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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning MAY 1, 2016 and ending	g Jī	JN 3	0, 2016	
В	heck if pplicabl	C Name of organization		D Emp	lover identific	cation number
а	pplicabl				•	
	Addre:	EX-STUDENTS' ASSOCIATION OF UT	- 1			
Ē	Name chang				74-1	109640
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	cuite	E Tolor	phone number	
=	Final	P.O. BOX 7278	Suite	E rele)471-8839
ـــــ	retum/ termin			•		4,255,607.
_	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78713	ŀ		receipts \$	
ļ	Jretum ∏Applic				this a group re	
L	⊥tión pendir	F Name and address of principal officer WILL O HARA			subordinates	
		SAME AS C ABOVE	$\overline{}$	• •	all subordinates in	
		empt status: X 501(c)(3)	527			list (see instructions)
		e: WWW.TEXASEXES.ORG			oup exemption	
			Year o	f formation	ou: T882 N	State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	ırt I	Summary		~==		
ø		, <u> </u>			ICIAL A	
Activities & Governance						ON SCH. O).
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more '	than 25	% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)			3	24
<u>مح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	24
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0
ž	6	Total number of volunteers (estimate if necessary)			6	500
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	142,164.
	b	Net unrelated business taxable income from Form 990-T, line 34	_		7b	-34,938.
					r Year	Current Year
ية	8	Contributions and grants (Part VIII, line 1h)		4,0	84,229.	903,853
ž	9	Program service revenue (Part VIII, line 2g)		2,9	42,927.	450,273.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4	91,983.	123,463.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,4	78,079.	476,223.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,9	97,218.	1,953,812.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			4,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,4	27,751.	829,370.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ĝ		Total fundraising expenses (Part IX, column (D), line 25) 6,763.				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,8	78,182.	835,001.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,3	09,933.	1,664,371.
		Revenue less expenses Subtract line 18 from line 12 RECEIVED		6	87,285.	289,441.
nes Ses			Beg	inning o	f Current Year	End of Year
agets	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) MAR 1 6 2017			75,974.	65,264,869.
ASS GB GB GB					40,707.	2,116,878.
Net Assets Fund Baland		Net assets or fund balances Subtract line 21 from line 20			35,267.	63,147,991.
	rt II	Signature Block , OGDEN, UT				
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	nts, and	to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre				
		Will O Aa-			03/03	3/201
Sign	1	Signature of officer			Date	7
Her		■ WILL O'HARA, EXECUTIVE DIRECTOR				
		Type or print name and title			-	
		Print/Type preparer's name Preparer's signature//_/	Da	ate	Check	PTIN
Paid		SEAN HOLCOMB	lo	2/23/1	- I d	P01249221
Prep		Firm's name MAXWELL LOCKE & RITTER LLP		_, _, 1	Firm's EIN	74-2900215
Use Only Firm's address 401 CONGRESS AVENUE, SUITE 1100						
	-	AUSTIN, TX 78701-9682		į	Phone no. 51	2-370-3200
May	the IF	S discuss this return with the preparer shown above? (see instructions)				X Yes No

	1990(2016) EX-STUDENTS ASSOCIATION OF UT 74-1109640	Page 2
Pa	rt III Statement of Program Service Accomplishments	[TF]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ASSOCIATION IS RECOGNIZED AS INDISPENSABLE TO THE UT FAMILY,	F.03.7
	CONNECTING AND ENGAGING SUPPORTERS WITH EACH OTHER AND THE UNIVERS	
	TOGETHER WE WILL LEAD THE CHARGE FOR THE UNIVERSITY AND ITS MISSION	N TO
	BE KNOWN WORLDWIDE AS AN INSTITUTION OF THE FIRST CLASS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	•
4a		,560·)
	MEMBERSHIP, UNIVERSITY SUPPORT AND ALUMNI RELATIONS	
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4b		,618. ₎
	PUBLICATION AND COMMUNICATIONS	
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	· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$ 222,558 · including grants of \$) (Revenue \$	
 C	(Code) (Expenses \$ 222,558 including grants of \$) (Revenue \$) SCHOLARSHIP AND STUDENT PROGRAMS	—— '
	DCHOLARDHII AND DIODENI IROGRAND	
	,	
4d	Other program services (Describe in Schedule O)	•
	(Expenses \$ 70,399. including grants of \$) (Revenue \$ 356,041.)	
40	Total program source expenses 463 677.	

Form 990 (2016) EX-STUDENTS' ASSOCIATION OF UT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule 8, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.5
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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?		l	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	أحدا		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.		х
19		18		
13	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	İ	х
			990	(2016)

Page 4 Part IV | Checklist of Required Schedules (continued) No Yes Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 Х Schedule K If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L, Part I 25b 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," X 26 complete Schedule L, Part II 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 Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 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) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes," complete Schedule R, Part V, line 2 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

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X Form 990 (2016)

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X

Form 990 (2016) EX-STUDENTS' ASSOCIATION OF UT
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► CAYMAN ISLANDS			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	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).		v	
	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	~_		х
а	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 11		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:	,		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			•
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		-	· ·
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لييا	

Form 990 (2016) EX-STUDENTS' ASSOCIATION OF UT 74-1109640 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI	_		X
Sec	tion 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 24			
	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 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ŀ		
	officer, director, trustee, or key employee?	_2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		ŀ	
	more members of the governing body?	7a	Х	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	ļ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		.,	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	1
12a	Did the organization have a written conflict of interest policy? If *No, * go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
13	In Schedule O how this was done	12c	X	
14	Did the organization have a written whistleblower policy?	13	X	
15	Did the organization have a written document retention and destruction policy?	14		-
13	Did the process for determining compensation of the following persons include a review and approval by independent			
9	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-	х	
	Other officers or key employees of the organization	15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	Λ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	160		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		/
Sect	tion C. Disclosure	100		_
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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:			
	AARON KENDALL - 512-840-5612	•		
	2110 SAN JACINTO BLVD, AUSTIN, TX 78712			

_			
Form	990	(2016)	

EX-STUDENTS' ASSOCIATION OF UT

74-1109640

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Part VII 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (B) (D) Position Name and Title Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation the hours for organization (W-2/1099-MISC) from the ndividual trustee or related Institutional frustee (W-2/1099-MISC) organization organizations and related below organizations Officer line) (1) ANTONIO GARZA 5.00 PRESIDENT Х X 1.00 JOHN MASSEY X X PRESIDENT-ELECT 1.00BRYAN JONES X TREASURER THE HONORABLE KAY BAILEY HUTCHI 1.00CHAIRMAN X X (5) EDUARDO RODRIGUEZ 1.00 X SECRETARY 1.00STEVE BALLANTYNE (6) DIRECTOR NATHANIEL CARTY 1.00 DIRECTOR Х 1.00 (8) MADHU CHUGH DIRECTOR X 1.00 (9) HECTOR DE LEON DIRECTOR (10) DOUG ENGLISH 1.00 DIRECTOR X (11) WICK ALEXANDER 1.00 DIRECTOR (12) THE HONORABLE RICARDO HINOJOSA 1.00 DIRECTOR (13) PATTY HUFFINES 1.00 DIRECTOR Х $1.\overline{00}$ (14) DEAN BRENT IVERSON X DIRECTOR (15) ALFRED JACKSON 1.00 DIRECTOR 1.00(16) AL JONES DIRECTOR 1.00(17) RICHARD LESHIN DIRECTOR

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	Ϊ́)			(D) (E)			(F	<u> </u>	
Name and title	Average	١		Pos	ition			Reportable	Reportable		(F) Estimated		
	hours per	box	not cl	ss pe	rson	is bot	h an	compensation	compensation	,	amou		
	week	offi	cer an	dad	recto	or/trus	tee)	from	from related		oth		
	(list any	ector						the	organizations	;	compe	nsation	
	hours for	튱	ه ا			fed		organization	(W-2/1099-MIS	C)	from	the	
	related organizations	stee	trustee		as	bens		(W-2/1099-MISC)			organı		
	below	la tr	onal		oloye	5 8]			and re		
	line)	Individual trustee or director	institutional t	Officer	Key employee	Highest compensated employee	Former				organiz	ations	
(18) TODD MACLIN	1.00	=	=	ō	¥	± ₽	۳.			\dashv			
DIRECTOR	1.00	x								ľ			
(19) DENNIS MCWILLIAMS	1.00	^	-			 	-			-+			
DIRECTOR	1.00	x											
(20) ALFIE MEYERSON	1.00	^	Н	_	_	├	_						
DIRECTOR	1.00	х			ļ								
(21) CHRIS PLONSKY	1 00	₽	Н	_	-	├-				_			
	1.00	,,											
DIRECTOR	1 00	X	Ш	_		L							
(22) DARON K. ROBERTS	1.00	, ,						1		Ī			
DIRECTOR	1 00	X	Ш	_		L.				_			
(23) JEFF TSAI	1.00												
DIRECTOR	1 00	X	Щ	_									
(24) THE HONORABLE PAM WILLEFORD	1.00					ļ							
DIRECTOR		X	Ш			L							
(25) LESLIE CEDAR	40.00												
EXECUTIVE DIRECTOR				Х		L.							
(26) JEFF NASH	32.00												
CFO				Х						ŀ			
1b Sub-total							<u> </u>						
c Total from continuation sheets to Part VI	I, Section A						>		"- -				
d Total (add lines 1b and 1c)							•						
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wt	10 re	eceived more than \$100	.000 of reportable				
compensation from the organization						•		·	,				
	···-										Υe	s No	
3 Did the organization list any former officer,	director, or tru	stee	e, ke	у еп	olar	vee.	or h	highest compensated ei	mplovee on	Γ		\top	
line 1a? If "Yes," complete Schedule J for si					•			J		l	3	х	
4 For any individual listed on line 1a, is the su		e co	mpe	nsa	tion	and	l oth	ner compensation from t	the organization	_ -	- -	 	
and related organizations greater than \$150									and organization	1	4	x	
5 Did any person listed on line 1a receive or a									dual for services	_ -	- -	+	
rendered to the organization? If "Yes," com	•				•		o.u.v	ca organization of male	ddai ioi seivices		5	x	
Section B. Independent Contractors			<u> </u>	<u> </u>	0.0						<u> </u>		
Complete this table for your five highest cor	mpensated inc	lene	nde	nt co	ontr	acto	re ti	hat received more than	\$100,000 of com	oonca	tion from		
the organization. Report compensation for t										Densa	LION HOL	•	
(A)	ne calchoal y	Jai	JI IQII	<u> </u>	TEIT (01 77	T	(B)	real		(C)		
Name and business	address	NC	NE	!				Description of s	ervices	Co	mpensa	tion	
							+						
							-						
							\dashv						
							+						
							+			-			
	 -						+						
2 Total number of independent of the control of the						-							
2 Total number of independent contractors (in		ot lir	nited	l to 1	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	ation -												

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants 1 a Federated campaigns 177,544 **b** Membership dues 1b 1c Fundraising events 1d d Related organizations Contributions, (and Other Simil 1e e Government grants (contributions) f All other contributions, gifts, grants, and 726,309 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 903,853 h Total. Add lines 1a-1f Business Code 133,334 133,334 2 a OTHER PROGRAMS 900099 Program Service Revenue 130,161 900099 130,161. EVENTS & PROGRAMS 94,232 UNIVERSITY SERVICES 900099 94,232 92,546 92,546 561520 TOUR & TRAVEL All other program service revenue 450,273 Total. Add lines 2a-2f Investment income (including dividends, interest, and 188,797. 188,797. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 40,479 6 a Gross rents b Less: rental expenses 40,479 c Rental income or (loss) 40,479 40,479 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 2,236,461. assets other than inventory b Less: cost or other basis 485 2,301,310 and sales expenses -64,849. -485 c Gain or (loss) -65,334. -65,334 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 230,798, LICENSING ROYALTIES 900099 230,798 155,328 155,328 900099 CLASS RINGS, FRAMES & DIRECTORIES 49,618 49,618 541800 ADVERTISING d All other revenue 435,744 e Total. Add lines 11a-11d 513,055 142,164. 394,740. 1,953,812 Total revenue. See instructions. 12 Form **990** (2016)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (**D**) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 74,686 74,686. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 608,051. 608,051. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 52,779 52,779 51,462 51,462. Other employee benefits 42,392. 42,392. 10 Payroll taxes Fees for services (non-employees): 11 a Management **b** Legal Accounting Lobbying e Professional fundraising services. See Part IV, line 17 29,021. 29,021. f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 25,474. 18,888 6,586 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 42,813. 21,557. 21,256. 13 Office expenses 39,380. 39,380. 14 Information technology 15 Royalties 64,020. 64,020. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,475. 3,475. Conferences, conventions, and meetings 19 4,554. 4,554. 20 21 Payments to affiliates 157,945 157,945. 22 Depreciation, depletion, and amortization 37,470. 37,470. 23 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 0.) PRINTING & PUBLICATIONS 173,817. 146,717. 27,100 FUNCTIONS & EVENTS 131,831. 131,831. OTHER EXPENSES 53,214. 35,647. 10,804. 6,763. MEMBER DEVELOPMENT COST 45,587. 45,587. 26,400. 26,400. e All other expenses 1,664,371. 463,677. 1,193,931 25 Total functional expenses. Add lines 1 through 24e 6,763. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,799,355. 2,136,682. 1 1 Cash - non-interest-bearing 374,780. 434,644. 2 Savings and temporary cash investments 2 220,099. 157,425. 3 3 Pledges and grants receivable, net 1,241,062. 1,179,833. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 392,709. 337,234. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 23,406,178. basis. Complete Part VI of Schedule D 10a 12,013,613. 11,500,896. 11,392,565. 10b 10c b Less: accumulated depreciation 43,728,125 44,586,312. 11 Investments · publicly traded securities 3,523,261. 3,550,669. 12 12 Investments - other securities. See Part IV, line 11 299,970. 289,062. 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 1,497,430. 1,498,730. 15 15 Other assets See Part IV, line 11 64,875,974 65,264,869. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 244,789. 491,261. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 784,580. 763,576. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 651,435. 573,571. 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 680,907. 2,340,707. 267,466. Schedule D 2,116,878. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 53,912,340 55,189,049. 27 27 Unrestricted net assets 7,958,942. 8,622,927. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund

> 65,264,869. Form 990 (2016)

63,147,991.

32

33

34

62,535,267.

64,875,974.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1990 (2016) EX-SIDDENIS ASSOCIATION OF UT	/4	1103040	Pa	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,53		
5	Net unrealized gains (losses) on investments	5	32	3,2	83.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	63,14	7,9	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash LX Accrual L. Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		ł	
	separate basis, consolidated basis, or both			•	
	Separate basis Consolidated basis Both consolidated and separate basis				_ ^
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	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 oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	rt	,	
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred audı	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			Form	1990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Inspection

Name of the organization

EX-STUDENTS' ASSOCIATION OF UT

Employer identification number

74-1109640 Part 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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) 11 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 EX-STUDENTS' ASSOCIATION OF UT 74-11096

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

_	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	4,242,011.	4,371,118.	4,095,406.	4,084,229.	903,853.	17,696,617.
2	Tax revenues levied for the organ-	-					
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,242,011.	4,371,118.	4,095,406.	4,084,229.	903,853.	17,696,617.
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,		5				
	column (f)		*				
6	Public support. Subtract line 5 from line 4						17,696,617.
	ction B. Total Support	·					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	4,242,011.	4,371,118.	4,095,406.	4,084,229.	903,853.	17,696,617.
8	Gross income from interest,		· · · · · · · · · · · · · · · · · · ·				
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,943,318.	2,409,470.	2,540,640.	2,469,851.	460,074.	10,823,353.
۵	Net income from unrelated business	, ,	, ,	, , ,	. ,		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital	i i	Ï				
	assets (Explain in Part VI)	288,404.	391,002.	385.025.	538,061.	155,328.	1,757,820.
44	Total support. Add lines 7 through 10	200,101.	331,002.	303,0230	30070020	25575200	30,277,790.
	Gross receipts from related activities,	oto (ooo instructio	200)			12 8	,767,858.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	v voar ac a coctio		7,0,7000
13	organization, check this box and stor	=	s mist, second, min	u, lourer, or marte	an year as a section	11 30 1(0)(0)	
Se	ction C. Computation of Publ		rcentage			, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2016 (olumn (fl)		14	58.45 %
	Public support percentage from 2015			.0.0 (1)/		15	56.97 %
	1 33 1/3% support test - 2016. If the			n line 13 and line	14 is 33 1/3% or r		
100	stop here. The organization qualifies				141000 17070 01 1	noro, oncon and o	► X
	33 1/3% support test - 2015. If the		-		l line 15 is 33 1/3%	6 or more check t	
٠	and stop here. The organization qual					or more, encour	▶□
17:	10% -facts-and-circumstances tes				- 13 16a or 16b	and line 14 is 10%	or more
176	and if the organization meets the "fac	-					
						it vi now the organ	<u>▶</u>
	meets the "facts-and-circumstances"	•	•		-	17a and line 1F is	10% or
· ·	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						_
40	organization meets the "facts-and-circ						
10	Private foundation. If the organization	on did not check a	DOX OF THE 13, 10	a, 100, 17a, 01 171			or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	now, please com	piete Part II)			<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(4) 2012	(3) 2010	10,2014	10,2010	(0,2010	,, rotai
membership fees received. (Do not include any "unusual grants")						
, , , , , , , , , , , , , , , , , , ,		-				
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			,		1	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>			<u>l</u>	F04(-)(0)	
14 First five years. If the Form 990 is for check this box and stop here	trie organization's	s urst, second, thi	ra, rourtn, or titth t	ax year as a section	on 50 I(c)(3) organiz	ation,
Section C. Computation of Publi	c Support Pe	ercentage		<u>.</u>		
15 Public support percentage for 2016 (li			column (fl)		15	%
16 Public support percentage from 2015	, ,,	• •	00:0::::: (1,)	•	16	%
Section D. Computation of Inves				 	1.121	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•		. ("		18	%
19a 33 1/3% support tests - 2016. If the	•	•	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box ar	•		•		•	ightharpoons
b 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization			•		-	
			,			

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Section	A. All	Supporting	Organiz	ations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a	1		
3a			i
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
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4a	3c		
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9c 10a			
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10b	9c		
10b			
10b	10a		
990 or 990-EZ) 2016			1 0015

Sche	edule A (Form 990 or 990-EZ) 2016 EX-STUDENTS' ASSOCIATION OF UT 74-	110964	0 Pa	ge 5
Par	rt IV Supporting Organizations (continued)			
	•		Yes	No
	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)	1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b_	 	
	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	<u> </u>	
Sec	tion B. Type I Supporting Organizations		I v . I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			*
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization		J.,	
Sec	ction C. Type II Supporting Organizations		Yes	No
	Me and the second of the second of the directors		163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	1	
500	the supported organization(s) ction D. All Type III Supporting Organizations	<u> </u>		
Sec	CHOIL D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	-110
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	`		-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	`
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	İ	l
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard	3		
Sec	ction 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 yea(see instruct	ons).		
a	The second of th			
b	Complete Hee 2 holow			
С	- Describe in Possible in Post VI house you supported a government critical (s	e instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	ļ.		1
	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	↓	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement	<u>2b</u>		↓
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1-	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

emergency temporary reduction (see instructions)	6	
Check here if the current year is the organization's first as a non-functionally	y integr	rated Type III supporting organization (see
instructions)		

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

3

4

5

6

Schedule A (Form 990 or 990-EZ) 2016

3

4

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

									s' As										9640	Page 8
Part	Par line Sec	t IV, S 1; Par tion D	ection : t IV, Si , lines :	A, line: ection 5, 6, a	s 1, 2, D, line	3b, 3c s 2 an	, 4b, 4d d 3; Pa	c, 5a, t rt IV, 8	explanati 6, 9a, 9b, Section E, E, lines 2	9c, 11 lines	la, 11b, 1c, 2a,	, and 1 2b, 3a,	1c, Parl and 3b	t IV, Se o; Part	ection B, V, line 1	ines ٔ Part ۱,	1 and 2 V, Secti	, Part I\ on B, lii	/, Section ne 1e, Pa	C, rt V,
	•		uctions								-						• .			
PART	II,	SHO	ORT	YEA	R E	XPL	ANA	rioi	N:											
THE	2016	CO	LUMI	1 IN	1 SC	HED	ULE	Α,	PART	II	REE	PRES	ENTS	S A	SHOR	T Y	EAR	PER	IOD	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 **2016**Open to Public

Inspection

If the organization answered "Yes," on 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," on 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," on 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) organiza	tions. Complete Part III.				
Nan	ne of organization				Emplo	yer identification number
	EX-STUD	ENTS' ASSOCIATIO	N OF UT			74-1109640
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 5	27 or	ganization.
1	Provide a description of the organization	zation's direct and indirect politic	al campaign activities	ın Part IV		
2	Political campaign activity expendit	tures			▶\$	
3	Volunteer hours for political campa	ign activities				
_						
	rt I-B Complete if the org			(3).		
	Enter the amount of any excise tax	, ,			▶\$	
	Enter the amount of any excise tax	, ,	· ·	5	▶\$.	
	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?			Yes No
	Was a correction made?					└─ Yes └─ No
	If "Yes," describe in Part IV. If I-C Complete if the org		EOVA	average cooking	EN41.	-1/01
						<u> </u>
	Enter the amount directly expended		•		▶\$	
2	Enter the amount of the filing organ	sization's funds contributed to ot	her organizations for s	section 527		
_	exempt function activities				▶\$.	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	" 1	. .	
	line 17b				~ \$.	
	Did the filing organization file Form	•				Yes No
5	Enter the names, addresses and er	• •	•	•		~ ~
	made payments. For each organization reaches the transport of the transpor	•				•
	contributions received that were pr political action committee (PAC) If	, ,		•	eparat	e segregated lund or a
			1 -	1	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political contributions received and
				funds If none, ente		promptly and directly
				1	· · ·	delivered to a separate
						political organization If none, enter -0-
				 	-	ii florie, effect to
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Schedule C (Form 990 or 990-EZ) 2016	EX-STU	DENTS	' ASSOCIATIO	ON OF UT	74-1	109640 Page 2		
Part II-A Complete if the org section 501(h)).	anizatio	n is exen	npt under section	1 501(c)(3) and the	ea Form 5700 (ei	ection under		
A Check If the filing organizate expenses, and share	e of excess	s lobbying e	•		group member's name	e, address, EIN,		
Limit	Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to influ	ience publi	c opinion (c	rass roots lobbying)					
b Total lobbying expenditures to influ	•		·	•				
c Total lobbying expenditures (add lii	nes 1a and	1b)			0.			
d Other exempt purpose expenditure	es				1,664,371.			
e Total exempt purpose expenditure:	s (add lines	1c and 1d)		1,664,371.			
f Lobbying nontaxable amount. Ente	er the amou	int from the	following table in both	n columns.	233,219.			
If the amount on line 1e, column (a) o	r (b) is:	The lobb	oying nontaxable amo	ount is:				
Not over \$500,000		20% of 1	he amount on line 1e.					
Over \$500,000 but not over \$1,000	0,000	\$100,00	O plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000		0 plus 10% of the exc			•		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000				
Over \$17,000,000	1	\$1,000,0	000					
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			58,305.			
h Subtract line 1g from line 1a. If zero					0.			
i Subtract line 1f from line 1c. If zero					0.			
j If there is an amount other than ze			ine 1i, did the organiza	ation file Form 4720				
reporting section 4911 tax for this						Yes No		
(Some organizations th	nat made a See	section 50 the separa	ate instructions for lin	have to complete all nes 2a through 2f.)	of the five columns b	elow.		
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2	013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a Lobbying nontaxable amount	598	3,108.	599,599.	615,497.	233,219.	2,046,423.		
b Lobbying ceiling amount (150% of line 2a, column(e))	,		`			3,069,635.		
c Total lobbying expenditures	96	5,493.	34,623.	1,177.		132,293.		
d Grassroots nontaxable amount	149	9,527.	149,900.	153,874.	58,305.	511,606.		
e Grassroots ceiling amount (150% of line 2d, column (e))		٧			*	767,409.		
f Grassroots lobbying expenditures	96	5,493.	34,623.	1,177.		132,293.		

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 EX-STUDENTS' ASSOCIATION OF UT 74-1109640 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	·····
of the lobbying activity	Yes	No	Amo	
During the year, did the filing organization attempt to influence foreign, national, state or			`	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	1)2			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			•	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), 501(c)(6).	section 501(c)(5), or se	ction	
301(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
·		2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures 	- fuama tha muayaar	\vdash		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answarsed "Yes."	wered "No," OR	(b) Par	t III-A, lir	ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	of political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	f the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ng and political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	ed group list), Part II-A	A, lines 1 a	and 2 (see	
instructions), and Part II-B, line 1 Also, complete this part for any additional information				
	•			
		<u> </u>		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization **Employer identification number** EX-STUDENTS' ASSOCIATION OF UT 74-1109640 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

▶ \$

	rt III Organizations Maintaining (CIATION OF		0:		109640			
Щ.	T - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1									
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that are a	significant	use of it	s collection	rtems		
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other		_					
С	Preservation for future generations									
4	The second of the second secon									
5	During the year, did the organization solicit of				ar assets	_	_			
-	to be sold to raise funds rather than to be m						Yes	No_		
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	ot included	1				
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
			_				Amount			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
	Did the organization include an amount on F						Yes	□ No		
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII									
Pa	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back		
1a	Beginning of year balance	77,050,901.	76,090,382.	70,691,597.	64,	968,863	. 57,6	85,058.		
b	Contributions	1,174,340.	8,591,401.	6,618,818.		154,873		184,722.		
С	Net investment earnings, gains, and losses	409,529.	-3,755,530.	1,989,954.	5,	271,930	. 5,3	311,712.		
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities									
	and programs	116,211.	3,875,352.	3,209,987.	. 2,	704,069	. 2,2	212,629.		
f	Administrative expenses									
g	End of year balance	78,518,559.	77,050,901.	76,090,382.	70,	691,597	. 64,5	968,863.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as.						
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	Temporarily restricted endowment ▶ 10									
	The percentages on lines 2a, 2b, and 2c sho									
3 a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation				
	by:						\	es No		
	(i) unrelated organizations							X		
	(ii) related organizations							X		
b	If "Yes" on line 3a(ii), are the related organiza						3b	<u> </u>		
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	Accumulat		(d) Book	value		
	basis (investment) basis (other) depreciation									
	Land		•							
	Buildings		10 70	E 370 0	004 7	01	0 000	405		
	Leasehold improvements 18,795,279. 8,904,784. 9,890,495. Equipment 4,610,899. 3,108,829. 1,502,070.									
	Equipment		4,01	0,699. 3,	T00,8	49.	1,502	,0/0.		
	Other Add lines 1a through 1e (Column (d) must e	gual Form 000, D= ±	Y asking (D) 1= 15				11,392	565		
ıvıdl	. nuu iiiles ta iittouuti te (Coluttiti (d) Must e	uuai FUIIII 990. PAT .	v. comunin (p), line 1	UC I		■ 1 .	LL. 374			

(1) Financial derivatives (2) Closely held equally interests (3) Other (A) PRIVATE EQUITY (B) (C) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	Complete if the organization answered "Yes" (a) Description of security or category (including name of security)				l of vone modulation
(2) Closely-held equity interests (3) Chler (A) PRIVATE EQUITY 3,523,261. END-OF-YEAR MARKET VALUE (B) (C) (D) (C) (D) (C) (D) (C) (D)	(b) Book value	(c) Method of vali	uation: Cost or end	i-or-year market value	
(a) PRIVATE EQUITY 3,523,261. END-OF-YEAR MARKET VALUE	· ·				
A PRIVATE EQUITY 3,523,261. END-OF-YEAR MARKET VALUE	· · · · · · · · · · · · · · · · · · ·				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		3,523,261	- END-OF-YE	AR MARKET	VALUE
C C C C C C C C	· · · · · · · · · · · · · · · · · · ·	3,323,202	LIVE OF TH	m mmm	ALTIOL
D			-†		·
(G) (G) (G) (H) (G) (G) (H) (F) (G) (G) (H) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			1		
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	··· 				
(G) (H) (Dat. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
(b)					
Total. (Col. (ti) must equal Form 990, Part X, col. (B) line 12.)		.			
Part IV Investments - Program Related.		3,523,261			
Complete of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Method of valuation Cost or end-of-year market value (e) Method of valuation Cost or end-of-year market value (f) General Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) General Cost value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) General Cost value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation Cost or end-of-year market value (g) Method of valuation General Section Cost or end-of-year market value (g) Method of valuation Cost or end-of-year value of the cost of valuation Cost or end-of-year value of valuation Cost				· 	
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value. (1)		on Form 990, Part IV, lin	e 11c. See Form 990. Pa	art X. line 13	
(2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (1	(a) Description of investment				l-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAL FUNDS HELD FOR OTHERS (3) DUE TO RELATED ORGANIZATION (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	(1)				
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(5) (6) (7) (8) (9) (9) (10Ial. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(3)				
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(7) (8) (9) fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1)	(5)				
(8) (9) (9) (7) (8) (9) (9) (9) (11) (12) (13) (14) (15) (16) (17) (18) (19) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (17) (18) (19) (19) (10) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	(6)				 -
10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15			<u></u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAL FUNDS HELD FOR OTHERS 227, 886. (3) DUE TO RELATED ORGANIZATION 39, 580. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Part X Other Liabilities.	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAL FUNDS HELD FOR OTHERS 227, 886. (3) DUE TO RELATED ORGANIZATION 39, 580. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 267, 456.					
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 11e or 11f See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Ye		45)			
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAL FUNDS HELD FOR OTHERS 227,886. (3) DUE TO RELATED ORGANIZATION 39,580. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (b) Book value 227,886. 227,886. 39,580.		on Form COO. Don't IV. Im	- 11 116 C F (000 D-+V I 05	•
(1) Federal income taxes (2) CUSTODIAL FUNDS HELD FOR OTHERS (3) DUE TO RELATED ORGANIZATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 227,886. 39,580.	(1)5	on Form 990, Part IV, III		390, Paπ X, line 25	•
(2) CUSTODIAL FUNDS HELD FOR OTHERS 227,886. (3) DUE TO RELATED ORGANIZATION 39,580. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 267,466.			(b) Book value		
(3) DUE TO RELATED ORGANIZATION 39,580. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 267,466.		ਮਾਸ ਦਾ ਹ	227 886		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 267, 466.	DIT				
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 267,466.			-		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 267, 466.					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
		25)	267 156		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					

	dule D (Form 990) 2016 EX-STUDENTS' ASSOCIATION (74-1	109640 Page 4
rai			enue per Return	•
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	1 4 1	
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
- a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	 	
e	Add lines 2a through 2d	L. 20.1		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Exp		m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b	, Part V, line 4; Part)	K, line 2, Part XI,
	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad			
PAR	T V, LINE 4:	··		
	OURCEAN DESIGNATION OF THE MAINTING			
ENL	OWMENT FUNDS ARE USED TO SUPPORT OPERATION	ONS AND OUR	R MEMBERS,	AS WELL AS
DDC	DUCE DICHETDUMIONS FOR AWARDS PROGRAMS			
PRC	DUCE DISTRIBUTIONS FOR AWARDS PROGRAMS.			
			·	
PAR	T XI AND PART XII			
				
THE	ORGANIZATION'S AUDITED FINANCIAL STATEM	ENTS ARE FO	OR THE PERI	OD MAY 1,
201	5 - JUNE 30, 2016 TO EFFECTUATE A CHANGE	IN FISCAL	YEAR END.	SINCE THIS
RET	URN IS FOR THE PERIOD MAY 1, 2016 - JUNE	30, 2016	THE ORGANIZ	ATION HAS
ro <u>n</u>	COMPLETED PARTS XI AND XII.			
		· · · · ·		

Schedule D	(Form 990) 2016	EX-STUDENTS'	ASSOCIATION	1 OF	UT	74-1109640 Page 5
Part XIII	Supplemental Inf	EX-STUDENTS ' ormation (continued)				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
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SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

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.

OMB No 1545-0047 Open to Public

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

Inspection

Name of the organization EX-STUDENTS' ASSOCIATION OF UT **Employer identification number** 74-1109640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ASSOCIATION IS RECOGNIZED AS INDISPENSABLE TO THE UT FAMILY,
CONNECTING AND ENGAGING SUPPORTERS WITH EACH OTHER AND THE UNIVERSITY;
TOGETHER WE WILL LEAD THE CHARGE FOR THE UNIVERSITY AND ITS MISSION TO
BE KNOWN WORLDWIDE AS AN INSTITUTION OF THE FIRST CLASS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAVEL, SPECIAL EVENTS, OTHER

EXPENSES \$ 70,399. INCLUDING GRANTS OF \$ 0. REVENUE \$ 356,041.

FORM 990, PART VI, SECTION A, LINE 6:

ANY GRADUATE OR FORMER STUDENT OF THE UNIVERSITY OF TEXAS AT AUSTIN ("THE UNIVERSITY"), ANY MEMBER OF THE FACULTY OR STAFF, OR ANY PERSON WHO EXPRESSES A GENUINE INTEREST IN THE WELFARE OF THE UNIVERSITY MAY BECOME A MEMBER OF THIS ASSOCIATION UPON APPROVAL OF APPLICATION AND PAYMENT OF THE DUES AS PRESCRIBED BY THE BOARD OF DIRECTORS. MEMBERS IN THE ASSOCIATION SHALL BE CLASSIFIED AS ANNUAL MEMBERS AND LIFE MEMBERS, AND THEIR ASSOCIATED RIGHTS AND PRIVILEGES SHALL BE DETERMINED BY THE BOARD OF DIRECTORS. OTHER MEMBERSHIP CLASSES CAN BE ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE COUNCIL SHALL BE COMPOSED OF A BROAD AND DIVERSE CROSS-SECTION OF MEMBERS WHO REPRESENT THE INTERESTS AND CONCERNS OF THE ASSOCIATION'S VARIOUS CONSTITUENCIES AS THEY RELATE TO THE ASSOCIATION'S GOALS AND

COUNCIL MEMBERS SHALL STAY INFORMED OF THE ASSOCIATION'S AND

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

Schedule O (Form 990 or 990-EZ) (2016)

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AN ANNUAL REPORT CONTAINING FINANCIAL AND OTHER ASSOCIATION INFORMATION IS DISTRIBUTED ON AN ANNUAL BASIS.

FORM 990, PART XII, LINE 2B:

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE FOR THE PERIOD MAY 1, 2015 - JUNE 30, 2016 TO EFFECTUATE A CHANGE IN FISCAL YEAR END.

THIS TAX RETURN IS FOR THE PERIOD MAY 1, 2016 - JUNE 30, 2016.

Name of the organization	EX-STUDENTS'	ASSOCIATION	OF UT		Employer identification 74-1109640	Page 2 number
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SCHEDULE R (Form 990)

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.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

EX-STUDENTS' ASSOCIATION OF UT

Name of the organization

Part

Department of the Treasury Internal Revenue Service

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 74-1109640

Schedule R (Form 990) 2016 (g) Section 512(b)(13) ٩ × × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section 501(c)(3)) e Public charity LINE 12A, I LINE 9 Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) PEXAS TEXAS AND TO DEVELOP, MARKET AND OPERATE PROPERTY AS CCRC TO ACQUIRE REAL PROPERTY UNIV OF TEXAS AT AUSTIN STUDENTS ATTENDING THE FUND SCHOLARSHIPS FOR Primary activity Primary activity 78713 ΤX Name, address, and EIN (if applicable) 26-4468379, P.O. BOX 7278, AUSTIN, TEXAS EXES SCHOLARSHIP FOUNDATION Name, address, and EIN of related organization of disregarded entity LONGHORN VILLAGE - 20-0709981 2501 LONGHORN PKWY 78732 AUSTIN, TX Part II

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

74-1109640

Page 2

Schedule R (Form 990) 2016 EX-STUDENTS' ASSOCIATION OF UT

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule (Form 1065)	(j) General or managing DX managing Jile partner? S5) Yes No	General or Percentage managing ownership partner?
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.	janizations Taxable poration or trust dun	as a Corpo	ration or Trust. Co	mplete if the	organization	answered "Yes	" on Form 990,	Part IV, line	34 because it ha	id one or n	ore related
(a) Name, address, and EIN of related organization	Z c	Primi	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
CAMPUS SERVICES, INC 74-6030356 P.O. BOX 7278 AUSTIN, TX 78713		MISCELLANEOUS SERVICES	sons	XT		C CORP				100.00%	×
								.,			
] :								}	
632162 09-06-16						4			Sche	dule R (Fo	Schedule R (Form 990) 2016

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
 During the tax year, and the organization engage in any of the rollowing transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 	is with one or more r	elated organizations listed	In Pars II·IV?	1a X
b Giff, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				1c
u Loans or Ioan guarantees to of Tor Tefateu Organization(s) a Loans or Ioan guarantees by related organization(s)				1
				a
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1) X
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	ınizatıon(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			-T
	ion(s)			-
 Sharing of paid employees with related organization(s) 				10 X
 P Reimbursement paid to related organization(s) for expenses 				, ot
				×
r Other transfer of cash or property to related organization(s)				1.
If the answer to any of the above is "Yes." see the instructions for inf	tho must complete the	barayoo balbiilaali aali sid	formation on who must complete this line including covered relationships and transaction thresholds	4
וו נוס מוסאים נס מוץ סי נוס מסטים ואין אין אין אין אין אין אין אין אין אין	אוס ווומפר כסוווסופרפ נו	is in 6, including covered	ופוטוואפווטון אמנים וומויאפטונטון ווופאווטוטא	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
6				
7-1				
(3)				
(4)				
(5)				
(9)				
632 163 09-08-16			Schedu	Schedule R (Form 990) 2016

74-1109640 Page 4

Schedule R (Form 990) 2016 EX-STUDENTS' ASSOCIATION OF UT

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

ilat was ilot a letated organization over ilbituotions regarding exclusion to certain investifient partition	struction is regarding excit	פוסוו וסו כבו ומיוו וווא	בפתוופו או תופופו וויף פ	1					
(a)	Q	<u></u>	(a) (b)		(B)	Ξ	Ξ	8	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related, unrelated, 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI Imount in box 20	General or managing	Percentage
סו פווווע		(state of folergin country)	excluded from tax under ous? Sections 512-514)	_	assets	Yes No	of Schedule K-1 partner? Ownership (Form 1065) Yes No	Partner?	diusaliwo
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Schedule R (Form 990) 2016

Schedule F	R (Form 990) 2016	EX-STUDENTS'	ASSOCIATION	OF UT	74-1109640 Page 5
Part VII	R (Form 990) 2016 Supplemental Info	rmation.			
<u> </u>	Provide additional inform	nation for responses to que	stions on Schedule R. Se	e instructions	
	TO THE GOLD THE THEORY	nation for responses to que	otions on corregate 11: co		····
					
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