH	0.					x		1,807,720.	0.	16,431.
(2) BRIAN MUELLER	20.00							1,00,,120.		
PRESIDENT	20.00			X				735,965.	0.	250.
(3) BRIAN ROBERTS	40.00									
CAO/GENERAL COUNSEL/SECRETARY	0.			X				538,505.	0.	80,088.
(4) HENRY RADDA	40.00							,		
PROVOST	.10			X				440,862.	0.	148,846.
(5) CHRISTINE LINDERSON	40.00									
SVP OF FINANCIAL AID	0.					X		246,902.	0.	236,402.
(6) JENNIFER LECH	40.00									
EVP ACADEMIC AFFIARS	0.					X		261 , 789.	0.	193,444.
(7) JUNETTE WEST	40.00									
VP BUSINESS & FIN/TREASURER	.10			Х				170,220.	0.	188,869.
(8) MARVIN MENZIES	40.00									
ASSOC. HEAD BASKETBALL COACH	0.	1				X		315,965.	0.	10,081.
(9) ANDREW STANKIEWICZ	40.00									
HEAD BASEBALL COACH	0.					X		264,137.	0.	16,506.
(10) WILL GONZALEZ	.50									
CHAIRMAN OF THE BOARD	.10	X		Х				10,000.	0.	0.
(11) DON ANDORFER	.50									
DIRECTOR	.10	X						10,000.	0.	0.
(12) PEGGY CHASE	.50									
DIRECTOR	.10	Х						10,000.	0.	0.
(13) LUPITA HIGHTOWER	.50									
DIRECTOR	.10	Х						10,000.	0.	0.
(14) MARION KELLY	.50									
DIRECTOR	.10	Х						10,000.	0.	0.

JSA

Form **990** (2019)

Form 990 (2019)

Ρ	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										-			
	(A) Name and title	(B) Average hours per week (list any hours for	ge Position ber (do not check more than t any box, unless person is bol for officer and a director/tru					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am com	(F) timated ount o other pensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatic d relate inizatio	d
15) FRED MILLER DIRECTOR	.50	Х						10,000.		0.			C
16) JIM RICE DIRECTOR	.50	X						10,000.		0.			С
	o Sub-total c Total from continuation sheets to Part VII, Se				 				4,852,065.		0.			917. 0.
	d Total (add lines 1b and 1c)	limited to t		iste				► o re	4,852,065. ceived more than	 \$100,000 c	0. of		390 ,	917.
3	Did the organization list any former offic												Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s organization and related organizations gre	sum of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from	the	3		X
5	<i>individual</i>	accrue co	 mpen	satio	 on f	ron	 n any	un	related organization	on or individ	 dual	4	Х	
	for services rendered to the organization? If "Ye ection B. Independent Contractors											5		Х
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) ompens	ation	
A	TTACHMENT 1							+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 38

Page **8**

	rt VII	Statement of Revenue Check if Schedule O contains a respo	nse or note to an	ny line in this Part ∖	/		
		· ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
lts Its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٦ پور	с	Fundraising events	0.				
ifts ar ∕	d	Related organizations					
0 ii	е	Government grants (contributions) 1e	12,180,093.				
Sir	f	All other contributions, gifts, grants,					
uti		and similar amounts not included above . 1f	3,417,852.				
gi	g	Noncash contributions included in					
ont of		lines 1a-1f	\$ 137,544.				
ອັບັ	h	Total. Add lines 1a-1f	🕨	15,597,945.			
			Business Code				
ice	2a	INSTRUCTIONAL PROGRAM SERVICES	611310	1,433,133,289.	1,433,133,289.		
Program Service Revenue	b	AUXILIARY ENTERPRISES	611310	13,135,229.	6,686,150.	6,449,079.	
enu Su	c	OTHER REVENUE	611310	3,430,441.	3,084,976.	345,465.	
eve	d						
Вg	e						
ሻ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,449,698,959.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts).	►	4,495,723.			4,495,723.
	4	Income from investment of tax-exempt bond	d proceeds 🕨	0.			
	5	Royalties	🕨	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 970, 683.					
	b	Less: rental expenses 6b 569,600.					
	с	Rental income or (loss) 6c 401,083.					
	d	Net rental income or (loss)	•	401,083.			401,083.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	с	Gain or (loss) 7c					
erF	d	Net gain or (loss)	•	0.			
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from fundraising events	<u> ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory.		0.			
S			Business Code				
eot Ne	11a						
lan ent	b						
Miscellaneous Revenue	с						
Mis							
2	е	Total. Add lines 11a-11d	►	0.			
	12	Total revenue. See instructions	🕨	1,470,193,710.	1,442,904,415.	6,794,544.	4,896,806.

Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a res				X
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	274,694,185.	274,694,185.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,121,135.		2,121,135.	
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	189,586,346.	177,210,725.	12,082,924.	292,697.
8	Pension plan accruals and contributions (include				
	section $401(k)$ and $403(b)$ employer contributions)	0.			
9	Other employee benefits	6,328,288.		1,722,979.	
10	Payroll taxes	13,064,965.	12,137,564.	906,347.	21,054.
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	1,452,452.		1,452,452.	
c	Accounting	325,713.		325,713.	
	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.). ATCH 2	715,658,107.		571,216.	71,473.
12	Advertising and promotion	840,213.		14,216.	293,945.
13	Office expenses	16,386,263.	14,670,831.	1,696,192.	19,240.
14	Information technology	0.			
15	Royalties	354,589.			
16	Occupancy	16,316,735.		3,840,938.	3,026.
17	Travel	4,970,557.	4,808,883.	148,498.	13,176.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	125,771.	97,790.		27,981.
20	Interest	59,529,718.	58,167,718.	1,346,000.	16,000.
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	62,487,093.	61,025,056.	1,413,037.	49,000.
23	Insurance	3,110,115.	624,603.	2,485,512.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	00 500 714	0.0 575 0.00	6.050	
-	FOOD SERVICE COSTS	23,582,714.		6,852.	
~	BAD DEBT EXPENSE	22,189,770.	22,189,770.		
-	LICENSING COSTS-TEXTBOOKS	18,348,487.	18,348,487.		
-	OUTSIDE SERVICES	1,708,026.		260 204	01 400
	All other expenses	13,942,849.	13,552,155.	369,204.	21,490.
	Total functional expenses.Add lines 1 through 24eJoint costs.Complete this line only if the	1,447,124,091.	1,415,791,794.	30,503,215.	829,082.
20	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)	0.			
	(incoming corr to 2 (inco solo-120)	0.			Form 990 (2010)

Form 990 (2019)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	19,352,356.	1	147,100,733.
	2	Savings and temporary cash investments.	306,302,827.	2	160,502,071.
	3	Pledges and grants receivable, net	138,953.	3	1,264,366
	4	Accounts receivable, net	16,657,612.	4	14,862,464
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
ţs	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	2,191,425.	8	2,110,906
∢	9	Prepaid expenses and deferred charges	3,902,457.	9	3,062,461
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1, 319, 129, 328.			
	b	Less: accumulated depreciation	1,168,479,545.	10c	1,230,909,203.
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	116,000,000.
	15	Other assets. See Part IV, line 11		15	391,688
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,647,641,748.	16	1,676,203,892.
	17	Accounts payable and accrued expenses		17	39,415,129
	18	Grants payable		18	0
	19	Deferred revenue.		19	175,497,331.
	20	Tax-exempt bond liabilities.	-	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
ies	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35%	1,069,912,419.		0
Liabilities		controlled entity or family member of any of these persons		22 23	1,044,912,419.
	23 24	Secured mortgages and notes payable to unrelated third parties		<u>23</u> 24	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0.	24	0
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	823,315.	25	5,638,239.
	26	Total liabilities. Add lines 17 through 25.	1,259,970,593.	26	1,265,463,118.
ces	20	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		20	
llan	27	Net assets without donor restrictions	387,270,155.	27	410,121,668.
ñ	28	Net assets with donor restrictions.	401,000.	28	619,106.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Sie	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances	387,671,155.	32	410,740,774.
z	33	Total liabilities and net assets/fund balances	1,647,641,748.	33	1,676,203,892.

Form 990 (2019)

Form 99	00 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	70,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		47,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		23,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	87 , 6	71,1	55.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	10,7	40,7	74.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in			
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			0	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20	71	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
•	Schedule O.		41			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	tne	3a	х	
L	Single Audit Act and OMB Circular A-133?		*	Ja		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a sequence to undergo such as	-		3b	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	Juits		50	000	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	tment of the 1 al Revenue Se			Attach to Form 990 or F <i>v/Form990</i> for instructio			information.	Open to Public Inspection
Name	of the organ	ization					Employer identifi	· · ·
GRA	ND CANY	ON UNIVERSIT	Y				47-250772	25
Par	tl Rea	son for Public C	harity Status (All o	organizations must o	omplete	e this pa	art.) See instructions	
The o		•		t is: (For lines 1 throug		•	,	
1				tion of churches desc				
). (Attach Schedule E	-			
3				organization described		• •		
4 [-		conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
_ r	`	al's name, city, an						
5 [-		a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
c [. (Complete Part II.)	romantal unit das sibs	d in a a a t	ion 170/	(h)/d)/d)/s)	
6 7				ernmental unit describe				m the general nublic
7 [-	(b)(1)(A)(vi). (Comp	-	pport in	om a go		om the general public
8				b)(1)(A)(vi). (Complete	Part II)			
9							l in conjunction with a	land-grant college
J			-			-	name, city, and state of	
	univer	•	la grant conogo or a		.юпо). Е		name, etg, and etate et	
10 [mallv receives: (1) m	ore than 331/3 % of its	support	from co	ontributions, membersh	nip fees, and gross
L	receip	ts from activities r	elated to its exempt	functions - subject to	certain e	xceptior	is, and (2) no more that	n 331/3% of its
	acquir	ed by the organization	ation after June 30. 1	975. See section 509	able inco (a)(2). (C	Complete	s section 511 tax) from Part III.)	businesses
11 [usively to test for publi				
12 [An org	ganization organize	ed and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to c	arry out the purposes
	of one	or more publicly	supported organizat	ions described in sec	ion 509	(a)(1) o	r section 509(a)(2). S	ee section 509(a)(3).
	Check	the box in lines 12	a through 12d that d	lescribes the type of s	upporting	g organi:	zation and complete lir	nes 12e, 12f, and 12g.
а	Тур	e I. A supporting o	organization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the s	supported organiz	ation(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	es of the
	· ·	0 0	•	te Part IV, Sections A				
b							supported organization	
		-		-	the sam	e persor	ns that control or man	age the supported
_	~		ust complete Part IV				u	ha internete davite
С		-		ing organization opera ns). You must comple			n with, and functional	ly integrated with,
d							ection with its support	ted organization(s)
u					-		oution requirement and	
		•	• •	omplete Part IV, Sect	•			
е							hat it is a Type I, Type I	I, Type III
	func	tionally integrated	, or Type III non-func	tionally integrated sup	porting c	organiza	tion.	
f			ted organizations					
g	Provide th	e following inform	ation about the supp	orted organization(s).	1			
	(i) Name of s	upported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(0)								
(D)								
(E)								
								<u> </u>
Tota	I							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(0 T-t-1
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2019 (li			())			%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org	-					
b	box and stop here . The organization q 331/3% support test - 2018 . If the org						
D	this box and stop here . The organization						
172	10%-facts-and-circumstances test - 2			-			
174	10% or more, and if the organization						
	Part VI how the organization meets t					•	•
	organization.			0	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati						-
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0045	# \ 0040	() 0047	(1) 00 (0	() 00 (0	
	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	payments received on securities loans,						
	rents, royalties, and income from similar						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	· · · · · ·						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	 or the organizat	tion's first seco	nd third fourth	or fifth tax ve	ear as a section	501(c)(3)
••	organization, check this box and stop here .	0			,		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Schee	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (lin	e 10c, column (f	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S	chedule A, Part	III, line 17 🔒 🔒			18	%
19 a	331/3% support tests - 2019. If the org	ganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stor	here. The orga	anization qualifies	as a publicly	supported organi	zation . 🕨 📃
b	331/3% support tests - 2018. If the orga	nization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 33 ²	1/3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨
20	Private foundation. If the organization d	id not check a	box on line 14	4, 19a, or 19b,			
JSA 9E122	11.000				S	chedule A (Form 9	-
	7788PF 1546						PAGE 1

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 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 organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.*
- **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.*

s *regard.* 3b Schedule A (Form 990 or 990-EZ) 2019

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page 7
	ion D - Distributions	Supporting Organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity		cu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110113	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in Part VI). See instructions.	and organization to roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
<u> </u>	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			A (Earm 990 at 990 EZ) 2019

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

47-2507725

GRAND CANYON UNIVERSITY

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I

(a)

No.

(a)

No.

2

1

		\$30,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,295.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
5A		Schedule	B (Form 990, 990-EZ, or 990-PF)
E1253 1.000 7788PF 1	1546		PA

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

(d) Type of contribution

(d)

Type of contribution

Х

Х

(C)

Total contributions

(c)

Total contributions

\$

10,000.

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

7

JSA

(0)		\$(2)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(C)

Total contributions

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(d)

Type of contribution

Χ

	ributors (see instructions). Use duplicate cop	·	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) O.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u>		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$86,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a) o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$5,083.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 47-2507725

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2019)	
Name of organization	GRAND	CANYON	UNIVERSI

EZ, or 990	-PF) (2019	
	PAGE	24

Partl	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19 -		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20 -		\$14,953.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21 -		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22 -		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23 -		\$7,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24 -		\$7,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 47-2507725

Part I

_

PAGE 25

(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
25		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
26		\$20,000. Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
27		\$10,810. Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
28		\$
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
29		\$61,488. Person X Payroll X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
		\$

Employer identification number 47-2507725

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2019)	
Name of organization	GRAND	CANYON	UNI

ame of organization	GRAND CANYON	UNIVERSITY	Employer identification number
			47-2507725

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SECURITIES	—	
		\$5,295.	12/19/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	ROBOTIC EQUIPMENT		
		\$	06/02/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	COMPUTER EQUIPMENT	_	
		\$10,810.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	GOLF EQUIPMENT	—	
		\$38,280.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	COMPUTER EQUIPMENT		
		\$61,488.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				
Name of organization GRAND CANYON UNIVERSITY	Employer identification number			
	47 0507705			

				47-2507725		
Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
	Use duplicate copies of Part III if addit	ional space is need	ed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Trans	er of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from	(b) Burness of gift	(a) ca	of gift	(d) Decoription of how aiff is hold		
Part I	(b) Purpose of gift	(c) Use		(a) Description of now gift is neid		
		(e) Trans	fer of gift	(d) Description of how gift is held		
	Transferee's name, address, a	nd ZIP + 4	Relatio	ship of transferor to transferee (d) Description of how gift is held		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Trans	er of gift	1		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No		1				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Trans	ior of aift			
	Transferee's name, address, a		-	nship of transferor to transferee		
				• • • • • • • • • • • • • • • • • • •		
			1			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEE	DULE	D
(Form	990)	

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.

20 19

OMB No. 1545-0047

	artment of the Treasury		Attach to Form 99 Form000 for instruction		l the letest inform	otion		Open to	
	rnal Revenue Service te of the organization		Form990 for instruction	s and	a the latest inform		ployer identifica	Inspection	on
	-						47-25077		
_	AND CANYON UNI		and Funda an Other	0.1.00	ilen Frunde en			20	
Pa		tions Maintaining Donor Adv				ACCO	ounts.		
	Complete	e if the organization answered					(b) Funds and	ather access	+
			(a) Donor advi	sear	unds		(b) Funds and	other account	ls
1		nd of year							
2		of contributions to (during year)							
3		of grants from (during year) ..							
4		it end of year							
5	Did the organizati	ion inform all donors and donor	advisors in writing th	at th	ne assets held	in do	nor advised		
		nization's property, subject to the	-		-			Yes	No
6		on inform all grantees, donors, a							
		purposes and not for the bene							
_		issible private benefit?						Yes	No
Pa		tion Easements.		_					
		e if the organization answered							
1		servation easements held by the		that					
	Preservatio	n of land for public use (for example	, recreation or education)	Щ	Preservation		-	-	
	Protection of	of natural habitat			Preservation	of a c	ertified histo	ric structure	
		n of open space							
2		through 2d if the organization he	eld a qualified conserv	atior	n contribution in	the fo			
		ast day of the tax year.					Held at the	End of the T	ax Year
а	Total number of co	onservation easements				2a			
b	Total acreage rest	tricted by conservation easements	3			2b			
С	Number of conser	vation easements on a certified	historic structure includ	led ir	n(a)	2c			
d	Number of conser	rvation easements included in (c) acquired after 7/25/	06, a	and not on a				
	historic structure li	isted in the National Register				2d			
3	Number of conse	rvation easements modified, tra	nsferred, released, ext	ingu	ished, or termi	inated	by the org	anization du	uring the
	tax year 🕨								
4	Number of states	where property subject to conse	rvation easement is loc	ated	▶				
5	Does the organiz	ation have a written policy reg	parding the periodic r	noni	toring, inspect	ion, h	andling of		
	violations, and enf	orcement of the conservation ea	sements it holds?					Yes	No No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viola	tions	, and enforcing	conse	rvation easem	nents during	the year
	▶								
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violatio	ons, a	and enforcing co	onserv	vation easem	ents during	the year
	▶\$								
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	equir	ements of secti	on 17(0(h)(4)(B)(i)	_	
	and section 170(h))(4)(B)(ii)?						Yes	No No
9	In Part XIII, descri	be how the organization reports	conservation easemer	nts ir	its revenue and	l expe	nse stateme	nt and	
	balance sheet, an	d include, if applicable, the text o	of the footnote to the o	rgan	ization's financi	al sta	tements that	describes th	е
_		ounting for conservation easeme							
Pa		tions Maintaining Collections				r Sim	ilar Assets	•	
	Complete	e if the organization answered	"Yes" on Form 990,	Par	t IV, line 8.				
1a	of art, historical t	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public ext	nibitio	on, education,	or re	search in fu	oalance she irtherance o	et works of public
b	art, historical treas	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition						
	•	ded on Form 990, Part VIII, line 1					▶\$		
		d in Form 990, Part X							
2		n received or held works of a							
	•	required to be reported under F						J, FI	
а	•	on Form 990, Part VIII, line 1.	•				►s		

b Assets included in Form 990, Part X....

Schedule D (Form 990) 2019

▶ \$

Schee	lule D (Form 990) 2019										Pa	age 2
Ра	rt III Organizations Maintaining	Collections of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	Assets (C	ontinue	d)	
3	Using the organization's acquisition, a	accession, and c	other recor	ds, checl	k any o	f the	follow	ing that n	nake sign	ificant u	se of	its
	collection items (check all that apply):			_								
а	Public exhibition		d	Loan d	or excha	ange	prograr	n				
b	Scholarly research		e	Other								
С	Preservation for future generation											
4	Provide a description of the organization	tion's collections	and expla	ain how t	they fur	ther	the org	ganization'	s exempt	purpose	e in F	Part
	XIII.											
5	During the year, did the organization so								_			
	assets to be sold to raise funds rather t		ained as pa	irt of the o	organiza	ation's	s collec	tion?	[Yes		No
Pa	rt IV Escrow and Custodial Arra		o" on For		Dort IV/	line	0	on orted a		t on Fo		
	Complete if the organizatior 990, Part X, line 21.	ranswered re	S ON FOR	m 990, F	Part IV,	line	9, 01 16	eponed a	n amour		m	
1a	Is the organization an agent, trustee, o	custodian or othe	er intermed	liarv for c	ontribut	tions	or othe	r assets no	ot			
	included on Form 990, Part X?			-						Yes		No
b	If "Yes," explain the arrangement in Pa											
				0					Amount			
с	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amoun	nt on Form 990,	Part X, line	21, for e	escrow o	or cus	stodial	account lia	ability?	Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	ere if the e	xplanation	has be	en pro	ovided	on Part XII	Ι		-	
Ра	rt V Endowment Funds.											
	Complete if the organization	n answered "Ye										
		(a) Current year	(b) Pric	r year	(c) Two	o years	back	(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the Board designated or quasi-endowment		end balanc %	e (line 1g,	column	i (a)) I	neld as:					
a b	Permanent endowment	%										
c	Term endowment > %	70										
Ŭ	The percentages on lines 2a, 2b, and	2c should equal 1	100%									
3a	Are there endowment funds not in the			ation that	are hel	d and	ladmin	nistered for	the			
•••	organization by:		ie ergenie							Y	es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related o									3b		
4	Describe in Part XIII the intended uses	s of the organiza	tion's endo	wment fur	nds.					<u> </u>		
Ра	rt VI Land, Buildings, and Equipn Complete if the organization	nent. n answered "V	es" on Foi	m 990 I	Part IV	line	112 9	See Form	000 Pa	rt X line	10	
	Description of property	(a) Cost or	other basis	(b) Cost	or other ba		(c) Acc	cumulated) Book valu		
4 -	Land		tment)	· · · ·	other) 208,33	25	depre	eciation		116,20	<u> </u>	35
1a հ					903,70		45 3	90,011.		876,51		
b	Buildings				201,92			28,807.		129,87		
c d	Leasehold improvements				509,05			99,506.		80,00		
	Equipment				306,31		1	1,801.		28,30		
	I. Add lines 1a through 1e. (Column (d)		n 990, Part		-		c.)		1,	230,90		

Schedule D (Form 990) 2019

Investments - Other Securities.

Part VII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes OTHER LONG TERM DEBT 300,000. (2) (3) DEFERRED TI ALLOWANCE - LONG TERM 49,883. DEFERRED RENT - LONG TERM 86,621. (4) DEFERRED INVESTMENT 46,852. (5)CAPITAL LEASE 502,060. (6)ACCRUED COMPENSATION 4,652,823. (7)(8) (9) 5,638,239. 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 organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Х JSA 9E1270 1.000 Schedule D (Form 990) 2019

Schedu	ıle D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; E	Dart V line 1. E	Part X line

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

see page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE UNIVERSITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 AND 2019. THE TAX RETURNS FOR THE 2015 YEAR AND THEREAFTER ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

GRAND	CANYON	UNIVERSITY

Employer identification number 47-2507725

Pa	rtl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	_		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially		v	
с	nondiscriminatory basis?	4b	Х	
U	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		Х
u				
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
Ч	Scholarships or other financial assistance?	5d		х
u		50		
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
~	Athletic programs?	Ea		х
g		5g		
h	Other extracurricular activities?	5h		Х
	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	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on 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	7	Х	

SCHEDULE E, PART I, LINE 3

WE PUBLISHED A NOTICE IN THE ARIZONA REPUBLIC NEWSPAPER ON JUNE 24, 2019. IN ADDITION, OUR WEBSITE INCLUDES THE NONDISCRIMINATION LANGUAGE AT THE BOTTOM OF OUR MAIN HOMEPAGE AT WWW.GCU.EDU. OUR NONDISCRIMINATION POLICY IS ALSO PUBLISHED IN OUR UNIVERSITY POLICY HANDBOOK, EMPLOYEE HANDBOOK, BROADCAST EMAILS, MARKETING BROCHURES, ENROLLMENT APPLICATION AND OTHER SIMILAR TYPES OF PUBLICATIONS.

SCHEDULE E, PART I, LINE 6A

THE UNIVERSITY PARTICIPATES IN THE FEDERAL HIGHER EDUCATION ACT TITLE IV PROGRAMS AS WELL AS PROGRAMS OFFERED BY THE ARIZONA COMMISSION FOR POST-SECONDARY EDUCATION. THE UNIVERSITY ALSO RECEIVED FUNDS FROM THE DEPARTMENT OF EDUCATION THROUGH THE HIGHER EDUCATION EMERGENCY RELIEF GRANT.

	Gran	Grants and Other Assistance to Organizations,	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Govern	Governments, and Individuals in the United States	Individuals ii	n the United	d States		2019
	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	answered "Yes" on Fo	orm 990, Part IV,	line 21 or 22.		Onen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.go	Attach to Form 990. www.irs.gov/Form990 for the latest information.	atest information			Inspection
Name of the organization						Employer identification number	on number
GRAND CANYON UN	CANYON UNIVERSITY					47-2507725	15
Part General	General Information on Grants and Assistance	istance					
1 Does the organi	Does the organization maintain records to substantiate the		ne grants or assista	nce, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and [
the selection crit 2 Describe in Part	the selection criteria used to award the grants or assistance?	ssistance?	e of grant funds in the	e United States.	• • • • • • • • • • • • • • • • • • • •		A Yes No
Part I Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	tic Organizations	and Domestic Gov	/ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
1 (a) Name an	Tail 19, 110 ± 1, 101 ± 11, 101 ± 11, 101 ± 11, 11 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Do	(b) EIN (c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
o		1		cash assistance	other)	noncash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ment organizations	isted in the line 1 tab				
	Enter total number of other organizations listed in the line 1	the line 1 table					
For Paperwork Reducti	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	. Form 990.				Sch	Schedule I (Form 990) (2019)
JSA							
9E1288 1.000 7788PF 1546	9						PAGE 35

Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	stic Individuals ace is needed.	s. Complete if th	ie organization	answered "Yes" on Fo	complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
SCHOLARSHIPS TO STUDENTS	114,875.	263,747,125.				
2 EMERGENCY AID GRANTS	17,946.	10,947,060.				
8						
4						
S						
6						
7						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	e information re	equired in Part I,	line 2, Part III, d	column (b); and any ot	her additional	
5 TO OTHER TAX-EX	ARE MADE	IN SUPPORT OF	P THEIR			
MISSIONS AND ARE MONITORED VIA THE GOV	GOVERNANCE PRP	PRACTICES OF TH	THOSE			
ENTITIES.						
INSTITUTIONAL SCHOLARSHIPS ARE AWARDED	O TO STUDENTS	IS BASED ON				
PRE-DETERMINED CRITERIA.						
THE UNIVERSITY RECEIVED FUNDS FROM THE	HIGHER	EDUCATION EMERGENCY RELIEF	SENCY RELIEN	F= .		
FUND. THESE FUNDS WERE ISSUED OUT TO S	STUDENTS AS	EMERGENCY	AID GRANTS.			

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-004 2019 Open to Public Inspection		
	of the organization			Employer identificatio			<u>,</u>
	ND CANYON	IINTVERSITY		47-2507725		•	
Part		is Regarding Compensation		1, 200, 20			
I alt	Quoonon					Yes	No
1a	990, Part VII, X First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to p iss or charter travel or companions emnification and gross-up payments onary spending account	ovided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch	y these items. personal use nal residence on fees auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b	X	
2			to reimbursing or allowing expenses		-		
-	-		D/Executive Director, regarding the items	-			
		· · · · · · · · · · · · · · · · · · ·			2	Х	
3	organization's related organ X Comper X Indepen Form 99	s CEO/Executive Director. Check all the ization to establish compensation of the sation committee dent compensation consultant 90 of other organizations	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P X Written employment contract X Compensation survey or study X Approval by the board or compensation	ds used by a art III. ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b			ntal nonqualified retirement plan?.		4b	X	
С	If "Yes" to an	y of lines 4a-c, list the persons and pr	ased compensation arrangement? rovide the applicable amounts for each it rganizations must complete lines 5-9.		4c		X
5	For persons compensation	listed on Form 990, Part VII, Secti n contingent on the revenues of:	on A, line 1a, did the organization pa				
-					5a		X X
b	-	rganization?			5b		^
6	For persons compensation	listed on Form 990, Part VII, Secti n contingent on the net earnings of:	on A, line 1a, did the organization pa				
a			• • • • • • • • • • • • • • • • • • • •		6a		X
b	-	rganization?			6b		X
7			n A, line 1a, did the organization prov	ide any nonfixed			
	payments not	t described on lines 5 and 6? If "Yes," d	escribe in Part III		7		Х
8	to the initia	I contract exception described in I	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? If	"Yes," describe	8	x	
9			low the rebuttable presumption proced		0	21	
					9	Х	

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

Schedule J (Form 990) 2019

More that the fourth of the fold annual of form 990. Part VI. Section A, line 14, applicable column (D) and (E) annual for that and the fold annual for the fold annual fold (D) for each fold (D)	1099-MISC compensation (iii) Other 1099-MISC compensation (iii) Other incentive (iii) Other ation compensation 0, 835. 4, 130. 1, 567. 2, 772. 6, 172. 630. 3, 976. 526. 7, 500. 0. 0. 0. 7, 584. 202.	, Part VII, Section (C) Retirement and other deferred compensation 0. 133, 4000. 60, 000. 175, 0000. 0. 0. 0. 0.	A, line 1a, applicab (D) Nontaxable benefits 250. 0. 15, 446. 0. 13, 869. 13, 869. 16, 431. 16, 431.	(E) Total of columns (B)(i)-(D)(i)-(D) (B)(i)-(D)(i)	 =) amounts for that (F) Compensation in column (B) reported as deferred on prior Form 990
(B) Breakdown of W-2 and/or 1090-MISC accompensation (A) Name and Title (D) Base (D) Bonus & Incentive compensation BRIAN MUELLER (D) 321,000 410,835 RESEDENT (D) 321,000 410,835 RESEDENT (D) 321,703 0 RENOUST (D) 321,703 114,567 RENOUST (D) 321,703 1186,172 ANDRENTS (D) 351,703 186,172 ANDRENTS (D) 351,703 186,172 ANDRENTER (D) 351,703 186,172 ANDRENTER (D) 351,703 186,172 ANDRENTER (D) 145,718 23,976 ANDRENTER (D) 264,137 0 ANDRENTER (D) 1,800,220 7,500 ANDREW STANKIEWICZ (D) 1,800,220 7,500 ANDREW STANKIEWICZ (D) 264,137 0 ANDREW STANKIEWICZ (D) 204,303 57,284 ANDREW STANKIEWICZ (D) 204,303 57,284 ANDREW STANKIEWICZ (D) 204,303 57,284 ANDREW STANKIEWICZ (D) 204,303 57,2	compensation (iii) Other reportable compensation 4 , 1 30 . 2 , 772 . 2 , 772 . 6 30 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(c) Retirement and other deferred compensation 0	(D) Nontaxable benefits 250. 250. 0. 15,446. 0. 20,088. 13,869. 13,869. 16,431.	(E) Total of columns (B)(i)-(D) 736, 215. 589, 708. 618, 593. 618, 593. 359, 089.	(F) Compensation in column (B) reported as deferred on prior Form 990
(A) Name and Title (0) Base compensation (0) Base compensation (0) Bonus & incentive compensation BRIAIN MUELLER (1) 321,000 410,835 RESIDENT (1) 321,000 410,835 RESIDENT (1) 323,523 114,567 RENOUST (1) 323,523 114,567 RENOUST (1) 351,703 186,172 ANDRENTS (1) 351,703 186,172 ANDRENTS (1) 351,703 186,172 ANDRENTER (1) 0 0 0 JUNETTE WEST (1) 145,718 23,976 0 ANDREMTER (1) 145,713 23,976 0 ANDREMTER (1) 145,713 23,976 0 ANDREMTER (1) 145,713 0 0 0 ANDREM STANKIEWICZ (1) 145,713 23,976 0 0 ANDREM STANKIEWICZ (1) 10 145,827 0 0 0	tive (iii) Other reportable 67. 2777 67. 2777 0. 63 72. 63 72. 63 0. 52 0. 00 0. 00 84. 20	other deferred compensation 0. 0. 60,000. 133,400. 0. 175,000. 0. 0. 0. 0.	benefits 250. 250. 15,446. 0. 20,088. 20,088. 13,869. 13,869. 16,431. 16,431.	(B)(i)-(D) 736,215. 589,708. 618,593. 618,593. 359,089.	in column (B) reported as deferred on prior Form 990
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CHRISTINE LINDERSON (1) 198,743. 45,82 SVP OF FINANCIAL AID (1) 0. 21 MARVIN MENZIES (1) 315,752. 21 MASOC. HEAD BASKETBALL COACH (1) 315,752. 21 ASSOC. HEAD BASKETBALL COACH (1) 0. 0. ASSOC. HEAD BASKETBALL COACH (1) 0. 0. ASSOC. HEAD BASKETBALL COACH (1) 0. 0. (1) (1) (1) 0. 0. (1) (1) (1) 0. 0. 0. (1) (1) (1) 0. 0. 0. (1) (1) (1) 0. 0. 0.	0.	.0	.0	.0	0.
SVP OF FINANCIAL AID (i) 0. MARVIN MENZIES (i) 315,752. 21 MASSOC. HEAD BASKETBALL COACH (i) 0. 0. ASSOC. HEAD BASKETBALL COACH (i) 0. 0. (i) (i) 0. 0. (i) (i) 0. 0.	82	230,000.	6,402.	483,304.	0.
MARVIN MENZIES (1) 315,752. 21 ASSOC. HEAD BASKETBALL COACH (1) 0. 0. ASSOC. HEAD BASKETBALL COACH (1) 0. 0. (1) (1) 0. 0. 0. (1) (1) (1) 0. 0. (1) (1) (1) 0. 0. (1) (1) (1) 0. 0. (1) (1) (1) 0. 0. (1) (1) (1) 0. 0.	.0	.0	.0	.0	0.
ASSOC. HEAD BASKETBALL COACH (i) 0. (i) 0. (i)	213. 0.	.0	10,081.	326,046.	.0
	.0	.0	.0	.0	0.
13 (ii)					
14 (ii)					
15 (ii)					
16 (ii)					

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for any additional information.	
SCHEDULE J, PART I, LINE 1A	
FIRST-CLASS OR CHARTER TRAVEL:	
CERTAIN EXECUTIVES AND OTHER EMPLOYEES OF GCU MAY TRAVEL FIRST-CLASS OR	
CHARTER AS BUSINESS NEED DICTATES. THESE ARE CONSIDERED NECESSARY	
BUSINESS EXPENSES.	
SCHEDULE J, PART I, LINE 4B	
THE ORGANIZATION HAS ADOPTED A NONQUALIFIED SUPPLEMENTAL DEFERRED	
COMPENSATION PLAN. IT IS INTENDED THAT THIS PLAN BE AN INELIGIBLE	
DEFERRED COMPENSATION PLAN UNDER THE PROVISIONS OF SECTION 457(F) AND BE	
OPERATED IN COMPLIANCE WITH CODE SECTION 409A. THE AMOUNTS RECORDED IN	
COLUMN (C) OF PART II (I.E. RETIREMENT AND OTHER DEFERRED COMPENSATION)	
REPRESENT DEFERRED COMPENSATION AWARDS UNDER THIS PLAN.	
SCHEDULE J, PART I, LINE 8	
GCU HAS CERTAIN EMPLOYMENT CONTRACTS WHICH ARE SUBJECT TO THE INITIAL	
CONTRACT EXCEPTION UNDER REGULATIONS SECTION 52.4958-4(A)(3). THE	
FOLLOWING GCU EMPLOYEES ARE UNDER THEIR INITIAL EMPLOYMENT CONTRACTS WITH	
GCU EFFECTIVE JULY 1, 2018:	

Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Par for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
BRIAN MUELLER	
	Schedule J (Form 990) 2019
JSA De rece a con	
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SCHEDULE L							Persons		⊢	OME	3 No. 1	545-00)47
(Form 990 or 990-EZ) Department of the Treasury		28b, or 28c, ►Att	, or For tach to	m 990 Form)-EZ, Part V, li 990 or Form 9	ne 38 990-E2	a or 40b. Z.	26, 27, 2	28a,		2(() pen To		C
Internal Revenue Service	►Go to	www.irs.gov/i	-orm99	0 for I	nstructions a	nd the	e latest information.			1 111	specti		
Name of the organization GRAND CANYON UNIN	TEDCTUV							mployer	2507		numbe	er	
		((.)(0)	4	504(-)(4)		504(-)(00)						
							501(c)(29) organi 25a or 25b, or For				line 4	0b.	
1 (a) Name of disqua	lified person	(b) Relatio		etween o organiza	disqualified perso ation	on and	(c) Des	scription	of trans	action		Ĥ) Correcte
(1)													
(2)		_											
(3)													
(4)													_
(5)													
(6)	of tax incurred by	the errori	- tion -		acro or diagu	alifia	d naraana during	the ver	~ ~ ~				
2 Enter the amount under section 495							-	-		e e			
3 Enter the amount										•\$_ •\$			
	or tax, if any, of it		Teimbu	JISEU	by the organ	iizatio				Ψ_			
Complete if t	d/or From Interes the organization a reported an amo	answered "Ye	es" on				ine 38a or Form 9	90, Parl	t IV, lir	ne 26;	or if tl	he	
(a) Name of interested perso		(c) Purpose of Ioan	(d) Loan from	n to or the	(e) Origina principal amo	ıl	(f) Balance due	(g) In (default?	by bo	proved pard or nittee?		/ritten ment?
				From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)								_					
(5)													
(6)													
(7)													
(8)								_					
(9)													
(10)							<u> </u>	_					
Total				<u></u>		. ►	\$						
	sistance Benefit the organization a				990. Part IV	line 2	97.						
(a) Name of interested perso	on (b) Relationshi	p between intere	sted (c)				(d) Type of assistance		(e)	Purpo	se of as	sistanc	e
(1)		-											
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	ction (e) Sha organiz reven	
				Yes	No
(1) JESSE MUELLER	SON OF PRES. B. MUELLER	146,470.	EMPLOYEE COMPENSATION		х
(2) MARK MUELLER	SON OF PRES. B. MUELLER	69,682.	EMPLOYEE COMPENSATION		х
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	65,803,044.	CONSTRUCTION SERVICES		Х
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 instructions and the latest information.

20**19** Open to Public Inspection

Name of the organization

GRAND CANYON UNIVERSITY

Employer identification	number
47-2507725	

Par	Types of Property			_				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		1.	5,295.	TRADE CON	IFIRM	ATI	NC
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			100.040				
25	Other ►(ATCH 1)		8.	132,249.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-			-			v
	to be used for exempt purposes for		olding period?			30a		Х
	If "Yes," describe the arrangement i							
31	Does the organization have a	- ·		-			37	
	contributions?					31	X	
32a	Does the organization hire or use							v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

COLUMN (B).

Part II

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
IT EQUIPMENT	Х	2.	72,298.	FMV
SUPPLIES & FOOD	Х	2.	1,670.	FMV
SPORTS EQUIPMENT	Х	2.	38,281.	FMV
ROBOTIC EQUIPMENT	Х	2.	20,000.	FMV
TOTALS	_	8.	132,249.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

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

FORM 990, PART III, LINE 1

GRAND CANYON UNIVERSITY ("GCU") HAS BEEN A TAX-EXEMPT, NONPROFIT INSTITUTION FOR MOST OF ITS 70 YEAR HISTORY, BEGINNING IN 1949. IN 2004 GCU WAS ACQUIRED BY GRAND CANYON EDUCATION, INC. ("GCE"), AND BECAME A FOR-PROFIT UNIVERSITY. GCU WOULD OPERATE AS A FOR-PROFIT UNIVERSITY UNTIL 2018. ON JULY 1, 2018, GCU PURCHASED THE UNIVERSITY RELATED ASSETS FROM GCE AND REVERTED BACK TO ITS HISTORICAL NONPROFIT STATUS. GCU ONCE AGAIN BEGAN OPERATING AS A NONPROFIT UNIVERSITY IN ORDER TO SECURE THE LONG-TERM LEGACY OF THE UNIVERSITY AND ENSURE THAT ITS STUDENTS, FACULTY AND STAFF HAVE THE SAME ACCESS TO GRANTS, RESEARCH OPPORTUNITIES, PHILANTHROPIC GIVING AND FULL NCAA PARTICIPATION AS OTHER UNIVERSITIES.

FORM 990, PART VI, LINE 6

GRAND CANYON UNIVERSITY FOUNDATION IS THE SOLE MEMBER OF GCU.

FORM 990, PART VI, LINE 7A

THE GCU BOARD OF TRUSTEES SHALL CONSIST OF THE SAME INDIVIDUALS WHO ARE MEMBERS OF THE BOARD OF DIRECTORS OF GRAND CANYON UNIVERSITY FOUNDATION, THE SOLE MEMBER OF THE GCU.

FORM 990, PART VI, LINE 11B THE ORGANIZATION RETAINS AN INDEPENDENT TAX ADVISOR TO ASSIST IN THE PREPARATION AND REVIEW OF ITS IRS FORM 990. PRIOR TO FILING THE RETURN, ALL TRUSTEES AND OFFICERS ARE PROVIDED COPIES OF THE FORM 990 FOR REVIEW. THE OFFICERS REVIEWED THE COMPLETED DRAFT, AND AFTER ALL COMMENTS AND QUESTIONS WERE ADDRESSED, THE DRAFT WAS SENT TO THE GCU BOARD OF TRUSTEES PRIOR TO THEIR REGULARLY SCHEDULED BOARD MEETING IN APRIL. IT WAS DISCUSSED AT THE BOARD MEETING AND ALL QUESTIONS WERE ANSWERED.

FORM 990, PART VI, LINE 12C

GCU HAS A CONFLICT OF INTEREST POLICY AND REQUIRES ALL OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES TO SIGN THE POLICY ANNUALLY AND DISCLOSE ANY KNOWN CONFLICTS. IN ADDITION, GCU HAS A QUESTIONNAIRE SPECIFIC TO THE FORM 990 THAT THESE SAME INDIVIDUALS ARE ASKED TO FILL OUT AND SIGN. THE BOARD OF TRUSTEES IS RESPONSIBLE FOR REVIEWING AND APPROVING ANY OF THE CONFLICTS AT THE BOARD/OFFICER LEVEL.

ADDITIONALLY, THERE IS LANGUAGE IN ALL GCU CONTRACTS THAT REQUIRES DISCLOSURE OF ANY KNOWN CONFLICTS WITH THE SUPPLIER NAMED IN THE CONTRACT. IF THERE ARE ANY DISCLOSED, GCU MAKES SURE THAT MULTIPLE BIDS WERE RECEIVED AND EVALUATED AND THEN THE EXECUTIVE TEAM MAKES THE DETERMINATION ON WHETHER TO MOVE FORWARD OR NOT. THE PROCUREMENT DEPARTMENT HEAD KEEPS TRACK OF THESE APPROVED CONFLICTS OF INTEREST AND AUDITS THE ACTIVITY ANNUALLY.

FORM 990, PART VI, LINE 15

GRAND CANYON UNIVERSITY USED OUTSIDE CONSULTANTS TO PERFORM AN INDEPENDENT COMPENSATION STUDY IN JULY OF 2019. THE STUDY COVERED ALL OFFICERS OF THE ORGANIZATION AND CERTAIN OTHER EMPLOYEES. THE UNIVERSITY'S BOARD OF TRUSTEES APPROVED THE COMPENSATION OF THE

Employer identification number 47-2507725

ORGANIZATION'S TOP MANAGEMENT OFFICIALS FOLLOWING A REVIEW OF THE COMPENSATION STUDY.

FORM 990, PART VI, LINE 19

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A BRIAN MUELLER IS ALSO EMPLOYED BY, AND RECEIVES, COMPENSATION FOR SERVICES PROVIDED TO GRAND CANYON EDUCATION, INC., AN UNRELATED ORGANIZATION.

FORM 990, PART IX, LINE 11G

IN CONNECTION WITH THE CLOSING OF THE ASSET PURCHASE AGREEMENT, THE UNIVERSITY AND GRAND CANYON EDUCATION, INC. ("GCE") ENTERED INTO A LONG-TERM MASTER SERVICES AGREEMENT PURSUANT TO WHICH GCE WILL PROVIDE IDENTIFIED TECHNOLOGICAL, COUNSELING, MARKETING, FINANCIAL AID PROCESSING AND OTHER SUPPORT SERVICES TO THE UNIVERSITY FOR A FEE. THIS IS RECORDED AS "EDUCATION SERVICE FEES" IN OUR FINANCIAL STATEMENTS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST F	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRAND CANYON EDUCATION 2600 W CAMELBACK RD PHOENIX, AZ 85017	SUPPORT SERVICES	749,510,621.
PONO CONSTRUCTION LLC 515 E CAREFREE HWY, #1241 PHOENIX, AZ 85085	CONSTRUCTION SERVICE	109,980,738.
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251	FOOD SVC PROVIDER	25,029,269.

Pag	e	2
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Employer identification number 47-2507725

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PANDA EXPRESS INC DBA PANDA EXPRESS 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770	FOOD SVC PROVIDER	2,457,439.
GROUPWARE TECHNOLOGY 541 DIVISION ST CAMPBELL, CA 95008	IT SERVICES PROVIDER	1,419,045.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

Schedule O (Form 990 or 990-EZ) 2019

GRAND CANYON UNIVERSITY

Name of the organization

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
EDUCATION SUPPORT SERVICES FEE	711,896,241.	711,896,241.	0.	0.
OTHER OUTSIDE SERVICES	3,761,866.	3,119,177.	571,216.	71,473.
TOTALS	715,658,107.	715,015,418.	571,216.	71,473.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	Inizations & ation answered "Y Attacl rs.gov/Form990 for	Related Organizations and Unrelated Partnerships omplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, on Attach to Form 990.	I Partnersh IV, line 33, 34, 35b, atest information.	ips 36, or 37.		20140-1044-0044 2019 Open to Public Inspection
Name of the organization GRAND CANYON UNIVERSITY						Employer ide 47-25	Employer identification number 47-2507725
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	led Entities. Complete if the	e organization a	nswered "Yes" on	Form 990, Part I	V, line 33.		
Name, address, and EIN (if	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entitv
(1) CANYON GOLF, LLC 3300 W CAMELBACK RD	PHOENIX, AZ 85017	61-1746305 7	GOLF	AZ	2,525,512.	17,752,542.	GCU
	PHOENIX, AZ 85017		HOSPITALITY	AZ	4,050,337.	18,883,869.	GCU
(3) CANYON PROMOTIONS, LLC 3300 W CAMELBACK RD	30 PHOENIX, AZ 85017	-0942982	PROMOTIONS	AZ	2,305,287.	1,638,300.	GCU
(4) (5)							
(6)							
Part II Identification of Related Tax-Exempt Organizations.		Complete if the the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had he tax year.	ered "Yes" on Fo	orm 990, Part IV,	, line 34, because	e it had
(a) Name, address, and EIN of related organization	ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) GRAND CANYON UNIVERSITY FOUNDATION 3300 W CAMELBACK RD, BLDG 26	90-0615620 PHOENIX, AZ 85017	SUPPORT	AZ	501(C)(3)	L.	N/A	
(2)							
(3)							
(4)							
(5)							
(6)							
(1)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	se the Instructions for Form 9	90.	-		-	Schedule F	Schedule R (Form 990) 2019
JSA 9E13071.000 7788PF 1546							PAGE 50

Page 2	ship									(i) 512(b)(13) controlled entity?	Yes No						
	Percentage ownership									(h) Percentage 511 ownership co	 						
ine 34,	(j) General or managing partner?								Part IV								
990, Part IV, li	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)								on Form 990, Part IV	(g) Share of end-of-year assets							
" on Form	Disproportionate allocations?									(f) Share of total income							
answered "Yes	(g) Share of end-of- year assets								nization answe the tax year.	Type of entity (C corp, S corp, or trust)							
 organization s tax year. 	(f) Share of total income								lete if the orga	(d) Direct controlling entity (C o							
Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	Predominant Predominant income (related, unrelated, excluded from tax under sections 512 - 514)								Corporation or Trust . Complete if the organization answered "Yes" ions treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)							
	(d) Direct controlling entity								as a Corporati nizations treate	(b) Primary activity							
s Taxable anizations	(c) Legal domicile (state or foreign country)								s Taxable ated orgal								
ed Organizations more related org	(b) Primary activity								ed Organizations I one or more rel	of related organization							
Schedule R (Form 990) 2019 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization							
Schedule R (F Part III	S S S	(1)	(2)	(3)	(4)	(5)	(9)	(1)	Part IV		(1)	(2)	(3)	(4)	(5)	(9)	(2)

	ırm 990, Part IV, line 34, 35b, or 36.
	anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
(Form 990) 2019	Transactions With Related Organizations. Cor
Schedule R	Part V

Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	°N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.	1a	×
		:

	ated organizations list	ed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				<
b Gift, grant, or capital contribution to related organization(s)			1p	\times
c Gift, grant, or capital contribution from related organization(s).		· · · · ·	- 1c	×
d Loans or loan guarantees to or for related organization(s)	-	· · · · ·	1d	×
			1e	×
f Dividends from related organization(s)			1f	×
a Sale of assets to related organization(s).			1g	×
Purchase of assets from related organization(s)			4	\times
	-		;=	×
Lease of facilities equipment or other assets to				×
	· · · ·	· · · · ·		
k Lease of facilities, equipment, or other assets from related organization(s)	-	-	1k 	×
Performance of services or membership or fundraising solicitations for rel	-		-	×
m Performance of services or membership or fundraising solicitations by related organization(s).			1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	-		1n	×
o Sharing of paid employees with related organization(s)			10	×
p Reimbursement paid to related organization(s) for expenses.			1p	×
q Reimbursement paid by related organization(s) for expenses				×
			- <mark>1</mark> -	× ×
S Other transfer of cash or property from related organization(s).			- 1S	<
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cover	complete this line, including covered relationships and transaction thresholds	saction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	bir B
(2)				
(3)				
(4)				
(5)				
(6)				
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Form
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Schedule

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		10110115 159a1 uit		(e)			(H			(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant F income (related, unrelated, excluded from tax under o	Are all partners section 501(c)(3) organizations?	ers Share of total income s?	Share of end-of-year assets	Disproportionate allocations?	te Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	or Percentage ig ownership	
			sections 512-514)	Yes No	0		Yes No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
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 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.