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DLN: 93493064002396

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	ılendar year, or tax year begin	ning 06-01-2014 , and ending	05-31-2015				
<b>B</b> Che	eck if ap	pplicable	C Name of organization Our Lady of the Lake University	o <b>f</b>			D Employ	yer ider	ntification number
┌ Add	ress ch	ange	San Antonio	OI .			74-11	09631	
☐ <sub>Nar</sub>	ne char	nae	% MARTIN MATHIS  Doing business as				, , , , ,	0,001	•
	ıal retur	_	boing business us						
Fina			Number and street (or P O box	if mail is not delivered to street addre	ss) Room/suite		E Telepho	ne numl	ber
retu	ırn/tern	nınated	411 SW 24th Street				(210)	434-6	711
	ended r Jication	return pending	San Antonio, TX 78207	country, and ZIP or foreign postal code	e		<b>G</b> Gross re	eceıpts \$	76,039,794
			<b>F</b> Name and address of	principal officer		<b>H(a)</b> Is thi	s a droup	return	for
			SR JANE ANN SLATER				dinates?	recuin	┌ Yes ┌ No
			411 SW 24TH STREET SAN ANTONIO,TX 782	207		<b>H(b)</b> Are a	ll subordu	nates	┌ Yes ┌ No
	, avam	ıpt status	S F 501(2)(2) F 501(2)(1)	◀ (insert no )	- 527	ınclud	led?		, ,
			WW O LLUSA EDU	(Insert no )   4947(a)(1) or	527	_			(see instructions)
							p exempti		
	n of org rt I		n Corporation Trust Assoc	ation   Other ►		<b>L</b> Year of for	mation 19!	57 <b>M</b>	State of legal domicile TX
Pa			nmary	ssion or most significant activit					
Governance	<u>u</u> - -	JNIVE	RSITY IS A COMMUNITY CC	NSORED BY THE SISTERS OF  MMITTED TO SERVE STUDE!  n discontinued its operations or	NTS BY (CO	NTINUED C	N SCHE	OULE (	0)
			·						
Activities &				erning body (Part VI, line 1a)				3	26
Ę				ers of the governing body (Part \				4	26
ŧ				l ın calendar year 2014 (Part V,				5	1,387
4				if necessary)			•	6	28
				m Part VIII, column (C), line 12			•	7a	0
	D I	vet unr	erated business taxable incon	ne from Form 990-T, line 34 .			· V	7b	0 C
		C +-		T. June 1 h		Prior	r Year		Current Year
ā	8			I, line 1h)			3,457,1 54,601,2		3,215,256 59,603,609
Revenue	9 10			I, line 2g)			4,554,1	_	4,411,521
Æ	11			(A), lines 5, 6d, 8c, 9c, 10c, and			66,5	-	40,975
	12		, , ,	11 (must equal Part VIII, colu	•		00,5	,,,,,	40,575
			_				62,679,1	.74	67,271,361
	13	Grant	ts and sımılar amounts paıd (P	art IX, column (A), lines 1–3)			15,116,3	355	15,616,333
	14	Bene	fits paid to or for members (Pa	art IX, column (A), line 4)				0	0
ø	15	Salar 5-10		loyee benefits (Part IX, column	(A), lines		29,502,8	340	31,352,671
Expenses	16a		•	IX, column (A), line 11e)				0	0
ੜੈ	b	Total f	fundraising expenses (Part IX, columi	n (D), line 25) <b>▶</b> 890,642					
	17	Othe	r expenses (Part IX, column (	A), lines 11a-11d, 11f-24e) .			19,176,7	86	20,489,774
	18	Total	expenses Add lines 13-17 (	(must equal Part IX, column (A)	, line 25)		63,795,9	81	67,458,778
	19	Reve	nue less expenses Subtract l	ıne 18 from lıne 12			-1,116,8	307	-187,417
Not Assets or Fund Balances						Beginning Y	of Currer ear	nt	End of Year
esse Basa	20	Total	assets (Part X, line 16) .				93,749,1	. 36	91,006,621
A 문	21	Total	liabilities (Part X, line 26) .				12,174,5	558	11,095,620
žΞ	22	Neta	assets or fund balances Subtr	act line 21 from line 20			81,574,5	78	79,911,001
Pai	t II	Sig	nature Block						
my kr	nowled rer ha	ge and s any k	belief, it is true, correct, and knowledge  *** nature of officer	examined this return, including complete Declaration of prepar		in officer) is l	based on a		
1161	•		EN KLAUS VP FNC & FACILITIES be or print name and title						
			Print/Type preparer's name	Preparer's signature	Da	I Clie	ck 🗆 ıf	PTIN	252
Paid	i		John R Bruce CPA Firm's name ► BKD LLP	John R Bruce CPA			employed 's EIN 🕨	P00083	333
Pre	pare	·r							
	์∩กI		Firm's address 🟲 10001 REUNION PI	LACE SUITE 400		Phor	ne no (210)	341-94	100

SAN ANTONIO, TX 782164137

✓ Yes ☐ No

		2014)				Page Z
Par	t III	Statement of Program S Check if Schedule O contains			II	
1	Brief	fly describe the organization's m	·	,		
AS A COM UND	CATI MUNI ERGR	HOLIC UNIVERSITY SPONSOR TY WHOSE MEMBERS ARE CO ADUATE AND GRADUATE LEA PARING STUDENTS FOR SUCC	ED BY THE SISTER MMITTED TO SERV RNING EXPERIENC	ESTUDENTS BY *ENES, *FOSTERING SPI	ISURING QUALITY, INNOVAT	I∨E
2		he organization undertake any s rior Form 990 or 990-EZ? .				「Yes ▼ No
		es," describe these new services				, 105 , 110
3	Dıd t	he organization cease conductin	g, or make sıgnıfıcaı	nt changes in how it con	nducts, any program	┌ Yes ┌ No
	If"Y	es," describe these changes on	Schedule O			
4	expe	ribe the organization's program in the section 501(c)(3) and 50 otal expenses, and revenue, if ar	l (c)(4) organization	s are required to report		
4a	(Cod	le ) (Expenses \$	56,899,197	ıncludıng grants of \$	15,616,333 ) (Revenue \$	59,603,609 )
	WAS BACH CAM DEGI	LADY OF THE LAKE UNIVERSITY OF SAI ESTABLISHED IN 1895 BY THE CONGRE HELOR'S DEGREES, 14 MASTER'S DEGRI PUS IN SAN ANTONIO, THE UNIVERSITY REES FROM LIBERAL ARTS TO BUSINESS SCHOOLS TO AWARD BACHELOR'S, MAS	GATION OF DIVINE PROVES AND 2 DOCTORAL PROPERATES UNDERGRADS THE UNIVERSITY IS AC	VIDENCE WHICH CONTINUES ROGRAMS IN ADDITION TO D DUATE AND GRADUATE WEEK CCREDITED BY THE COMMISS	GAS ITS SPONSORING ORGANIZATION DAYTIME, EVENING AND WEEKEND PRO END COLLEGES FOR WORKING ADULTS	THE UNIVERSITY OFFERS 33 GRAMS AT ITS MAIN IN HOUSTON, WITH
4b	(Cod	le ) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Cod	le ) (Expenses \$		including grants of \$	) (Revenue \$	)
	Oth	er program services (Describe ii	Schedule O )			
		penses \$	including grants o	f\$	) (Revenue \$	)
4e	Tota	al program service expenses 🕨	56,899,197	,		

			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 $A^{2}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\square}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
4_	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   176		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 176  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	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 (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	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		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
"	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring 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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110

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

Check if Schedule O	contains a	response	or note to an	/ line in t	his Part VI		_	_	_									V
Check if Schedule O	contains a	1 C3 POII3 C	or mote to an	, ,,,,,	.iii3 i aic vi	•	•	•		•	•	•	•	•	•	•	•	-,

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		1 1		
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes	
		$\vdash$		
b	Other officers or key employees of the organization	$\vdash$		No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
  - Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►MARTIN MATHIS
  - 411 SW 24TH STREET
  - SAN ANTONIO, TX 782074689 (210)434-6711

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

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

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

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

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

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

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

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

Form **990** (2014)

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

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

Lb	Sub-Total	Ŧ			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	1,343,293	0	135,188

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►22

				110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
CAPTURE LLC, 20 MARCO LAKE DR STE 8 MARCO ISLAND, FL 341453644	COMPUTER DESIGN	250,000
DELTAK, 1415 WEST 22ND STREET OAK BROOK, IL 605232023	STUDENT RECRUITMENT	4,940,709
	<u> </u>	

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

Ves No

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c c d d e f f 3 3 4 5 6a b
evenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other R	b 94 b 10a b
	11a b c d

Form 99		•						Page <b>9</b>
Part V	/1111	Statement o	of Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
		oncer ii oenea.	are o contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တမ	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies <b>1b</b>					
بة ق	c	Fundraising eve	ents <b>1c</b>					
Gifts, Grants ilar Amounts	d	Related organiz	zations 1d					
n. G.	e	Government grant	s (contributions) <b>1e</b>	1,682,151				
Ons	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,533,105				
Contributions, Gifts, Grants and Other Similar Amounts	-	sımılar amounts no	ot included above			ļ		ļ
真豆	g	Noncash contribute 1a-1f \$	ons included in lines					
Contributions, and Other Sim	h	Total. Add lines	s 1 a - 1 f	🗼	3,215,256			
<u> </u>				Business Code				
nue	2a	Tuition and Fees		611600	56,484,951	56,484,951		
죵	ь	ROOM REVENUE		611600	2,121,867	2,121,867		
956	С	AUXILIARY INCOMI	E	611710	896,317	896,317		
že.	d	PRIVATE SPONSOR	RED CONTRACTS	611710	100,474	100,474		
Ē	е							
Program Serwce Revenue	f	f All other program service revenue						
<u>~</u>	g	Total. Add lines	s 2a – 2f	🕨	59,603,609			
	3		ome (including dividenc ar amounts)		3,252,105			3,252,10
	4		stment of tax-exempt bond p	-	0			
	5	Royalties		🕨	0			
		_	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental	40,975					
	-	expenses Rental income	40,975	0				
	C .	or (loss)	·		40.075			40.07
	d	Net rental inco	me or (loss) (ı) Securities	(II) O ther	40,975			40,97
	7a	Gross amount		(II) O tilel				
		from sales of assets other	9,927,849					
	ь	than inventory Less cost or						
		other basıs and sales expenses	8,768,433					
	С	Gain or (loss)	1,159,416					
	d 8a		ss)		1,159,416			1,159,41
<u>a</u>	Od	Gross income f events (not inc						
Other Revenue		\$ of contributions	s reported on line 1c)					
ě		See Part IV, lin	ne 18					
<u> </u>	ь	Local direct ov	a penses b					
₹	C		(loss) from fundraising e	events <b>.</b>	o			
		Gross income f	from gaming activities	-				
		See Part IV, lin	ne 19 <b>a</b>					
	ь	Less directev	penses b					
	c		(loss) from gaming activ	/ities	О			
	10a	Gross sales of	inventory, less	-				
		returns and allo	owances . a					
	ь	Less cost of a	oods sold <b>b</b>					
			(loss) from sales of inve	entory 🛌	0			<u>L</u>
		Miscellaneous	s Revenue	Business Code				
	11a		<u> </u>					
	b		<u></u>					
	c	A.II						1
	d		ue [					1
	е		s 11a-11d	· · · •	0			
	12	Total revenue.	See Instructions		67,271,361	59,603,609		4,452,490

### Part IX Statement of Functional Expenses

Section 501(c	1(3) and $501(c)(4)$	) organizations m	nust complete all i	columns A	All other organizations mus	st complete column (A	١ ١
20 10 11 20 1 (C	Mala and and a contraction	<i>,</i> organizacions n	rast complete an v	columns /	All other organizations mas	oc complete column (/	<u>' / </u>

36000	Check if Schedule O contains a response or note to any line in this				
			(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,616,333	15,616,333		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	741,597		741,597	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	25,181,983	21,407,323	3,201,030	573,630
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	5,429,091	4,325,007	966,825	137,259
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	129,219		129,219	_
c	Accounting	206,106		206,106	
d	Lobbying	0			_
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	115,569		115,569	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,628,663	4,411,235	2,201,345	16,083
12	Advertising and promotion	1,048,908	860,369	164,149	24,390
13	Office expenses	1,386,529	1,137,276	216,979	32,274
14	Information technology	580,973	458,404	87,458	35,111
15	Royalties	50	42	8	
16	Occupancy	2,724,463	2,287,947	436,516	_
17	Travel	912,079	757,579	144,538	9,962
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	212,178	178,183	33,995	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,052,270	1,723,454	328,816	
23	Insurance	108,357	106,120	2,237	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REPAIRS & MAINTENANCE	1,943,262	1,624,993	310,031	8,238
b	SUPPLIES	817,972	683,006	130,310	4,656
c	MEMBERSHIPS & DUES	770,602	647,136	123,466	
d	SPECIAL EVENTS	616,414	515,913	98,431	2,070
e	All other expenses	236,160	158,877	30,314	46,969
25	Total functional expenses. Add lines 1 through 24e	67,458,778	56,899,197	9,668,939	890,642
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
					rm <b>990</b> (2014)

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X			
		· ,			(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			451,086		445,781
	2	Savings and temporary cash investments	7,555,706	2	5,704,025		
	3	Pledges and grants receivable, net			516,707	3	140,850
	4	Accounts receivable, net		•	4,817,953	4	5,402,530
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	0	5	0		
ŧ	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers			0	
Assets	7	Notes and loans receivable, net			27,018,248		27,964,899
4	8	Inventories for sale or use			0		0
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	ь	Less accumulated depreciation	10a 10b	48.901.511	26,315,732	10c	24,899,205
	11	Investments—publicly traded securities		27,039,545		26,415,375	
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			34,159		33,956
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			93,749,136		91,006,621
	17	Accounts payable and accrued expenses			4,944,119		5,004,859
	18	Grants payable			0	18	0
	19	Deferred revenue			8,861	19	6,636
	20	Tax-exempt bond liabilities			4,005,000		3,415,000
_	21	Escrow or custodial account liability Complete Part IV of Scho			0	21	0
Ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr				
Liabilit		persons Complete Part II of Schedule L			0	22	0
$\exists$	23	Secured mortgages and notes payable to unrelated third partie	s .		404,701	23	315,416
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule			
		D			2,811,877	25	2,353,709
	26	Total liabilities. Add lines 17 through 25			12,174,558	26	11,095,620
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊽ and	complete			
an	27	Unrestricted net assets			62,438,264	27	61,681,894
<u> </u>	28	Temporarily restricted net assets			11,523,207	28	10,452,774
돧	29	Permanently restricted net assets			7,613,107	29	7,776,333
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌─ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other				32	
Ş	33	Total net assets or fund balances			81,574,578	33	79,911,001
Z	34	Total liabilities and net assets/fund balances			93,749,136	34	91,006,621
	1	,			,,		Form 000 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		67,2	271,361
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,4	158,778
3	Revenue less expenses Subtract line 2 from line 1	3			 187,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			176,160
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		79,9	911,001
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	За	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	

### Software ID: **Software Version:**

**EIN:** 74-1109631

Name: Our Lady of the Lake University of San Antonio

<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours for related	more t perso and a	tıon ( han o	ne b oth ctor,	ox, u an of /trus	nless ficer tee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) ROY TERRACINA	2 0	×						0	0	o
TRUSTEE (1) SR PEARL CEASAR CDP	2 0		$\vdash$							
TRUSTEE	0 0	х						0	0	0
(2) MICHAEL EDELMANN	2 0									
TRUSTEE	2 0	X						0	0	0
(3) DAN BENNETT	1 0	V								0
TRUSTEE	0 0	X						0	0	0
(4) JANIE BARRERA	1 0	×						0	0	0
TRUSTEE	0 0							Ů		Ů
(5) SCOTT MULLEN	1 0	×						0	0	0
TRUSTEE	0 0			_						
(6) PAUL OLIVIER	2 0	х						0	0	0
TRUSTEE (7) SR L SUZANNE DANCER CDP	2 0		1							
		х						0	0	0
TRUSTEE (8) ANDREW BORREGO	0 0		1							
TRUSTEE	0 0	Х						0	0	0
(9) SR ANN PETRUS CDP	2 0									
TRUSTEE	2 0	X						0	0	0
(10) RONALD GABRIEL	1 0	,								
TRUSTEE	0 0	×						0	0	0
(11) CHRISTOPHER FASHEK	1 0	×						0	0	0
TRUSTEE	0 0									
(12) STEVE O'DONNELL	2 0	X						0	0	0
TRUSTEE (13) SR LOURDES LEAL CDP	2 0		-							
		х						0	0	0
TRUSTEE (14) MARK STOLTZ	0 0		1							
TRUSTEE	2 0	Х						0	0	0
(15) PATTY DANIEL STOLTZ	1 0							_		_
TRUSTEE	2 0	×						0	0	0
(16) BRUCE FLOHR	1 0	×						0	0	0
PAST CHAIR EMERITUS	0 0	_ ^						0	0	Ů
(17) SR ANTOINETTE BILLEAUD	1 0	l x						0	0	0
TRUSTEE	2 0									
(18) RAJIV DAHIYA	1 0	X						0	0	0
TRUSTEE (19) SR JANE ANN SLATER CDP	0 0									
		х		Х				0	0	0
PRESIDENT (20) MICHAEL MARTEL	2 0		1							
TRUSTEE	0 0	х						0	0	0
(21) GEORGE PERSON	1 0									
TRUSTEE	2 0	X						0	0	0
(22) ESTEBAN RODRIGUEZ	1 0	, , , , , , , , , , , , , , , , , , ,						_	•	_
TRUSTEE	0 0	X						0	0	0
(23) REEMA SHROFF	1 0	х						0	0	0
TRUSTEE	0 0							0	0	<u> </u>
(24) REV ROBERT JEMERSON	1 0	×						0	0	
TRUSTEE	0 0							l		<u> </u>

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Posit the position of disector	ion (d nan o n is b	ne b	ox, u an of trus	inless ffice Highest compensat	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						2			
(26) ANNETTE YORKTRUSTEE	1 0	×					0	0	О
(1) RUTH PINA	1 0								
TRUSTEE	0 0	X					0	0	0
(2) JELYNNE BURLEY	1 0								
TRUSTEE	0 0	X					0	0	0
(3) ALLEN KLAUS	40 0			<u>.</u> ر			476.050		25.405
VP FINANCE AND FACILITIES	2 0			X			176,953	0	25,105
(4) DR DWAYNE BANKS	40 0			,,			247.602		46.740
CHIEF OPERATING OFFICER	0 0			X			247,602	0	16,719
(5) DR MARCHETA EVANS	40 0			, ,			222.002		20 526
VP ACADEMIC AFFAIRS	0 0			Х			222,803	0	20,526
(6) DANIEL YOXALL	40 0						142 500		20.026
VP COMMUNICATION MARKETING	0 0					X	142,598	0	29,036
(7) JEFFERY KANTOR	40 0					x	152 200	0	10.710
CHIEF STRATEGY OFFICER	0 0					^	153,289	U	10,710
(8) KATHRYN WINNEY	40 0					,	146.045		4.002
FACULTY	0 0					X	146,045	0	4,982
(9) ABDUL H KAHN	40 0								
FACULTY	0 0					X	128,769	0	13,279
(10) MARY SCOTKA	40 0					ι.		_	
V P ADMISSIONS	0 0					Х	125,234	0	14,831

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OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

**Employer identification number** Name of the organization Our Lady of the Lake University of San Antonio 74-1109631 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

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

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

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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 Supporting Organizations

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

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

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

3b

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

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

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

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

### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

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

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493064002396

**Employer identification number** 

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	Lady of the Lake University of Antonio					
		ganization is exempt under	section 501/	74-1109631	organization	
		-	-		organization.	
1 2		ganızatıon's dırect and ındırect politi	cai campaign act	civities in Part IV		
3	Political expenditures			₽-	\$	
3	Volunteer hours					
Par	t I=B Complete if the or	ganization is exempt under	section 501(	c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization un	der section 4955	<b>&gt;</b>	\$	
2	Enter the amount of any excis	e tax incurred by organization manag	gers under sectio	n 4955 🕨	\$	
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No	
4a	Was a correction made?				┌ Yes ┌ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).	
1	Enter the amount directly exp	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$	
2	Enter the amount of the filing exempt function activities	organization's funds contributed to o	ther organizations	s for section 527 ▶	\$	
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	¢	
4	Did the filing organization file	Form 1120-POL for this year?			↑ Tyes No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
For F	Paperwork Reduction Act Notice. s	ee the instructions for Form 990 or 990	 D-EZ. /	Cat No 50084S	Form 990 or 990-F7\ 2014	

section 4911 tax for this year?

┌ Yes ┌ No

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

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

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

eneck i i mane ming organization enecked be	x / t alla minica control profibions appro			
Limits on Lobbying E (The term "expenditures" means a	(a) Filing organization's totals	( <b>b)</b> Affiliated group totals		
Total lobbying expenditures to influence public of	opinion (grass roots lobbying)		0	
Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		0	
Total lobbying expenditures (add lines 1a and 1	b)		0	
O ther exempt purpose expenditures				
Total exempt purpose expenditures (add lines 1	c and 1d)		0	
Lobbying nontaxable amount Enter the amount from the following table in both columns			0	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (enter 25% of line 1f)			0	
Subtract line 1g from line 1a If zero or less, enter -0-			0	
Subtract line 1f from line 1c If zero or less, ente	0			
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting				

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 1,000,000 1,000,000 Lobbying nontaxable amount Lobbying ceiling amount 1,500,000 (150% of line 2a, column(e)) 40,080 Total lobbying expenditures 40,080 250,000 Grassroots nontaxable amount 250,000 Grassroots ceiling amount 375,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493064002396

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

### **Supplemental Financial Statements**

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

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	Service Information about schedule B (1 offin	330) und its instructions is at www.ii		Thispection
	<b>he organization</b> the Lake University of			loyer identification number
Part I	Organizations Maintaining Donor Adv	rised Funds or Other Similar 5		1109631 or Accounts Complete if th
artı	organizations Maintaining Donor Adv		unas c	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
Totalr	number at end of year			
Aggre	gate value of contributions to (during year)			
Aggre	gate value of grants from (durıng year)			
Aggre	gate value at end of year			
	e organization inform all donors and donor adviso are the organization's property, subject to the or		nor advı	sed <b>  Yes   No</b>
used o	ne organization inform all grantees, donors, and do only for charitable purposes and not for the benef rring impermissible private benefit?			
art II	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
□ Pr □ Pr □ Pr Comp	se(s) of conservation easements held by the organises of land for public use (e.g., recreation of cotection of natural habitat reservation of open space lete lines 2a through 2d if the organization held an ent on the last day of the tax year	or education)	certified	ically important land area d historic structure n of a conservation
				Held at the End of the Year
Total	number of conservation easements		2a	
Total	acreage restricted by conservation easements		2b	
Numb	er of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
	er of conservation easements included in (c) acq ic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
Numb	er of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
the ta	x year <b>-</b>			
Numb	er of states where property subject to conservati	on easement is located by		
	the organization have a written policy regarding t			iviolations and
enforc	ement of the conservation easements it holds?			☐ Yes ☐ No
Staff a	and volunteer hours devoted to monitoring, inspec 	cting, and enforcing conservation ease	ments d	during the year
Amou	nt of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during	g the year
<b>►</b> \$_				
	each conservation easement reported on line 2(cection 170(h)(4)(B)(ii)?	) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
baland	rt XIII, describe how the organization reports con ce sheet, and include, if applicable, the text of the ganization's accounting for conservation easeme	e footnote to the organization's financia		
rt III	Organizations Maintaining Collections Complete if the organization answered "You		or Oth	her Similar Assets.
works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furtherance of public
works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide the following amounts relating to these	ts held for public exhibition, education,		
(i) Re	evenue included in Form 990, Part VIII, line 1			<b>-</b> \$
(ii) ∆ ⊲	ssets included in Form 990, Part X			<b></b>
Ifthe	organization received or held works of art, histori ing amounts required to be reported under SFAS			cial gain, provide the
	nue included in Form 990, Part VIII, line 1	·		<b>▶</b> \$

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

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	storical 1	<u> Treasu</u>	<u>ıres, or Oth</u>	<u>er Similar As</u>	ssets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any o	f the foll	owing that are	a significant use	e of its	
а	Public exhibition		d	┌ Loa	n or exc	hange progran	ns		
b	Scholarly research		е	┌ Oth	er				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın ho	w they furt	her the d	organization's	exempt purpose	ın	
5	During the year, did the organization solicit						ımılar	_	_
	assets to be sold to raise funds rather than t						10.4 H . E	┌ Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	"Yes" to Form !	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asset	s not	☐ Yes	
b	If "Yes," explain the arrangement in Part XI	I and complete the	follo	wing table					
							Ar	mount	
c	Beginning balance					10	2		
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21,	for escrow	orcust	odıal account	liability?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anation ha	s been r	provided in Pai	tXIII		Γ
Pa	rt V Endowment Funds. Complete								
	•	(a)Current year		Prior year			d)Three years back	(e)Four	years back
1a	Beginning of year balance	27,013,115		24,909,36	4	22,846,793	25,102,448		20,908,429
b	Contributions	305,708		319,67	1	337,243	464,408		623,136
C	Net investment earnings, gains, and losses	662,132		3,535,17	0	3,329,046	-1,230,882		5,088,811
d	Grants or scholarships					147,820	259,540		275,570
e	Other expenditures for facilities and programs	1,475,900		1,642,52	7	1,352,306	1,135,770		1,143,417
f	Administrative expenses	115,569		108,56	3	103,592	93,871		98,941
g	End of year balance	26,389,486		27,013,11	.5	24,909,364	22,846,793		25,102,448
2	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ne 1g, colu	mn (a))	held as			
а	Board designated or quasi-endowment ►	45 100 %							
b	Permanent endowment ► 25 400 %								
c	Temporarily restricted endowment ► 29 The percentages in lines 2a, 2b, and 2c sho	500 % uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	atıon	that are he	eld and a	administered fo	or the		
	organization by							Yes	<del></del>
	(i) unrelated organizations						3a	• • • • • • • • • • • • • • • • • • • •	No
ь	(ii) related organizations If "Yes" to $3a(II)$ , are the related organization						<u>3a(</u> 3		No
4	Describe in Part XIII the intended uses of the	•					· · · <u> </u>	ъ	
	t VI Land, Buildings, and Equipme				on ansv	wered 'Yes' t	o Form 990. Pa	art IV.	line
	11a. See Form 990, Part X, line						<u> </u>		
	Description of property			(a) Cost of basis (inve		(b)Cost or othe basis (other)	r (c) Accumulated depreciation	d (d) E	Book value
1a	Land					363,95	66		363,956
Ь	Buildings					42,023,50	20,117,31	12	21,906,190
c	Leasehold improvements					2,123,72	1,637,46	52	486,258
d I	Equipment					24,775,82	23,115,85	57	1,659,972
_e	Other					4,513,70	9 4,030,88	30	482,829
Tota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colι	ımn (B), lın	e 10(c).)	)			24,899,205
							Schedule I	D (Form	990) 2014

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to Fori	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year i	narket value
(2)Closely-held equity interests			
Other			
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. C	complete if the organization		rm 000 Part IV line 11c
See Form 990, Part X, line 13.	omplete il the organization	ir aliswered tes to Fo	illi 990, Part IV, illie IIC.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year i	narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>		
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	┛ ), Part IV, line 11d See F	Form 990, Part X, line 15
(a) Desc			<b>(b)</b> Book value
<b>-</b>			
Total. (Column (b) must equal Form 990, Part X, col.(B) line			no 110 or 11f Coo
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	ianization answered rest t	∪ 101111 330, Paft 1V, II 	
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
STUDENTS' DEPOSITS	74,600		
DEPOSITS HELD FOR OTHERS	166,871		
GOV ADV FOR STUDENT LOANS	1,505,146		
CAPITAL LEASE OBLIGATION	607,092		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>2</b> ,353,709		
2 Liability for uncertain tay positions. In Part XIII. provi		h	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Ret	<b>urn</b> Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	51,342,758
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,476,160		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-1,476,160
3	Subtract line <b>2e</b> from line <b>1</b>	3	52,818,918
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 115,569		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	14,452,443
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	67,271,361
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn. Complete
1	Total expenses and losses per audited financial statements	1	53,006,335
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,006,335
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 115,569		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	14,452,443
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	67,458,778

#### Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INVEST ENDOWMENT DONATIONS AND BOARD DESIGNATED FUNDS TO SUPPORT UNIVERSITY OPERATIONS AND STUDENT SCHOLARSHIPS
SCHEDULE D, PART XI, LINE 4B	TUITION DISCOUNTS NETTED WITH REVENUE ON THE FINANCIAL STATEMENTS BUT NOT ON FORM 990 14,336,874
SCHEDULE D, PART XII, LINE 4B	TUITION DISCOUNTS NETTED WITH REVENUE ON THE FINANCIAL STATEMENTS BUT NOT ON FORM 990 14,336,874

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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DLN: 93493064002396

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Our Lady of the Lake University of

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

San Antonio 74-1109631 YES Part I NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Νo a Students' rights or privileges? 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a h Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE UNIVERSITY'S ADVERTISING MATERIALS PUBLICIZE AND DISCLOSE OUR NON-DISCRIMINATION POLICY
SCHEDULE E, LINE 6A	STUDENT FINANCIAL AID IS RECEIVED FROM THE FEDERAL GOVERNMENT A COMPLETE LISTING OF FEDERAL GRANTS IS ON FILE AT OLLU AND IS AVAILABLE UPON REQUEST

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493064002396 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization Our Lady of the Lake University of 74-1109631 San Antonio 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 √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIPS - ACADEMIC & NEED BASED	1991	12,435,943			
(2) ENDO WED AND RESTRICTED SCHOLARSHIPS	323	581,960			
(3) FEDERAL CONTRACTS	52	45,220			
(4) DISCOUNTS	351	1,280,185			

Part IV Supplemental In	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SCHOLARSHIP/DISCOUNTS ARE CREDITED TO EACH STUDENT'S ACCOUNT MAINTAINED WITH OLLU

Schedule I (Form 990) 2014

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DLN: 93493064002396

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule J

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Our Lady of the Lake University of San Antonio

**Employer identification number** 

74-1109631

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		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 org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2		
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	it appl	y Do not check any boxes for methods			
	Compensation committee	굣	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, Por a related organization	art VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?				Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)\text{?}$	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	oC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 ALLEN KLAUS, VP FINANCE AND FACILITIES	(i)	176,953	0	0	13,109	11,996	202,058		
AND LACILITIES	(ii)	0	0	0	0	0	0		
2 DR DWAYNE BANKS, CHIEF OPERATING OFFICER	(i)	247,602	0	0	7,110	9,609	264,321		
CHIEF OF ERAFING OF FIGER	(ii)	0	0	0	0	0	0		
3 DR MARCHETA EVANS, VP ACADEMIC AFFAIRS	(i) (ii)	222,803	0	0	15,815	4,711	243,329		
ACADEMIC ALTAIRS		0	0	0	0	0	0		
4 DANIEL YOXALL, VP COMMUNICATION	(i) (ii)	142,598	0	0	10,996	18,040	171,634		
MARKETING		0	0	0	0	0	0		
5 JEFFERY KANTOR, CHIEF STRATEGY OFFICER	(i)	153,289	0	0	10,710	0	163,999		
STRAILER OFFICER	(ii)	0	0	0	0	0	0		
6 KATHRYN WINNEY, FACULTY	(i)	146,045	0	0	4,982	0	151,027		
TACOLI I	(ii)	0	0	0	0	0	0		

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	CHIEF STRATEGY OFFICER, JEFFERY KANTOR, IS ONE OF THE HIGHEST PAID EMPLOYEES OF OLLU AND RECEIVED SEVERANCE PAY FOR
	FOUR MONTHS IN FISCAL YEAR 2015 IN THE AMOUNT OF \$51,000

Schedule J (Form 990) 2014

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2014

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

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Our Lady of the Lake University of	
San Antonio	74-1109631

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 2 - BUSINESS AND FAMILY RELATIONSHIPS	
PART VI, LINE 11B - REVIEW OF THE FORM 990	THE DRAFT OF THE 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND MADE AVAILABLE AT THE BOARD MEETING FOR ALL TRUSTEES TO REVIEW
PART VI, LINE 12C - MONITORING COMPLIANCE WITH CONFLICT OF INTEREST	THE CONFLICT OF INTEREST POLICY IS EMAILED TO ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES AND THE FORM IS SIGNED AND A COPY IS RETAINED BY THE UNIVERSITY
PART VI, LINE 15A - REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION	THE BOARD THROUGH THE EXECUTIVE COMMITTEE REVIEWS AND SETS THE PRESIDENT'S SALARY USING CO MPARABILITY DATA FROM CUPA (COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION)
PART VI, LINE 15B - DETERMINING OTHER TOP MANAGEMENT COMPENSATION	THE PRESIDENT REVIEWS COMPARABLE DATA AND DETERMINES TOP MANAGEMENT SALARIES THE BOARD OF TRUSTEES REVIEWS TOP MANAGEMENT SALARIES PRESENTED IN THE FORM 990 VICE PRESIDENT FOR AC ADEMIC AFFAIRS AND HUMAN RESOURCES SETS FACULTY AND STAFF SALARIES USING COMPARABILITY DAT A
PART VI, LINE 19 - PUBLIC AVAILABILITY OF DOCUMENTS	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
PART IV, LINE 28 - TRANSACTIONS WITH INTERESTED PERSONS	OUR LADY OF THE LAKE UNIVERSITY (OLLU) HAS A BUSINESS TRANSACTION WITH THE CONGREGATION OF DIVINE PROVIDENCE (CDP) IN WHICH OLLU PAYS VALUE FOR USE OF CDP FACILITIES LOCATED ON THE OLLU CAMPUS FOR THE YEAR ENDED 5/31/15, THE TOTAL AMOUNT PAID WAS \$89,706 48 SCHEDULE L IS NOT REQUIRED

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DLN: 93493064002396

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R**

(Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Our Lady of the Lake University of San Antonio

**Employer identification number** 

74-1109631

Part I Identification of Disregarded Entities Complete	ıf the organization a	answered "Yes" or	n Form 990, Pa	art IV, line 33.	
(a)	(b)	(c)	(d)	(e)	(f)
Name address and CTN (if anniverble) of dispense and adjusting	Drimani activity	Lagal damerala (atata	Tatal massas	Fud of wass seeds	Direct controlling

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
					_	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) OLLU MAIN BUILDING 411 SW 24TH STREET	SUPPORT	TX	501(c)(3)	11A	NA	Yes	
SAN ANTONIO, TX 78207 27-1349237							

Yes No

Yes

No

(a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	<b>(k)</b> Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

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

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

No

No

No No

No No No No

No No No

No No

No No

Yes

Yes Yes

Yes Yes

Part V	Transactions With Related Organizations	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
raitv	Transactions with Related Organizations	Complete if the organization answered	163 OH FORM 550, FAIL 1V, III 6 54, 550, OF 50.

Pā	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	6.
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	
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?	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a
b	Gift, grant, or capital contribution to related organization(s)	1b
c	: Gift, grant, or capital contribution from related organization(s)	1c
d	Loans or loan guarantees to or for related organization(s)	1d
е	Loans or loan guarantees by related organization(s)	<b>1</b> e
f	Dividends from related organization(s)	1f
g	Sale of assets to related organization(s)	1g 1h
h	Purchase of assets from related organization(s)	1h
i	Exchange of assets with related organization(s)	<b>1</b> i
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j
k	Lease of facilities, equipment, or other assets from related organization(s)	1k
I	Performance of services or membership or fundraising solicitations for related organization(s)	11
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n
0	Sharing of paid employees with related organization(s)	10
р	Reimbursement paid to related organization(s) for expenses	1р
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OLLU MAIN BUILDING	D	650,120	FMV
(2) OLLU MAIN BUILDING	Е	169,425	FMV
(3) OLLU MAIN BUILDING	К	369,657	FMV

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	Disproprtionate allocations? Code V-UBI amount in box 20 of Schedule K-1		amount in box 20 of Schedule	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									$\Box$	1			

### Part VII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 2, COLUMN C -	THE ORGANIZATION USED THE FOLLOWING METHODS TO DETERMINE THE VALUE OF SERVICES, CASH, AND OTHER ASSETS REPORTED ON
DETERMINATION OF VALUE OF	SCHEDULE R, PART V, LINE 2 COLUMN C ACTUAL RENT EXPENSE AND INTERCOMPANY PAYABLE/RECEIVABLE BALANCES PER BOOKS
SERVICES	

Schedule R (Form 990) 2014