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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A F	or the	2009 calendar	year, or tax year begi		and ending 06-30-20	10	D Francisco	: al a a :	fication would an
		applicable Please	JI EDWARDS CIVILY				D Employer	ıaentı	fication number
☐ Ad	ldress cl	hange use IF	•				74-1109 E Telephone		ner .
∏ Na	ame cha	ange print type.	or				· ·		
┌ In	ıtıal retu		Number and street		not delivered to street add	ress) Room/suite	(512) 44		
Гте	mınate	tions.		venue			G Gross receip)(5 \$ 1	26,046,929
┌ An	nended	return		or country, and ZIP +	- 4		1		
┌ Ap	plicatio	n pending	Austin, TX 787046	489					
		F	Name and address of	prıncıpal officer		H(a) Is th	■ nis a group ret	urn fo	r
			George Martin 01 S Congress Ave			l l	ates?		┌ Yes ┌ No
			istin,TX 787046489			H(h) Are s	ıll affiliates incl	udod:	Yes No
						1			ee instructions)
I Ta	ax-exen	npt status 🔽 🥫	501(c) (3) 4 (insert no)	4947(a)(1) or	527		up exemption		
. v	/ebsit	e: ► http://www	w stedwards edu						
K For	rm of or	manization 🔽 Col	rporation Trust Associ	ation Other ►		Vear of fo	ormation 1969	M St	ate of legal domicile TX
_	rt I			ation j other p		L rear or re	Jillation 1909	14 30	ate of legal dofficile. TX
	1		oe the organization's m	ıssıon or most sıg	nıfıcant actıvıtıes				
			ulturally diverse stude						
æ		•	ns We prepare graduate pose solutions and mal	_	=	e thinking as v	vell as moral r	easor	ning, to analyze
ĕ			, , , , , , , , , , , , , , , , , , , ,						
Ĕ									
Governance	_					1.6			
ಭ ಸಾ	2		x if the organization						
40 (f) (h)	3		ing members of the go					_	33
Ě	4		ependent voting memb			1b)	•		33
Activities	5		of employees (Part V , I					_	2,241
∢.	6		of volunteers (estimate					6 _	(
			nrelated business revei					_	(
	b	Net unrelated	business taxable inco	me from Form 990)-T, line 34			7b	(
						Pri	or Year	<u> </u>	Current Year
a)	8		s and grants (Part VIII			•	4,799,368	_	4,337,193
enu	9		vice revenue (Part VIII				107,511,427	_	118,510,931
Revenue	10		ncome (Part VIII, colu		•	•	-13,625,172	+	2,071,977
_	11		ue (Part VIII, column (-437,535		1,126,828
	12		e—add lines 8 through			ne	98,248,088		126,046,929
	13		ımılar amounts paıd (P				27,059,309		31,481,764
	14	Benefits paid	l to or for members (Pa	rt IX, column (A),	line 4)		0		0
e6	15		er compensation, empl	oyee benefits (Pa	rt IX, column (A), lines	5-			
Expenses		10)					52,999,933	+	54,038,191
र्क	16a		fundraising fees (Part		•		0		0
五	Ь		g expenses (Part IX, columr						
	17	•	ses (Part IX, column (A				31,894,277		35,603,011
	18	•	ses Add lines 13-17 (•			111,953,519	+	121,122,966
	19	Revenue less	s expenses Subtract li	ne 18 from line 1.	2		-13,705,431		4,923,963
Š Š						_	g of Current Year		End of Year
Not Assets or Fund Balances	20	Total assets	(Part X, line 16)				241,182,078		244,436,347
AB	21		es (Part X, line 26).				119,558,594	 	116,181,760
25円	22		or fund balances Subtra				121,623,484	+	128,254,587
Pa	rt II						,,	<u> </u>	
		_	of perjury, I declare that I l	have examined this re	eturn, including accompanyir	ng schedules and	statements, and t	to the	best of my knowledge
		and belief, it is	true, correct, and complete	Declaration of prepai	er (other than officer) is bas	sed on all informa	tion of which pre	parer h	nas any knowledge
Sig	n					2011	04.20		
Here		Signature of	officer			Date	-04-28		
		Phonda Carl	twright VP of Financial Affai	ırc					
			t name and title						
		Preparer's			Date	Check If	Preparer's ide	ntıfvın	 g number
Paid		signature				self- empolyed	(see instruction		-
	arer's	Firm's name (or	voure h			emporyed F			
	Only	ıf self-employed), •				EIN 🕨		
	,	address, and ZIF	Phone no						
		1							
Мау	the IR	RS discuss this	return with the prepare	er shown above? (see instructions) .			Γ	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide a culturally diverse student body with an education that achieves a balance among the humanities, the sciences and the professions. To make graduates competent in a chosen discipline and to help them understand and appreciate the contributions of other disciplines. To promote excellence in teaching and learning in an environment that encompasses the campus classroom, student life programs and the broader community. To prepare graduates through training in critical and creative thinking as well as moral reasoning, to analyze problems, propose solutions and make responsible decisions.

·					┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O		
3	services?			w it conducts, any program · · · · · · · · · ·	┌ Yes ┌ No
_	it Yes, describe	these changes on Sched	ule O		
4	Section 501(c)(3) and 501(c)(4) organiza		three largest program services rusts are required to report the a gram service reported	• •
4a	(Code) (Expenses \$	111,228,507 including grants of	f \$ 31,481,764) (Revenue s	\$ 118,510,931)
	services as counseli	ng, library facilities, athletics, c	s program services is to educate stud ampus activities for students, etc and served 5293 students in this reporting	ents by providing instruction, support to by providing students with residence h period	academic programs through such alls, dining and bookstore services in
4b	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
	-				
4d	Other program s (Expenses \$	services (Describe in Sch O ind	nedule O) Huding grants of \$	O) (Revenue \$	0)
		ervice expenses►\$	111,228,507	σ γ (σ σ σ πασ φ	- /
	. ota. program s	expenses: 4	,,		

Part IV Checklist of Require	d	l Sc	he	:dı	ul	е	S
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IRS	S Filings and	Tax Compliance
					. a.z. compilario

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶FR See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		N o
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
	required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			

3001 S Congress Ave Austin, TX 787046489 (512) 448-8400

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

Se	ction A. Governing Body and Management				
	ation 711 out of ming boay and framagement			Yes	No
1a	Enter the number of voting members of the governing body	a 33			
b	Enter the number of voting members that are independent 11	b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?	ess relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed b supervision of officers, directors or trustees, or key employees to a management compa		3		Νο
4	Did the organization make any significant changes to its organizational documents sinc	•	4		No
5	filed? Did the organization become aware during the year of a material diversion of the organization.	zation's assots?	5		No
6	Does the organization have members or stockholders?		6		No
о 7а	Does the organization have members, stockholders, or other persons who may elect one				NO
	governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders		7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	Yes	
Se	ction B. Policies (This Section B requests information about policies not rec	quired by the Internal	•		
Re	venue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activa affiliates, and branches to ensure their operations are consistent with those of the organization.		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing b	oody before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form	1990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually into conflicts?	erests that could give rise	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with t describe in Schedule O how this is done	he policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the d				
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
	Other officers or key employees of the organization		15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or s	ımılar arrangement with a			
ь	taxable entity during the year?		16a		Νο
	participation in joint venture arrangements under applicable federal tax law, and taken sorganization's exempt status with respect to such arrangements?	steps to safeguard the	16b		
Se	ction C. Disclosure				<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 9 (3)s only) available for public inspection. Indicate how you make these available. Check				
10	Own website Another's website Upon request	danimanto			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing of interest policy, and financial statements available to the public. See Additional Data Ta	able			
20	State the name, physical address, and telephone number of the person who possesses to Rhonda Cartwright	the books and records of t	he orga	ınızatıor	n -

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former office								r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

				_
1b Total	4	3,536,283	0	417,889

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 46

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Flintco Inc 5316 W Highway 290 Ste 480 Austin, TX 78735	Construction	3,428,535
VRW Construction Company Inc PO Box 150369 Austin, TX 78715	Construction	5,066,594
Bon Appetit 91337 Collections Drive PO Box 91337 Chicago, IL 60693	Food Services	3,463,081
Flynn Construction Inc 4001 Manchaca Road Austin, TX 78704	Construction	1,787,398
Aetna PO Box 804735 Chicago, IL 60680	Medical insurance provider	5,113,407
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►32) who received more than	

Page 8

Νo

126,046,929

119,595,495

	990 (2009)				Page 10						
Par	IX Statement of Functional Expenses										
	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			(B), (C), and ((C)	(D)						
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,481,764	31,481,764								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	3,176,451	1,755,655	927,092	493,704						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0						
7	Other salaries and wages	41,604,366	37,546,471	2,869,942	1,187,953						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,879,020	1,633,479	191,545	53,996						
9	Other employee benefits	4,173,806	3,548,609	486,084	139,113						
10	Payroll taxes	3,204,548	2,697,444	'	115,216						
11	Fees for services (non-employees)	5,231,310	2,007,111	231,000							
a	Management	0	0	0	0						
h	Legal	32,648	1,000		0						
c	Accounting	209,583	0	,							
_	-	71,188	71,188	209,383							
d	Professional fundraising See Part IV June 17	71,188	71,100	0	0						
e	Professional fundraising See Part IV, line 17		2								
f	Investment management fees	0	0	 	0						
g	Other	0	0	-	0						
12	Advertising and promotion	760,554	729,983	'	5,545						
13	Office expenses	4,225,802	2,997,571		180,383						
14	Information technology	894,442	820,998		594						
15	Royalties	0	0	•	0						
16	Occupancy	6,726,889	6,219,761		16,842						
17	Travel	1,551,000	1,362,252	98,264	90,484						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	917,616	815,498	86,330	15,788						
20	Interest	5,309,460	5,143,327	166,133	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	7,493,408	6,674,662	818,746	0						
23	Insurance	581,313	38,726	542,587	0						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	Contract, Technical & Other Labor Expense	2,714,254	2,245,794	442,871	25,589						
b	Special Events	948,582	754,617	33,117	160,848						
С	Allocation Computer Center Expenses	0	775,042	-795,404	20,362						
d	Bank Fees	501,237	501,237	0	0						
e	Allocation of Telephone Expenses	0	471,563	-483,952	12,389						
f	All other expenses	2,665,035	2,941,866	-305,270	28,439						
25	Total functional expenses. Add lines 1 through 24f	121,122,966	111,228,507	7,347,214	2,547,245						
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· ,						

Pa	rt X	Balance Sheet									
					(A)		(B)				
					Beginning of year	_	End of year				
	1	Cash—non-interest-bearing			15,181,995	1	15,965,500				
	2	Savings and temporary cash investments	•		0.074.007	2	0.004.504				
	3	Pledges and grants receivable, net	•		2,074,907	3	2,224,561				
	4	Accounts receivable, net			3,645,774	4	2,574,492				
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and							
		Schedule L				5	_				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and							
		Schedule L				6					
ssets	7	Notes and loans receivable, net		2,306,490	7	2,089,350					
	8	Inventories for sale or use	nventories for sale or use								
⋖	9	Prepaid expenses and deferred charges			1,739,919	9	1,445,652				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	226,226,248							
	b	Less accumulated depreciation	10b	58,666,401	170,843,863	10c	167,559,847				
	11	Investments—publicly traded securities			40,931,523	11	48,592,836				
	12	Investments—other securities See Part IV, line 11			4,252,680	12	3,485,012				
	13	Investments—program-related See Part IV, line 11			204,927	13	499,097				
	14	Intangible assets			14	0					
	15	Other assets See Part IV, line 11				15					
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			241,182,078	16	244,436,347				
	17	Accounts payable and accrued expenses .			11,644,139	17	8,878,795				
	18	Grants payable				18					
	19	Deferred revenue	5,383,725	19	5,820,799						
	20	Tax-exempt bond liabilities		96,424,090	20	93,918,500					
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Lìa		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties				23					
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			6,106,640	25	7,563,666				
	26	Total liabilities. Add lines 17 through 25			119,558,594	26	116,181,760				
- N		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	lines 27							
Fund Balance		through 29, and lines 33 and 34.									
먑	27	Unrestricted net assets			78,755,772	27	84,494,208				
8	28	Temporarily restricted net assets		12,840,076	28	13,427,640					
돧	29	Permanently restricted net assets			30,027,636	29	30,332,739				
Ξ		Organizations that do not follow SFAS 117, check here ► ☐ ar	ıd con	nplet e							
10		lines 30 through 34.									
	30	Capital stock or trust principal, or current funds			30						
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31						
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32					
Net	33	Total net assets or fund balances			121,623,484	33	128,254,587				
	34	Total liabilities and net assets/fund balances			241,182,078	34	244,436,347				

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization ST EDWARDS UNIVERSITY

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. ▶ See separate instructions.

2009

Open to Public Inspection

		74-1109641			
Part	П	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
ne or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	- d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	;
8	_	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ın foos aı	nd aro	
,	,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than			33
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	oni busini	:5565	
^	_				
.0	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
.1	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d T		a)(3).	Checl
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III superheach this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 74-1109641

Name: ST EDWARDS UNIVERSITY

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
John Mooney Board Member	1	×						0	0	0
Sister A mata Miller Board Member	1	Х						0	0	0
Marilyn L O Neill	1	×						0	0	0
Board Member Duncan Knapp Underwood Board Member	1	х						0	0	0
Kevin O Connor Chair Board Member	1	Х						0	0	0
Kevin J Koch Board Member	1	х						0	0	0
Theodore R Popp Board Member	1	Х						0	0	0
J William Sharman Jr Board Member	1	×						0	0	0
F Gary Valdez Secretery Board Member	1	Х						0	0	0
Brother Richard Daly Board Member	1	×						0	0	0
Timothy F Gavin Board Member	1	Х						0	0	0
John H Bauer Vice Chair Board Member	1	Х						0	0	0
Victor Miramontes Board Member	1	Х						0	0	0
Jim A Smith Board Member	1	×						0	0	0
Margie Diaz Kintz Treasurer Board Member	1	Х						0	0	0
Peter Winstead Board Member	1	Х						0	0	0
Carolyn Lewis Gallagher Board Member	1	Х						0	0	0
Patricia Berrier Munday Board Member	1	×						0	0	0
Brother Richard Gilman Board Member	1	Х						0	0	0
Monsignor Elmer Holtman Board Member	1	Х						0	0	0
Edward E Leyden Board Member	1	Х						0	0	0
Myra McDaniel Board Member	1	Х						0	0	0
Brother Donald Blauvelt CSC Board Member	1	Х						0	0	0
Donna Van Fleet Board Member	1	Х						0	0	0
Ian J Turpin Board Member	1	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Melba Whatley Board Member	1	×						0	0	0
Margaret Crahan Board Member	40	х						109,555	0	4,131
Brother James Branigan Board Member	1	х						0	0	0
Thomas Carter Board Member	1	х						0	0	0
Judge Wilford Flowers Board Member	1	Х						0	0	0
Joseph Lucci III Board Member	1	Х						0	0	0
The Most Reverend John McCarthy Board Member	1	х						0	0	0
Rev Thomas O'Hara Board Member	1	х						0	0	0
Bhuban R Pandey Associate Vice President	40			х				103,285	0	19,441
Michael Larkin Vice President	40			х				201,449	0	18,958
Donna M Jurick SND Exec Vice President	40			х				0	0	5,586
George E Martin President	40			х				832,199	0	50,273
Katherine Paige Booth Vice President	40			х				215,381	0	30,734
Sandra L Pacheco Vice President	40			х				131,429	0	17,153
Doris Constantine Associate Vice President	40			х				101,597	0	25,376
Tracy L Manier Associate Vice President	40			х				101,901	0	25,208
Rhonda D Cartwright Vice President	40			х				257,455	0	13,511
Robert A Manzer Vice President	40			х				164,640	0	16,650
Thomas Matthew Evans Associate Vice President	40			х				129,910	0	29,589
James Link Vice President Advancement	40			х			х	121,759	0	3,443
David Waldron Vice President Information Technology	40			х				72,107	0	4,631
Lisa Kirkpatrick Assoc VP & Dean of Students	40			х				88,493	0	14,021
Molly Minus Assoc VP for Academic Affairs	40			х				116,658	0	19,857
Kıppı Griffith Assoc VP Alumnı & Parent Programs	40			х				78,817	0	21,213
Joseph DeMedeiros Assoc Vice President Advancement	40			х				91,126	0	11,623

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	II —	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Marianne F Hopper Dean and Professor	40					Х		121,438	0	10,085	
Marsha C Kelliher Dean and Professor	40					х		127,508	0	25,209	
Aundrea Kay Guess Professor	40					Х		138,254	0	14,911	
Carolyn Conn Professor	40					х		121,128	0	14,292	
Henry Ramsey Fowler Professor	40					х		110,194	0	21,994	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Contract, Technical & Other Labor Expense	2,714,254	2,245,794	442,871	25,589
Special Events	948,582	754,617	33,117	160,848
Allocation Computer Center Expenses	0	775,042	-795,404	20,362
Bank Fees	501,237	501,237	0	0
Allocation of Telephone Expenses	0	471,563	-483,952	12,389

DLN: 93493119009151

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If the	, ,, , -	t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 zations Complete Part III			·
Na	me of the organization	·		Employer iden	tification number
ST	EDWARDS UNIVERSITY			74-1109641	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(organization.
1	Provide a description of the ord	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures		,,,, .	.	\$
3	V olunteer hours				T
		ganization is exempt und			
1	·	e tax incurred by the organization			\$
2		e tax incurred by organization ma		n 4955 F	\$
3	<u>-</u>	ection 4955 tax, did it file Form	4/20 for this year?		「Yes 「No
4a	Was a correction made?				│ Yes │ No
b Par	If "Yes," describe in Part IV	ganization is exempt und	er section 501 <i>(</i>	c) excent section 501	(c)(3)
1	-	ended by the filing organization fo			¢
2	<i>,</i> .	organization's funds contributed to		•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	#
4	Did the filing organization file F	Form 1120-POI for this year?			Yes No
5	were made For each organizat contributions received that we	nd employer identification number ion listed, enter the amount paid re promptly and directly delivered nittee (PAC) If additional space i	from the filing organ I to a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
F F	Duive and Ast and Banania No.	n Act Notice see the instructions	for Form 000		

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar			(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	25,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000	.,000,000			
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		71,188	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1:			71,188	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- Dues, assessments and similar amounts from members

 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

 Current year

 Carryover from last year

 Dues, assessments and similar amounts from members

 Lack Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		The university engages an outside lobbying firm to provide strategic advice and counsel to the university pertaining to important issues before Congress and the Administration that may affect the organization. The firm contacts elected officials, their staff and key Congressional Committees on behalf of the university.

2c 3

4

5

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DLN: 93493119009151

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attacil to	roilli 330. F See separate ilistructions.		z.i.opc	361011
Name of the organization		Empl	oyer identification num	ber
ST EDWARDS UNIVERSITY		74-1	109641	
Part I Organizations Maintaining Donor A				ete ıf the
organization answered "Yes" to Form 9			L) Funda and ather acce	
Total number at and of year	(a) Donor advised funds		b) Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor ad funds are the organization's property, subject to the	-	lonor advis	Yes	☐ No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit				┌ No
Part II Conservation Easements. Complete	e if the organization answered "Yes	" to Form	<u> 1990, Part IV, line 7.</u>	
Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualitation on the last day of the tax year	Preservation of	a certified		
			Held at the End of th	e Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easement		2b		
c Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d Number of conservation easements included in (c)	acquired after 8/17/06	2d		
Number of conservation easements modified, trans the taxable year -	ferred, released, extinguished, or termina	ated by th	e organization during	
Number of states where property subject to conser	vation easement is located ►			
Does the organization have a written policy regardi enforcement of the conservation easements it hold		andling of	violations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation eas	ements du	ırıng the year 🟲	
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during	the year 🕨 \$	
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	section	☐ Yes	┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financ	•	•	
Organizations Maintaining Collecti Complete if the organization answered		s, or Oth	er Similar Assets.	
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or rese	arch ın fur		ce,
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or researc		•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$	
(ii) Assets included in Form 990, Part X			- \$	
If the organization received or held works of art, his following amounts required to be reported under SF.		s for financ		
a Revenues included in Form 990. Part VIII. line 1			▶ \$	

b Assets included in Form 990, Part X

se of its collect	ion	
empt purpose ıı	n	
ılar [_ Yes	┌ No
es" to Form 9	90,	
	_ Yes	Г No
A m	ount	
Γ	Yes	┌ No
	(=) [a.u. V.	a ra Da ale
Three Years Back	(e)Four Ye	ears back
the		
	Yes	No
	-	No
	1163	
(c) Accumulated depreciation	(d) Boo	ok value
	1	3,479,883
		J, T / J. UO.
35.385.017	143	
35,385,017 0	1	3,470,295
		3,479,383 3,470,295 0 1,114,632
	t IV, line 10. Three Years Back the 3a(i 3b	Tyes es" to Form 990, Tyes Amount Tyes LIV, line 10. Three Years Back (e)Four Yes Live Sadio Sadi

167,559,847

Part VIII Investments—Other Securities. See F	-orm 990, Part X, line 1. I	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other		
Hedge Fund	3,485,012	<u>F</u>
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,485,012	
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Real Estate	204,927	
Perpetual Trusts	150,949	
Other	143,221	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	499,097	
Part IX Other Assets. See Form 990, Part X, In		(b) Book value
(a) Description	tion	
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(B) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(B) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Liabilites US Government Grants Refundable	5.)	

_	lotal revenue (Form 990, Part VIII, column (A), line 12)	+	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Pari	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
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	-	
Ь	Prior year adjustments	-	
C	Other losses	1	
d	Other (Describe in Part XIV)	ا ہے ا	
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	-	
Ь	Other (Describe in Part XIV)	ا ہے ا	
c -	Add lines 4a and 4b	4c	
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	5 pt	noc 1h and 2h
Con	ipiete tins part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines Ia and 4, Pa	aitiV, II	nes in and 20,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The university's endowment funds are used to provide scholarships and support university programs in the furtherance of the educational mission
SchD_P10_S00_L00	Schedule D, Part X	The university follows accounting guidance related to accounting for uncertain income tax positions. As required by the guidance, the university recognizes in its financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including resolution of any appeals or litigation processes, based upon the technical merits of the position. The university recognizes the potential accrued interest and penalties related to unrecognized tax benefits within general institutional expenses. Tax positions taken related to the university's tax exempt status, unrelated business activities taxable income and the deductibility of expenses and other miscellaneous tax positions have been reviewed and management is of the opinion that material positions taken by the university would more likely than not be sustained by examination. Accordingly, the university has not recorded an income tax liability for uncertain tax positions.

Employer identification number

74-1109641

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ST EDWARDS UNIVERSITY

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes All responses to public inquiry concerning admissions and financial aid requirements are met with literature, such as catalogues, brochures and applications that have the organization's non-discriminatory policy clearly stated Advertisements for the organization typically are for course offerings of the current semester. A statement of nondiscriminatory policy is stated in each advertisement Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Yes If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493119009151

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ie of the organization					Employer ide	ntirication number
5 I E	DWARDS UNIVERSITY					74-1109641	L
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete		
1				ecords to substantiate	the amount	of the grants	
_		_		assistance, and the se		_	
	· -		_				
2	-			ocedures for monitoring th			
3	Activites per Region (U:	se Schedule F-1	(Form 990) ıf add	ditional space is needed)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	1	ty listed in (d)	(f) Total expenditures
	. , ,	offices in the	employees or	fundraising, program services,		am service,	for region
		region	agents in region	grants to recipients located in		pecific type of	
~	h	-	-	the region)		s) in region	10.25
	tral America and the bbean	0		Program Services	acitivities fo	and cultural	18,253
o a i i	bbean				organization		
Vort	h A merica (including	0	0	Program Services	+ -	and cultural	16,438
Can	ada and Mexico, but not				acitivities fo	or	,
	Inited States)				organization	's students	
	pe (including Iceland and	1	5	Program Services		and cultural	1,282,592
Gree	enland)				acıtıvıtıes fo organization		
					organization	s students	

1,317,283

Part IV	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►			
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493119009151 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Open to Public **Inspection**

Name of the organization ST EDWARDS UNIVERSITY Part I General Information on Grants and Assistance

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

Employer identification number 74-1109641

Form 990, Part	IV, line 21 for a	e to Governments and ny recipient that receive 1990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ved more than \$5,00	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grar or assistance
Enter total number of sec Enter total number of oth	. , ,	d government organizations					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships to students	3515	31,481,764			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	St Edward's University's Office of Student Financial Services monitors the use of grant funds through the following procedures. Enrollment Committee - The Enrollment Committee reviews awarding and renewal policies for the university grants and scholarships and establishes freshmen and transfer enrollment goals along with the financial aid packaging strategy necessary to achieve these goals. The committee engages a nationally recognized leader in the enrollment management consulting field to assist in the establishment and monitoring of freshmen and transfer enrollment goals and financial aid packaging. Each committee member and other key university personnel receive weekly reports throughout the financial aid awarding cycle. The Enrollment Committee is comprised of the Vice President for Academic Affairs, Vice President for Marketing and Enrollment Management, Vice President for Financial Affairs (ex-officio), Associate Vice President for Student Financial Services and Associate Vice President for Undergraduate Admission. Compliance and Funds Management - The enterprise software database used to administer financial aid, (This includes all funding sources for grants and scholarships, university, federal, state, local and private sources.) has a comprehensive compliance function. The Compliance and Funds Management Modules allow for staff to add additional functionality as necessary. The compliance function identifies grant and scholarship offers that fail to meet awarding criteria and prevents financial aid from being applied to a student if the student does not meet the disbursing criteria. The funds management function ensures the financial aid records and university general ledger records reconcile with each other. Further monitoring is accomplished through numerous reports specific to financial aid identifying codes, the individual types of grants the various forms of grants and individual funding sources. Annual Independent Audits - Annual audits are performed by an independent public accounting firm who r

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

DLN: 93493119009151

OMB No 1545-0047

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" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

٧a	me	of	t he	orga	nizat	ion
Τ	EDW	/AR	DS U	NIVER	SITY	

Employer identification number

74-1109641

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	~	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei					
	officers, directors, trustees, and the CEO/Executive D	rect	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	t appl	У			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
Ь	Participate in, or receive payment from, a supplementa	al non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai					
	subject to the initial contract exception described in R					1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Marsha C Kelliher	(I) (II)	126,832 0	0 0	676	9,569	15,874 0	152,951 0 0)
Aundrea Kay Guess	(I) (II)	137,627 0	0	627	9,759	5,312 0	2 153,325 0 0)
Thomas Matthew Evans	(I) (II)	129,259 0	0	651	9,870	19,913 0	3 159,693 0 0)
Michael Larkin	(I) (II)	200,532	0 0	1	13,832	5,206 0	6 220,487 0 0)
Rhonda D Cartwright	(I) (II)	239,176 0	0	18,279	0 0	13,666 0	5 271,121 0 0)
Katherine Paige Booth	(I) (II)	214,381	0	1,000	1	15,439 0	9 246,335 0 0)
James Link	(I) (II)	113,207 0	0	8,552 0	0 0	3,559 0	9 125,318 0 0)
Robert A Manzer	(I) (II)	152,500 0	0	12,140	0 0	16,870 0	0 181,510 0 0)
George E Martin	(I) (II)	370,737 0	75,000		42,750	7,802 0		1 402,25
	'	<u> </u>	<u> </u>	<u> </u>		 		
			<u> </u>	-	-			
	'							
	'	<u> </u>	<u> </u>	<u> </u>				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	Schedule J, Part I, Line 1a	Dr George Martin, President, received a housing allowance per employment contract
	Part II	Column B (III) - George E Martin Included in Column B (III) is payment of deferred compensation of \$317,524 and a housing allowance of \$45,000. The payments of the deferred compensation and housing allowance were made pursuant to the terms of the contract with President Martin and the university Column F - George E Martin Included in Column F is deferred compensation of \$402,256 reported on prior years Forms 990. Deferred Compensation had been set aside for the president pursuant to the terms of the contract between the university and President Martin. Under the terms of the contract, President Martin was paid the deferred compensation due in the amount of \$317,524. This payment is reflected in Column B (III), Other Reportable Compensation, on Schedule J, Part II, of Form 990. The difference between these amounts reflects the market losses on the deferred compensation investments at time of payment.

Schedule J (Form 990) 2009

DLN: 93493119009151

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

Open to Public **Inspection**

Name of the organization ST EDWARDS UNIVERSITY

Schedule K

(Form 990)

Employer identification number 74-1109641

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Dat	a Taguad	(e) Issu	o Drigo	(5) Do	scription of	Durnoso	(g) De	feased) O n alf of
(a) Issuel Name	(b) Issuel EIN	(6) COSIF #	(d) Date Issued		(e) 155u	eriice	(1) Des	scription of	ruipose	V	NI-		suer
San Leanna Education Facilit A Corp	les 20-1275212	00000000	06-04-2004		10,000,000 ne			on and equipory facility a	and	Yes	No X	Yes	X
San Leanna Education Facilit B Corp	20-1275212	00000000	01-11-2005		2	,917,000	Construction and equipment new dormitory facility		oment for		х		х
San Leanna Education Facilit C Corp	20-1275212	00000000	08-01-2006		6	,963,000	Construction and equip		oment for		х		×
San Leanna Education Facilit Corp	20-1275212	79846PAX4	06-21-2007		75	,608,063	See Schedule O				х		×
Part II Proceeds	L			ı			I						
		-		Α		В	_	С)		E	
1 Total proceeds of issue			10,103,289						7	9,425,67	2		
2 Gross proceeds in reserve			0				0	0			0		
3 Proceeds in refunding or de	feasance escrows		0				0 0			9,471,87	0		
4 Other unspent proceeds			0		1		0 0		0		0		
5 Issuance costs from procee				98,500	35,98		5 92,214		288,648		8		
6 Working capital expenditure	•			0		(0	0			0		
7 Capital expenditures from p			1	0,004,789		2,916,87	1	7,041,610	4	8,442,59	3		
8 Year of substantial complet	ion			05		05		07	20	-	_		
		_	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9 Were the bonds issued as p				Х		X		X		X			
10 Were the bonds issued as p	e the bonds issued as part of an advance refunding issue?			Х		×		Х	Х				
11 Has the final allocation of p	Has the final allocation of proceeds been made?		Х		Х		Х		Х				
the final allocation of proce	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х		Х		Х				
Part IIII Private Business	Use												

No

Χ

Χ

Yes

which owned property financed by tax-exempt bonds?

which may result in private business use?

Was the organization a partner in a partnership, or a member of an LLC,

Are there any lease arrangements with respect to the financed property

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

No

Yes

No

Χ

Х

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	ı	В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х		х	х			
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		х		Х		Х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	x		х		х		х			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 %		1 2 %		1 3 %		3 6 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %			0 %		0 %		
6	Total of lines 4 and 5		1 %		1 2 %		1 3 %		3 6 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х			
Do	ensure the post-issuance compliance of its tax-exempt bond liabilities?									<u> </u>	_

Part IV Arbitrage

			4	E	3		С	D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×		x		x		
2	Is the bond issue a variable rate issue?	Х		Х		Х			Х		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х		х		Х			Х		
ь	Name of provider	Frost Nation	nal Bank	Frost Nation	nal Bank	Frost Nation	nal Bank				
С	Term of hedge		29 5		31 4		29 4				
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		х		
6	Did the bond issue qualify for an exception to rebate?	х		Х		Х		Х			
									Schedul	e K (Form 99(1) 2009

OMB No 1545-0047

Open to Public Inspection

NonCash Contributions

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Name of the organization ST EDWARDS UNIVERSITY

Employer identification number

					74-1109641			
Pā	Title Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermı	nıng	
1	Art—Works of art	пррисседи		_ - 3				
	Art—Historical treasures .							
3								
4	Books and publications	X		2 240	Estimated FMV			
_	Clothing and household			2,240	L Stilliated 1117			
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	7	47,677	Avg mkt val @ gıft o	late		
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							
	Golf Course	\ \ \	,	30.050	T			
25	Other ► (Discounts) Golf Course	X	3	28,050	Invoice			
	Membership Fee & Greens Fee for							
	Student							
26	Other ► (Athletes)	X	1	159,720	FMV			
27	Catering Other ▶ (Discounts)	×	3	2 562	Invoice			
28	Other ► ()			2,302	Invoice			
29	Number of Forms 8283 received	L hy the ora	anization during the tax ve	r for contributions				
	for which the organization compl		= -		29			0
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holdıng p	erıod?			30a		No
Ŀ	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νο
Ŀ	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 74-1109641

Name: ST EDWARDS UNIVERSITY

financial position of St. Edward's University, Inc. and its subsidiaries as of June 30, 2010 and changes in the net assets and cash flows for said year ended in conformty with accounting principles generally

Explanation

Explanation

Explanation

Explanation

Explanation

Column A - Capital expenditures includes funds for capitalized interest from proceeds and associated

investment earnings totaling \$472,051 These funds were used for the payment of principal and interest

be 0% Column B - The private business use percentage includes bond issuance costs of \$35,985. If the

under the laws of the State of Texas governing Non-Profit Corporations All assets, liabilities, reserves

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SCHEDULE 0

Name of the organization ST EDWARDS UNIVERSITY

Identifier

Identifier

Identifier

Identifier

ldentifier

SchK_P02_S00_L07 | Schedule K,

Return

Reference

Return

Return

Return

Return

Reference

Part II, Line 7

Part II

Internal Revenue Service

Supplemental Information to Form 990 (Form 990) Complete to provide information for responses to specific questions on Department of the Treasury Form 990 or to provide any additional information.

DLN: 93493119009151

Employer identification number

OMB No 1545-0047

		74-1109641
ldentifier	Return Reference	Explanation
F990_P04_S00_L12A	Form 990, Part IV, Line 12A	St Edward's University, Inc issued consolidated financial statements that are audited and opined by an independent certified public accountant prepared in accordance with GAAP and GAAS for the fiscal year ended June 30, 2010. The university's financial statements consolidate the financial activity of St Edward's University, Inc. with the financial activity of The Catholic Cemetery Association of Austin, Inc., Saint Edward's University Association, Angers, France and The Committee for the Wild Basin Wilderness, Inc. in which the university has a controlling and economic interest. The independent certified public accountant issued and unqualified opinion for the consolidated financial statements for the fiscal year ended June 30, 2010. In the accountant's opinion, based upon their audit and reports of other auditors, the consolidated financial statements presented fairly, in all material respects, the

► Attach to Form 990.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L09	Form 990, Part VI, Section A, Line 9	Robert Manzer, 7902 El Dorado Dr , Austin, TX 78737, James Link, 2041 Haw thorne Loop, Driftw ood, TX 78619

accepted in the United states of America

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The completed Form 990 is made available to the Fiduciary Committee of the Board of Trustees of the university via hardcopy or email prior to filing with the Internal Revenue Service. The Fiduciary Committee is responsible for the review and oversight of the University's financial statements and tax reporting. Financial statements and IRS Form 990, which are released to the public, are reviewed prior to the filing and release of the information. Financial statements and IRS Form 990 are available to all Board members after review by the Fiduciary Committee.

F990_P06_S0B_L12d	Form 990, Part VI, Section B, Line 12c	St Edward's University's Conflict of Interest Policy is applicable to all members of the university's Board of Trustees and Officers A conflict is deemed to exist in the event that a Trustee, Officer or family member of either is affiliated with an organization that may transact business with the university. The policy defines "Trustee", "Officer", "family members" and "affiliation". Disclosure of any/all of these types of relationships or the appearance of such relationships is required to be made annually by September or as soon as a potential conflict arises. These disclosures are made in wirting on the St. Edward's Conflict of Interest form and submitted to the Assistant to the President for Institutional Relations for trustees and to the Assistant to the President for Strategic Planning for university officers. After collecting the Conflict of Interest forms, the assistants provide the President and Chair of the Board with a report stating whether or not there are any conflicts. If any potential conflicts are disclosed, the appropriate assistant is to notify university's legal counsel. Counsel will in turn determine if an actual conflict exists. If a conflict is determined to exist with a trustee the matter is reported to the university. President and Board Chair. If a conflict is determined to exist with a university officer, the matter is reported to the university President. In either case, the individual(s) receiving the report must take all appropriate action.

	Reference	
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	For the university President and key employees, the university engages national search firms to solicit candidates who meet the established criteria for the open position. As part of the work performed by these firms, a salary range acceptable to the university is determined and compared to industry data. All work performed by the national firm is reviewed by an internally appointed search committee. Once individuals are hired, any increase in compensation for key employees is approved by the President Compensation increases for the President is approved by the Board of Trustees.

ldentifier	Return Reference	Explanation
		The university makes the following items available to the general public. Governing Document - maintained on file in the university Library. Conflict of Interest Policy - maintained with the governing documents in the university Library. Financial Statements - included with the Form 990 on the Guidestar wiebsite - www2 guidestar org.

	Reference	
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	George E Martin Included in Column D is payment of deferred compensation of \$317,524 and a housing allow ance of \$45,000. The payments of the deferred compensation and housing allow ance were made pursuant to the terms of the contract with President Martin and the university. Donna M. Jurick SND is a member of the religious order of the Sisters of Notre Dame. Sister Jurick does not receive compensation from St. Edward's University, therefore, no Form W-2 is prepared or reported. Sister Jurick participates in St. Edward's University's medical and dental plan. The amounts reported on Part VII, Section A, Column F reflect the value of these benefits. Margaret Crahan was formerly employed by the university until June 30, 2009. Upon the voluntary termination of her employment, Ms. Crahan became an independent voting member of the university's board. University board members serve without compensation. The compensation reported for Margaret Crahan pertains solely to her time of employment with the university for the period January 2009 through June 30, 2009.

	ce
F990_P11_S00_L02b Form Part X 2b	' ' '

	Reference	
SchK_P01_S00_L00f	Schedule K, Part I, Column f	San Leanna Education Facilities Corp, CUSIP # 79846PAX4, Description of Purpose Construction and equipment for new dormitory, parking & dining facilities Partial advance refunding of bonds issued 9/30/1998 and 1/25/2001
ldentifier	Return	Explanation

SchK_P02_S00_L03	Schedule K, Part II, Line 3	Column D - Escrow account balance as of 6/30/10 is \$9,471,870 \$28,311,263 of original bond proceeds were used to establish the escrow account for advance refunding of bonds issued 9/30/1998 and 1/25/2001 Investment earnings total \$2,387,088 from inception to 6/30/10
ldentifier	Return Reference	Explanation

	,	during project construction. Column B - Capital expenditures includes funds for capitalized interest from proceeds and associated investment earnings totaling \$62,143. These funds were used for the payment of principal and interest during project construction. Column C - Capital expenditures includes funds for capitalized interest from proceeds and associated investment earnings totaling \$261,961. These funds were used for the payment of principal and interest during project construction. Column D - Capital expenditures includes funds for capitalized interest from proceeds and associated investment earnings totaling \$4,478,234. These funds were used for the payment of principal and interest during project construction.
ldentifier	Return Reference	Explanation
SchK_P03_S00_L04	Schedule K, Part III, Line 4	Column A - The private business use percentage includes bond issuance costs of \$98,500. If the issuance costs are removed from the percentage calculation, the private business use percentage would

		issuance costs are removed from the percentage calculation, the private business use percentage would be 0% Column C - The private business use percentage includes bond issuance costs of \$92,214 If the issuance costs are removed from the percentage calculation, the private business use percentage would be 0% Column D - The private business use percentage includes bond issuance costs of \$288,648 If the issuance costs are removed from the percentage calculation, the private business use percentage would be 3 2%
ldentifier	Return Reference	Explanation
SchK_P03_S00_L06	Schedule K, Part III, Line 6	Column A - The private business use percentage includes bond issuance costs of \$98,500. If the issuance costs are removed from the percentage calculation, the private business use percentage would be 0%. Column B - The private business use percentage includes bond issuance costs of \$35,985. If the issuance costs are removed from the percentage calculation, the private business use percentage would

		be 0% Column C - The private business use percentage includes bond issuance costs of \$92,214 If the issuance costs are removed from the percentage calculation, the private business use percentage would be 0% Column D - The private business use percentage includes bond issuance costs of \$288,648 If the issuance costs are removed from the percentage calculation, the private business use percentage would be 3.2%
ldentifier	Return Reference	Explanation
SchR_P02_S00_L00	Schedule R,	As of 10-1-2009, The Committee for Wild basin Wilderness ceased to exist as a separate legal entity

and accounts were merged with Saint Edward's University as of that date

2009

OMB No 1545-0047

Open to Public
Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** ST EDWARDS UNIVERSITY 74-1109641 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (b) (d) (f) (c) (e) Name, address, and EIN of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (d) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity Catholic Cemetery Association of Austin 3650 South IH-35 Private Cemetery TX 501C3 N/A Austin, TX 78704 74-1185658 Saint Edwards University Association 17 rue Merlet de la Boulaye Education FR 0 N/A Angers, France The Committee for Wild Basin Wilderness 805 North Capital of Texas Highway Ecology Perserve TX 501c3 7 N/A Austin, TX 78746 74-2028160

Schedule R (Form 990) 2	.009											Pag	e 2
				s a Partnership (Cod as a partnership du			wered "	Yes" c	n For	m 990, Pa	rt IV, line	34	
(a) ((b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asse	d-of-year	(h Disprop allocat	rtionate	tionate Code V—UBI		(j Gener mana partr	al or ging
								Yes	No			Yes	No
Initiative for Global Education C/O St Edward's University 3001 South Congress Ave Austin, TX78704 26-3683989	Education	TX	N/A	Related		0	0		No	0			No
				s a Corporation or treated as a corpor				nswer	ed "Ye	es" on For	m 990, Pa	art IV,	l
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(e) Type of entity C corp, S corp, (f) Share o		Sh end-	(g) (h) Share of Percen d-of-year owner assets		ntage	

(6)

chedule R (Form 990) 2009		Рa	age :
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 During the tax year, did the orgranization 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) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to other organization(s)	1b		N
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d		N
e Loans or loan guarantees by other organization(s)	1e		N
f Sale of assets to other organization(s)	1f		N
g Purchase of assets from other organization(s)	1 g		N
h Exchange of assets	1h		N
i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
i Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
l Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n Sharing of paid employees	1n		N
	10		N
• Reimbursement paid to other organization for expenses	1p	Yes	140
p Reimbursement paid by other organization for expenses	10	168	+
q Other transfer of cash or property to other organization(s)	1 q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Catholic Cemetery Association of Austin	r	100,000
(2) Saint Edwards University Association	q	548,453
(3) Saint Edwards University Association	р	71,802
(4)		
(5)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) neral or anaging artner?	
			Yes	No		Yes	No		Yes	No	
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